

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.		D Employer identification number 61-1100993
	Doing Business As		E Telephone number 502-585-4649
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	325 W. MAIN STREET 1110		G Gross receipts \$ 4,187,077.
City or town, state or country, and ZIP + 4 LOUISVILLE, KY 40202		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: SUSAN A. BARRY SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CFLOUISVILLE.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986	
		M State of legal domicile: KY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FACILITATE DONORS' CHARITABLE GIVING.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	14
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 3,534,608. Current Year: 3,525,382.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	247,671. 250,143.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,782,279. 3,775,525.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,974,818. 3,456,013.
	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) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	98,071. 91,353.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,072,889. 3,547,366.
19 Revenue less expenses. Subtract line 18 from line 12	-290,610. 228,159.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 7,367,588. End of Year: 7,894,836.
	21 Total liabilities (Part X, line 26)	20,731. 38,241.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,346,857. 7,856,595.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	▶ MATTHEW L. BACON, VICE PRESIDENT & CFO		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name REBECCA L. PHILLIPS, CPA	Preparer's signature	Date
	Firm's name ▶ MOUNTJOY CHILTON MEDLEY LLP	Firm's EIN ▶ 27-1235638	Check if self-employed <input type="checkbox"/> PTIN P00024055
Firm's address ▶ 462 S. FOURTH ST., SUITE 2000 LOUISVILLE, KY 40202-3445		Phone no. (502) 749-1900	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 and section 4947(a)(1) trusts 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 \$ 3,528,523. including grants of \$ 3,456,013.) (Revenue \$)
DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS
QUALIFYING UNDER SECTION 509(A).

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

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

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

4e Total program service expenses **▶** 3,528,523.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed KY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: _____
 THE COMMUNITY FOUNDATION OF LOUISVI - 502-585-4649
 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) HENRY M. ALTMAN JR. CHAIRPERSON OF THE BOARD	2.00	X		X				0.	0.	0.
(2) MIMI ZINNIEL VICE CHAIRPERSON OF THE BOARD	2.00	X		X				0.	0.	0.
(3) MARIA G. HAMPTON SECRETARY OF THE BOARD	2.00	X		X				0.	0.	0.
(4) ERIC W. TAYLOR TREASURER OF THE BOARD	2.00	X		X				0.	0.	0.
(5) F. GERALD GREENWELL DEVELOPMENT & STEWARDSHIP COMM. CHAI	2.00	X						0.	0.	0.
(6) ELIZABETH S. PEABODY INVESTMENT COMM. CHAIR	2.00	X						0.	0.	0.
(7) JACQUELINE C. GIBBS COMPENSATION COMM. CHAIR	2.00	X						0.	0.	0.
(8) SUSAN MOSS COMMUNICATIONS & MARKETING COMM. CHA	2.00	X						0.	0.	0.
(9) SHARON A. RECEVEUR STRATEGIC INITIATIVE COMM. CHAIR	2.00	X						0.	0.	0.
(10) BONITA K. BLACK BOARD DEVELOPMENT COMM. CHAIR	2.00	X						0.	0.	0.
(11) TERRY L. SINGER GRANTS COMM. CHAIR	2.00	X						0.	0.	0.
(12) DOROTHY S. RIDINGS MEMBER - AT - LARGE	2.00	X						0.	0.	0.
(13) JEFFEREY M. YUSSMAN MEMBER - AT - LARGE	2.00	X						0.	0.	0.
(14) MARSHALL BRADLEY, JR. MEMBER - AT - LARGE	2.00	X						0.	0.	0.
(15) SUSAN A BARRY PRESIDENT & CEO	5.00			X				0.	213,745.	21,580.
(16) MATTHEW L. BACON VP & CFO BEGAN JULY 2011	5.00			X				0.	55,188.	707.
(17) SUSAN V. NICHOLSON VP & CFO THROUGH JULY 2011	5.00			X				0.	86,264.	7,770.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEXANDRA SPOELKER VP, COMMUNITY LEADERSHIP	5.00			X				0.	64,997.	8,632.
(19) MICHAEL J. SCHULTZ VP, DEVELOPMENT & STEWARDSHIP	5.00			X				0.	65,253.	8,968.
(20) ANNE E. MONELL VP, COMMUNICATIONS & MARKETING	5.00			X				0.	73,021.	11,509.
1b Sub-total								0.	558,468.	59,166.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	558,468.	59,166.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	120,240.			
	e Government grants (contributions)	1e	50,500.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,354,642.			
	g Noncash contributions included in lines 1a-1f: \$		1,431.			
	h Total. Add lines 1a-1f		3,525,382.			
	Program Service Revenue	2 a _____ Business Code				
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		155,225.		155,225.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	506,470.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	411,552.			
		c Gain or (loss)	94,918.			
	d Net gain or (loss)		94,918.		94,918.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		3,775,525.	0.	0.	250,143.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	3,456,013.	3,456,013.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 section 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	18,843.		18,843.	
g Other				
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 INVESTMENT EARNINGS TO	72,510.	72,510.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,547,366.	3,528,523.	18,843.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	375,091.	1	722,648.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	6,992,497.	11	7,172,188.
	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)	7,367,588.	16	7,894,836.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	20,731.	18	38,241.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25		
26 Total liabilities. Add lines 17 through 25	20,731.	26	38,241.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	7,346,857.	28	7,856,595.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,346,857.	33	7,856,595.
34 Total liabilities and net assets/fund balances	7,367,588.	34	7,894,836.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,775,525.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,547,366.
3	Revenue less expenses. Subtract line 2 from line 1	3	228,159.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,346,857.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	281,579.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,856,595.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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?		X
3b	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.		

