Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013			
В	Check if applicable:	C Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE	D Employer identi	fication number		
	Address	DEPOSITORY, INC.				
F	Name change	Doing Business As	31-11	.40889		
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s				
Ĕ	Termin- ated Amende	325 W. MAIN STREET 1110	•	85-4649		
L	return Applica	City, town, or post office, state, and ZIP code	G Gross receipts \$	20,104,995.		
	tion pending	LOUISVILLE, RI 40202	H(a) Is this a group			
	portuning	F Name and address of principal officer: SUSAN A. BARRY	for affiliates?	Yes X No		
		SAME AS C ABOVE	H(b) Are all affiliates in	ncluded? Yes No		
			527 If "No," attach	a list. (see instructions)		
		www.cflouisville.com	H(c) Group exempt			
		·	ear of formation: 1985	M State of legal domicile; KY		
P		Summary				
Governance		Briefly describe the organization's mission or most significant activities: $\frac{\texttt{FACILITATE}}{\texttt{IARITABLE}}$	NDIVIDUAL DONORS			
r ng	2 0	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net	assets.		
ove.	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	15		
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		. 15		
Se		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		0		
¥		otal number of volunteers (estimate if necessary)		15		
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		a 0.		
٩		let unrelated business taxable income from Form 990-T, line 34		o 0.		
			Prior Year	Current Year		
ø	8 0	Contributions and grants (Part VIII, line 1h)	6,483,868	9,511,037.		
ž		rogram service revenue (Part VIII, line 2g)	0	0.		
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	357,293	272,909.		
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,841,161	9,783,946.		
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,028,326	8,356,486.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0	0.		
S	1	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0.		
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.		
ф	b T	otal fundraising expenses (Part IX, column (D), line 25)				
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	428,581	301,085.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,456,907	8,657,571.		
	19 F	levenue less expenses. Subtract line 18 from line 12	-3,615,746	1,126,375.		
Net Assets or Find Balances	3		Beginning of Current Yea	End of Year		
sets	20 T	otal assets (Part X, line 16)	11,301,195	12,255,279.		
t As	21 T	otal liabilities (Part X, line 26)	166,649	35,084.		
럂	22 N	let assets or fund balances. Subtract line 21 from line 20	11,134,546	12,220,195.		
P	art II	Signature Block				
	•	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	•	my knowledge and belief, it is		
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
Sig	ın	Signature of officer	Date			
He	re	MATTHEW L. BACON, VICE PRESIDENT & CFO Type or print name and title				
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai		EBECCA L. PHILLIPS, CPA	if	D00004055		
	-	Firm's name MOUNTJOY CHILTON MEDLEY LLP	Firm's EIN	Join Citipioyed		
	-	Firm's address 462 S. FOURTH ST., SUITE 2600	THIII S LIN			
550	,	LOUISVILLE, KY 40202-3445	Phone no.	(502)749-1900		
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	I Holic IIO.	X Yes No		
ivia	, uio ii li	- aloogoo aliio lotaiti witii tilo propaloi ollowii abovo: 1355 1311 UUIU 131		103 110		

4e Total program service expenses ▶

8,621,312.

including grants of \$

(Expenses \$

) (Revenue \$

Page 3

Form 990 (2012) DEPOSITORY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		х
h		12a		Λ
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4

DEPOSITORY, INC.

Form 990 (2012) DEPOSITORY, INC. 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? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2012)