Form 990 (2011)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,397,771.	3,220,113.	4,983,730.	3,534,608.	3,525,382.	18,661,604.
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	3,397,771.	3,220,113.	4,983,730.	3,534,608.	3,525,382.	18,661,604.
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)						7,205,085.
6 Public support. Subtract line 5 from line 4.						11,456,519.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,397,771.	3,220,113.	4,983,730.	3,534,608.	3,525,382.	18,661,604.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	276,481.	236,865.	177,722.	160,419.	155,225.	1,006,712.
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 IV.)						
11 Total support. Add lines 7 through 10						19,668,316.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	58.25	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	61.10	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 IV 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 - 2010. 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 IV 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 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.

Employer identification number

61-1100993

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 506,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 452,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 429,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 374,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 252,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 126,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 119,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	98	
2 Aggregate contributions to (during year)	3,525,382.	
3 Aggregate grants from (during year)	3,456,013.	
4 Aggregate value at end of year	7,856,595.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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.

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

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)?

Yes No

9 In Part XIV, 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" to 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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. 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.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-11.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE).

ADDITIONALLY, THE COMMUNITY FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL

REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE CONTEXT OF

SECTION 509(A) OF THE CODE.

WHEN APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS

USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ACCOUNTING

Part XIV Supplemental Information *(continued)*

STANDARDS CODIFICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS
BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE
FOUNDATION'S 2008 THROUGH 2011 TAX YEARS REMAIN OPEN AND SUBJECT TO
EXAMINATION.

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
21ST CENTURY PARKS, INC. 471 W. MAIN ST. # 202 LOUISVILLE, KY 40202	20-1780317	501(C)(3)	127,900.	0.			RECREATION & SPORTS
A CHOICE FOR LIFE INC. 101 W. MARKET ST. LOUISVILLE, KY 40202	61-1142823	501(C)(3)	25,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
AMERICAN RED CROSS - CLARK COUNTY (IN) CHAPTER - 1805 E 8TH ST. - JEFFERSONVILLE, IN 47130	53-0196605	501(C)(3)	5,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
AMERICAN RED CROSS - DISASTER RELIEF FUND - P.O. BOX 97089 - WASHINGTON, DC 20090-7089	53-0196605	501(C)(3)	10,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
BARREN HEIGHTS CHRISTIAN RETREAT CENTER - 3109 BROWNSBORO VISTA DR. - LOUISVILLE, KY 40242	32-0121355	501(C)(3)	10,000.	0.			RECREATION & SPORTS
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - P.O. BOX 36273 - LOUISVILLE, KY 40233-6273	61-0445839	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **87.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS INC. P.O. BOX 4989 LOUISVILLE, KY 40204	61-0568789	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
BREAD OF LIFE MINISTRY, INC. 13188 SPURGEON ROAD LYNNVILLE, IN 47619	35-1672783	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
BROOKLAWN, INC. 3121 BROOKLAWN CAMPUS DR. LOUISVILLE, KY 40218	61-0471572	501(C)(3)	7,500.	0.			MENTAL HEALTH & CRISIS INTERVENTION
BUILDING INDUSTRY CHARITABLE FOUNDATION INC - 1000 N HURSTBOURNE PKWY - LOUISVILLE, KY 40223	30-0568861	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
CARDINAL HILL REHABILITATION CENTER 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	31-1495016	501(C)(3)	5,000.	0.			HEALTH CARE
CATHOLIC CHARITIES OF LOUISVILLE, INC. - 2911 S. FOURTH ST. - LOUISVILLE, KY 40208	61-1239600	501(C)(3)	10,000.	0.			HUMAN SERVICES
CEDAR LAKE FOUNDATION 7984 LAGRANGE ROAD LOUISVILLE, KY 40222	61-1093278	501(C)(3)	10,000.	0.			HUMAN SERVICES
CENTER FOR NONPROFIT EXCELLENCE 323 WEST BROADWAY, STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3)	45,530.	0.			PHILANTHROPY, VOLUNTARISM
CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS - 465 SPRINGHILL DR. - LEXINGTON, KY 40503	61-0543367	501(C)(3)	7,500.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 EAST GRAY ST., #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	13,000.	0.			HEALTH CARE
COMMUNICARE, INC. 107 CRANES ROOST CT. ELIZABETHTOWN, KY 42701	61-0666361	501(C)(3)	20,100.	0.			MENTAL HEALTH & CRISIS INTERVENTION
COMMUNITY CATHOLIC CENTER 338 N 25TH ST. LOUISVILLE, KY 40251	01-0785892	501(C)(3)	7,000.	0.			EDUCATION
COMMUNITY FOUNDATION OF LOUISVILLE INC. - 325 W. MAIN ST., STE. 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	216,962.	0.			PHILANTHROPY, VOLUNTARISM
CYSTIC FIBROSIS FOUNDATION - LOUISVILLE CHAPTER - 1941 BISHOP LANE, SUITE 108 - LOUISVILLE, KY 40218	61-0673019	501(C)(3)	13,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
FAMILY & CHILDREN'S PLACE 2303 RIVER ROAD #200 LOUISVILLE, KY 40206	61-0549561	501(C)(3)	9,500.	0.			HUMAN SERVICES
FOUNDATION FOR HEALTH, INC. 2211 MAYFAIR DR. #403 OWENSBORO, KY 42304	61-1251763	501(C)(3)	10,000.	0.			HEALTH CARE
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	15,667.	0.			ARTS, CULTURE & HUMANITIES
GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	5,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206	61-0444698	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. # 1A LAGRANGE, KY 40031	61-1334374	501(C)(3)	10,000.	0.			HOUSING & SHELTER
HABITAT FOR HUMANITY - SHELBY COUNTY - 291 LOGAN STATION - SHELBYVILLE, KY 40065	58-1735528	501(C)(3)	5,000.	0.			HOUSING & SHELTER