Form 990 (2012) DEPOSITORY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1006. Enter-0- if not applicable 1a 0 0 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W-26 included in line 1a. Enter 0-if not applicable					Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter 0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
Gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If the calendar year ending with or within the year covered by this return 3c If the calendar year and 2a ig greater than 250, you may be required to e-file (see instructions) 3b If If Yes, 1 has if filed a Form 990 Toff this year? If Ym5, "provide an explanation in Schedule O 4a A Tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If Yes, "enter the name of the foreign country." 5b If Yes, "enter the name of the foreign country." 5c If Yes, "to line Sar ob," 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 accounts. 5e If Yes, "the name of the foreign country." 5a Was the organization and the foreign country." 5b Was the organization that or shelter transaction at any time during the tax year? 5c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, and the organization that the value of the good of the party of the organization solicit any contributions that were not tax deductible acharitable contributions? 5c Organization state any tax and the party of the organization of the party of the party of the part	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
2a Inter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X ** 3b If "Yes," instanction have unrelated business gross income of \$1,000 or more during the year? 3a X ** 3b If "Yes," sha if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b X ** 4a X at your during the calendary avar, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a X ** 5b If "Yes," and the foreign country Such as a bank account, securities account, or other financial accounts? 5c Was the organization a party to a prohibited tax shetler transaction or a tay time during the tax year? 5c If "Yes," to line 5c or 5b, did the organization line Form 8866-17 6c If "Yes," to line 5c or 5b, did the organization file Form 8866-17 6d Does the organization have manual gross necepits that are normally greater than \$100,000, and did the organization solicid any contributions that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5c or 5b, did the organization file Form 8866-17 6c If "Yes," to line 5c or 5b, did the organization file form 880 as evices provided to the payor? 7c Organization state were not tax deductible as charitable contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9b If "Yes," did the organization neceive a payment in excess of \$5\tarrin material and payor and the payor and the payor an	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
tiled for the calendary year ending with or within the year covered by this return. 2a		(gambling) winnings to prize winners?		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 is greater than 250, you may be required to e-file (see instructions) 3 b Id the organization have unless that any contribution or the sum of lines 1 a and 2 is greater than 250, you may be required to e-file (see instructions) 3 b If Yes, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedube O 3 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedube O 4 a At any time during the calendary 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)? 4 a If "Yes," in the remain of the foreign country. 5 b If "Yes," the first the name of the foreign country. 5 b If "Yes," the first the organization that it was or is a party to a prohibited tax shelter transaction? 5 b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If "Yes," to line 5a or 5b, did the organization file Form 888617 6 c If "Yes," to line 5a or 5b, did the organization in that it was or is a party to a prohibited tax shelter transaction? 6 c 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). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 b Id the organization receive a payment in excess of 57 made party as a contribution of party to ground a services provided? 10 bid the organization received and contribution of cars, boats, airplanes, or other vehicles, did the organization flee organization flee organization received an contribution of clars, boats, airplanes, or other vehicles, did	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
b If "Yes," has it filled a Form 990-T for this yea? 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 5a financial account in a foreign country. 5a If "Yes," enter the name of the foreign country: 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b X 5c If "Yes," to line Sa or 5b, did the organization file Form 89861? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6c If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 6c If If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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, eventhes account, or other financial account)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization tax even annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Torganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 7c X 7d If Yes,* indicate the number of Forms 8282 filed during the year 6b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization exceived a contribution of acis, boats, aniphase, or other vehicles, did the organization Bid the supporting organization shall an intaining donor advised funds and section 596(a)(3) supporting organizations. Did the supporting	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
the fire the name of the foreign country (such as a bank account, securities account, or other financial account)? b 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. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line Sa or Sb, did the organization file Form 8886.7? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Journal of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization notify the donor of the value of the goods or services provided? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? 6c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 9f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization sell except any funds, directly or property, did the organizations. Did the supporting organization exceived a contribution of cars, boats, airplanes, or other vehicles, did the organizations. 9 Sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions included on Part VIII, line 12	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
b 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? 5b Using any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Using If "Yes," bine Sa or 5b, did the organization file Form 8886-77 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b 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). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations shall may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 10 Did the organization received and contribution of tangible personal property for which it was required? 11 Did the organization received and contribution of qualified intellectual property, did the organization file Form 8282? 12 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 13 Sponsoring organizations maintaining donor advised funds. 3 Did the organization make any taxable distributions under section 4966? 3 Sponsoring organizations maintaining donor advised funds. 3 Did the organization make any taxable distributions under section 4966? 3 Section 501(c)(12) organizations. Enter:	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X			11a			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 14a 15c 14a 15c 14a 15c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16	-		11b			
b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	12a			12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		· · · · · · · · · · · · · · · · · · ·	•			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b					
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·	13b			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		

DEPOSITORY, INC. 31-1140889

THE COMMUNITY FOUNDATION OF LOUISVILLE

Page 6 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

	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	T	15a		х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
-	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 organiza	tion:	•	
	THE COMMUNTITY FOUNDATION OF LOUISV - 502-585-4649			
	325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202			

DEPOSITORY INC.

Form 990 (2012)

31-1140889

Page 7

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.

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

- 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.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average	(do			itior more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	Η.					Ĺ	from the	from related organizations	other compensation
	hours for	trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual	n stitutio na I truste e	Officer	key employee	Highest compensated employee	Former			organizations
(1) MIMI ZINNIEL	2.00	드	드	5	3	王占	윤			
CHAIRPERSON OF THE BOARD	4.10	x		х				0.	0.	0.
(2) MARSHALL BRADLEY, JR.	2.00									
VICE CHAIRPERSON OF THE BOARD	4.10	х		х				0.	0.	0.
(3) MARIA G. HAMPTON	2.00									
SECRETARY OF THE BOARD	4.10	х		х				0.	0.	0.
(4) ERIC W. TAYLOR	2.00									
TREASURER OF THE BOARD & FINANCE COM	4.00	х		х				0.	0.	0.
(5) HENRY M. ALTMAN JR.	2.00									
CHAIR EMERITUS	5.00	х						0.	0.	0.
(6) JACQUELINE C. GIBBS	2.00									
COMPENSATION COMM. CHAIR	4.00	Х						0.	0.	0.
(7) BONITA K. BLACK	2.00									
BOARD DEVELOPMENT COMM. CHAIR	4.00	Х						0.	0.	0.
(8) DOROTHY S. RIDINGS	2.00									
MEMBER - AT - LARGE	4.00	Х						0.	0.	0.
(9) JEFFEREY M. YUSSMAN	2.00									
MEMBER - AT - LARGE	4.10	Х						0.	0.	0.
(10) F. GERALD GREENWELL	2.00									
DEVELOPMENT & STEWARDS COMM. CHAIR		Х						0.	0.	0.
(11) CHARLES J. KANE, JR.	2.00									
INVESTMENT COMM. CHAIR	4.00	Х						0.	0.	0.
(12) TONI CLEM	2.00									
COMMUNICATIONS & MARKETING COMM. CHA		Х						0.	0.	0.
(13) ROBERT N. SHAW	2.00									
GRANTMAKING, PARTNERSHIP, STRATEGY C	4.00	Х						0.	0.	0.
(14) CARA BERNOSKY BARIBEAU	2.00							_	_	_
MEMBER - AT - LARGE	4.00	Х						0.	0.	0.
(15) SUZANNE BERGMEISTER	2.00								0	2
MEMBER - AT - LARGE		Х				_		0.	0.	0.
(16) SUSAN A BARRY	5,00	1		ļ "					21.6 422	22 020
PRESIDENT & CEO	35.10			Х	-	<u> </u>		0.	216,428.	23,039.
(17) MATTHEW L. BACON VP & CFO	5.00 35.10	ł		x				0.	112 020	1 / 2 2 /
vr a Cru	35.10			Ā				l 0.	113,030.	14,224.

7

Form 990 (2012) DEPOSITORY, 1									31-11408	389		Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos check ess pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) timate ount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO		fro orga and	oensa om the anizat I relat nizati	e ion ed
(18) MICHAEL J. SCHULTZ VP, DEVELOPMENT & STEWARDSHIP	5.00 35.10			x				0.	89,0	51		1 8	,968.
(19) ANNE E. MONELL	5.00							· ·	03,0	J.,			
VP, COMMUNICATIONS & MARKETING	35.00	_		х				0.	75,4	32.		16,	233.
(20) ANGIE M. EVANS VP, COMMUNITY LEADERSHIP	5.00 35.00			х				0.	77,6	96.		9,	,583.
1b Sub-total								0.	571,6	37.		82,	047.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	571,6	0. 37.	82,047		0.
2 Total number of individuals (including but n						e) wh	no re	eceived more than \$100	,				0
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from				77	
and related organizations greater than \$150Did any person listed on line 1a receive or a									idual for services		4	Х	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors		-l							\$100,000 of a reserve		-4: - ·- f:		
1 Complete this table for your five highest co the organization. Report compensation for										bensa	ation ir	Om	
(A) Name and business	address	NO	NE					(B) Description of s	services	С	(C omper		n
							\dashv						
							\dashv						
2 Total number of independent contractors (i	•	ot li	mite	ed to			stec	d above) who received n	nore than				
\$100,000 of compensation from the organic	zation >					0					Earm (200 (0040)