HABITAT FOR HUMANITY OF METRO LOUISVILLE - 1620 BANK STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3)	5,500.	0.			HOUSING & SHELTER
HEALING PLACE INC 1020 WEST MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3)	52,500.	0.			MENTAL HEALTH & CRISIS INTERVENTION
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	7,500.	0.			HUMAN SERVICES
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-0712799	501(C)(3)	79,500.	0.			RELIGION-RELATED
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. - 502 WOOD ROAD - LOUISVILLE, KY 40222	61-1021128	501(C)(3)	13,000.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	14,000.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3)	5,046.	0.			EDUCATION
LIFEHOUSE, INC. 2710 RIEDLING DR LOUISVILLE, KY 40206	20-8514733	501(C)(3)	5,000.	0.			HUMAN SERVICES
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 61744	35-1902841	501(C)(3)	50,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
LINCOLN COUNTY EDUCATIONAL FUND INC - PO BOX 423 - STANFORD, KY 40484	61-1245107	501(C)(3)	11,000.	0.			EDUCATION
LITTLE SISTERS OF THE POOR 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501(C)(3)	5,000.	0.			HEALTH CARE
LOUISVILLE ORPHAN CARE INITIATIVE INC - 115 NORTH WATERSON TRAIL STE 201 - LOUISVILLE, KY 40243	26-4549276	501(C)(3)	5,000.	0.			HUMAN SERVICES
LOUISVILLE SCIENCE CENTER 727 WEST MAIN STREET LOUISVILLE, KY 40202	31-1005850	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
METRO UNITED WAY DEPT 52860 P.O. BOX 950148 LOUISVILLE, KY 40295	61-0444680	501(C)(3)	412,039.	0.			PHILANTHROPY, VOLUNTARISM
MISSION CLARKSVILLE 1230 ROSSVIEW RD CLARKSVILLE, TN 37043	45-0493395	501(C)(3)	5,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVAL SEAL FOUNDATION INC PO BOX 5365 VIRGINIA BEACH, VA 23471	31-1728910	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	10,000.	0.			HUMAN SERVICES
NORTON HEALTHCARE FOUNDATION 234 E GRAY ST #450 LOUISVILLE, KY 40202	31-0914919	501(C)(3)	44,489.	0.			HEALTH CARE
OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION - 4800 NEW HARTFORD ROAD - OWENSBORO, KY 42303	61-1109704	501(C)(3)	5,000.	0.			EDUCATION
PARKINSON SUPPORT CENTER OF KENTUCKIANA, INC. - 4912 U.S. HWY. 42, SUITE 105 - LOUISVILLE, KY 40222	61-1367576	501(C)(3)	5,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
PRESENTATION ACADEMY 861 S. 4TH ST. LOUISVILLE, KY 40203	61-0507080	501(C)(3)	10,500.	0.			EDUCATION
REGIONAL CANCER CENTER CORPORATION 529 SOUTH JACKSON STREET LOUISVILLE, KY 40202-3277	61-0936656	501(C)(3)	5,000.	0.			MEDICAL RESEARCH
RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY - 134 BRECKENRIDGE LANE - LOUISVILLE, KY 40207	31-0955315	501(C)(3)	8,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
RIVERPARK CENTER INC. 101 DAVIESS ST OWENSBORO, KY 42303-4263	61-1147328	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANCTUARY, INC. P.O. BOX 1165 HOPKINSVILLE, KY 42241	31-1070541	501(C)(3)	5,000.	0.			HUMAN SERVICES
SCHOOL CHOICE SCHOLARSHIPS, INC. 10002 SHELBYVILLE RD. #102 LOUISVILLE, KY 40223	31-1589289	501(C)(3)	8,000.	0.			EDUCATION
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	10,000.	0.			HOUSING & SHELTER
SPEED ART MUSEUM 2035 SOUTH THIRD ST. LOUISVILLE, KY 40208	61-0444823	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202-3614	61-1135907	501(C)(3)	12,000.	0.			HUMAN SERVICES
THE HANDS OF CHRIST INC PO BOX 1252 FRANKLIN, TN 37065	20-3734815	501(C)(3)	31,700.	0.			RELIGION-RELATED
THE SALVATION ARMY - LOUISVILLE AREA COMMAND - P.O. BOX 1149 - LOUISVILLE, KY 40201-1149	58-0660607	501(C)(3)	5,100.	0.			HUMAN SERVICES
THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 215 CENTRAL AVE., #300 - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	89,700.	0.			EDUCATION
UNITED WAY OF NOBLE COUNTY 119 W. MITCHELL ST STE 3 KENDALLVILLE, IN 46755	35-1179046	501(C)(3)	7,207.	0.			PHILANTHROPY, VOLUNTARISM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RIO GRANDE 218 N COLLEGE AVE RIO GRANDE, OH 45674	31-4379537	501(C)(3)	7,500.	0.			EDUCATION
UNIVERSITY OF TEXAS FOUNDATION, INC. - PO BOX 4486 - HOUSTON, TX 77210-4486	74-1587488	501(C)(3)	12,000.	0.			EDUCATION
UNIVERSITY OF THE CUMBERLANDS 6180 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769	61-0470593	501(C)(3)	7,500.	0.			EDUCATION
VOLUNTEERS OF AMERICA OF KENTUCKY 933 GOSS AVENUE LOUISVILLE, KY 40217	61-0480950	501(C)(3)	12,500.	0.			HUMAN SERVICES
WALDEN THEATRE CORP. 1123 PAYNE STREET LOUISVILLE, KY 40204	61-0902722	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
WAYSIDE CHRISTIAN MISSION 432 E. JEFFERSON ST. LOUISVILLE, KY 40257	61-0667139	501(C)(3)	19,500.	0.			HUMAN SERVICES
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	501(C)(3)	5,000.	0.			EDUCATION
WHAS CRUSADE FOR CHILDREN, INC. 520 WEST CHESTNUT LOUISVILLE, KY 40202	23-7075524	501(C)(3)	23,500.	0.			HUMAN SERVICES
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR. LOUISVILLE, KY 40217	61-0444843	501(C)(3)	7,000.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3)	65,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY REFUGEE MINISTRIES, INC. 969-B CHEROKEE RD. LOUISVILLE, KY 40204	61-1229842	501(C)(3)	5,000.	0.			RELIGION-RELATED
MEREDITH-DUNN LEARNING CENTER 3023 MELBOURNE AVENUE LOUISVILLE, KY 40220	23-7339248	501(C)(3)	5,000.	0.			EDUCATION
NATIONAL FFA FOUNDATION, INC. P.O. BOX 68960 INDIANAPOLIS, IN 46268-0960	54-6044662	501(C)(3)	24,000.	0.			FOOD, AGRICULTURE & NUTRITION
OWENSBORO DANCE THEATRE 2705 BRECKENRIDGE STREET OWENSBORO, KY 42303	61-1040701	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
RESURRECTION COMMUNITY CENTER 4100 SOUTHERN PKWY LOUISVILLE, KY 40214	61-1208996	501(C)(3)	13,050.	0.			RECREATION & SPORTS
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 137 - GREENVILLE, KY 42345	45-4955355	GOVERNMENT MUNIC	20,000.	0.			RECREATION & SPORTS
KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM - 300 NORTH MAIN ST. - VERSAILLES, KY 40383	61-1320380	GOVERNMENT MUNIC	126,085.	0.			EDUCATION
OWENSBORO BOARD OF EDUCATION 450 GRIFFITH AVE. OWENSBORO, KY 42301	61-6001339	GOVERNMENT MUNIC	10,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORK CENTER FOR COMMUNITY CHANGE - 334 E BROADWAY, 3RD FLOOR - LOUISVILLE, KY 40202	26-0505260	PRIVATE OPERATIN	310,344.	0.			HUMAN SERVICES
DESALES HIGH SCHOOL 425 KENWOOD DR. LOUISVILLE, KY 40214-2897	61-0447247	RELIGIOUS ORGANI	25,000.	0.			EDUCATION
FOURTH AVENUE UNITED METHODIST CHURCH - 318 W. ST. CATHERINE - LOUISVILLE, KY 40203	61-0500813	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	75,000.	0.			EDUCATION
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	RELIGIOUS ORGANI	5,000.	0.			EDUCATION
OUR LADY OF PROVIDENCE HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	RELIGIOUS ORGANI	5,000.	0.			EDUCATION
ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANI	61,508.	0.			EDUCATION
ST. FRANCIS IN THE FIELDS EPISCOPAL CHURCH - 6710 WOLF PEN BRANCH ROAD - HARRODS CREEK, KY 40027	61-0444805	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
ST. LAWRENCE CATHOLIC CHURCH 1925 LEWISTON DRIVE LOUISVILLE, KY 40216	61-0510948	RELIGIOUS ORGANI	50,000.	0.			RELIGION-RELATED

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM

THAT THE RECIPIENT ORGANIZATIONS ARE IN GOOD STANDING PRIOR TO MAKING THE

DONATION. WHEN THE DONATION IS SENT THE FOLLOWING INFORMATION IS PROVIDED

TO EACH GRANT RECIPIENT:

"ENCLOSED IS A GRANT DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF

LOUISVILLE CORPORATE DEPOSITORY TO YOUR ORGANIZATION. YOU DO NOT NEED TO

SEND A TAX RECEIPT TO THE DONOR; HOWEVER, IF YOU WISH TO EXPRESS YOUR

GRATITUDE, PLEASE USE THE DONORS NAME AND ADDRESS LISTED ON THE CHECK.

Part IV Supplemental Information

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

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

INDIVIDUALS CHARITABLE TAX DEDUCTION.

BY ACCEPTING THIS CHECK YOUR ORGANIZATION CERTIFIES TO THE COMMUNITY

FOUNDATION OF LOUISVILLE THAT YOUR ORGANIZATION CONTINUES TO BE PUBLICLY

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

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

CLASSIFICATION.

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

RECEIVED BY ANY INDIVIDUALS OR ENTITIES CONNECTED WITH THE COMMUNITY

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

SATISFY THE PAYMENT OF ANY ENFORCEABLE PLEDGE OR LEGALLY BINDING FINANCIAL

OBLIGATION ON BEHALF OF THE DONOR.

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

ABOUT THIS DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF LOUISVILLE."

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

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

SERVICE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number	61-1100993
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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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	X X X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a 5b	X X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6a 6b	X X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

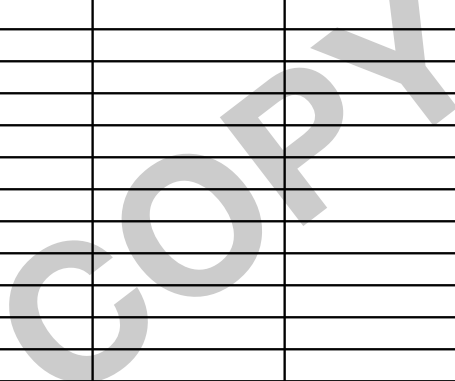
Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported in 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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN A BARRY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	213,745.	0.	0.	14,004.	7,576.	235,325.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE

RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE FINANCE

COMMITTEE FOR REVIEW AND A COPY IS PROVIDED TO THE ENTIRE BOARD. ONCE THE

COMMENTS FROM THE BOARD ARE REVIEWED THE FINAL DRAFT OF THE RETURN IS

PREPARED AND SIGNED BY THE VICE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS, DIRECTORS AND KEY

EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY.

THESE STATEMENTS ARE REVIEWED BY THE VICE PRESIDENT.

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

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY

FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS

ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE COMMUNITY

FOUNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT REVIEWS

FORM 990'S AND COMPENSATION STUDIES TO DETERMINE A FAIR AND REASONABLE

COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND

OFFICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE.

COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE

AND BOARD.

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

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2011)

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

TIME SPENT ON RELATED ORGANIZATIONS:

EACH OF THE INDIVIDUALS LISTED BELOW WORKS FOR RELATED ORGANIZATIONS.

THEIR AVERAGE HOURS WORKED EACH WEEK WITH THE RELATED ORGANIZATIONS ARE

ALSO NOTED.

SUSAN BARRY - 35 HOURS/WEEK

MATT BACON - 35 HOURS/WEEK

SUSAN NICHOLSON - 35 HOURS/WEEK

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 281,579.

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.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate 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" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