Page 9

DEPOSITORY, INC.

Form 990 (2012) DEPOSITORY,
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b	Business Code	9,511,037.			
- │			All other program service reve Total. Add lines 2a-2f						
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	-exempt bond	rest, and > proceeds >	277,837.			277,837.
	6	a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 10,316,121 10,321,049	(ii) Other				
Other Revenue		d a	Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not of 1c). See	>	-4,928.			-4,928.
Other		b c a	Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	raising events tivities. See	D ▶				
		b c a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities . returns	→				
,		b c	Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	s of inventory .	·				
		b c d	All other revenue						
	12		Total revenue. See instructions.			9,783,946.	0.	0.	272,909.

DEPOSITORY, INC.

Page **10**

31-1140889

Form 990 (2012) DEPOSITORY, INC.

Part IX | Statement of Functional Expenses

	on 501(a)(2) and 501(a)(4) organizations must some		or organizations must se	malata aaluma (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respon	(Å)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	8,356,486.	8,356,486.		
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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
	Accounting				
d	LobbyingProfessional fundraising services. See Part IV, line 17				
e		36,259.		36,259.	
Ť	Investment management fees	30,239.		30,239.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
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.)				
а	EARNINGS DISTRIBUTED T	264,826.	264,826.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	8,657,571.	8,621,312.	36,259.	0.
26	Joint costs. Complete this line only if the organization	T			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

DEPOSITORY, INC. 31-1140889 Page **11**

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 84,429. 138,571. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 1,912. 2,197. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 179.358 7 0. 7 Notes and loans receivable, net Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 9,502,335, 10,774,913. 11 11 1,532,876. 1,339,883. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 11,301,195. 12,255,279 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 85,304. 1,912. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 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 81 345. 33,172. 25 166,649. 26 35.084. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 284,305 131,443. 27 Unrestricted net assets 27 10,850,241. 12,088,752. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 11,134,546. 12,220,195. 33 Total net assets or fund balances 33 11,301,195. 12,255,279. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

-orm	1990 (2012) DEPOSITORY, INC.	31-1140009		Pa	ge 🖊
	rt 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	9	,783	,946.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,657	,571.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,126	,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,134	,546.
5	Net unrealized gains (losses) on investments	5		-40	726.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12	,220	,195.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

DEPOSITORY, INC.

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

Employer identification number 31-1140889

				• ()				,					
The	orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3													
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospit	al's nar	ne,
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:												
5		•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	it describ	ped in		
Ū	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed	in
		-	b)(1)(A)(vi). (Comple	•			•			•			
8				ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9				eives: (1) more than 33 1			rom contri	butions n	nembershi	n fees a	and aross r	eceints	from
•				nctions - subject to certa									
			•	axable income (less sect	•	•	•				•		
					lion o i i ta	ix) iloili bu	311103303 6	acquired b	y the orga	arnzation	arter ourie	50, 15	75.
40	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
10	H												
11		•		perated exclusively for the						•			or
				ations described in section		•	, , ,	2). See se 0	ction 509(a)(3). Ch	ieck the bo	x that	
				organization and comple					. — _				
		a	· ·	•		nctionally i	-				n-function	•	•
•				at the organization is not									
				han one or more publicly						9(a)(1) or	section 50)9(a)(2)	-
1	f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check th	nis box									L
ç)	Since August	t 17, 2006, has the o	organization accepted an									
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and ((iii) below	/, <u> </u>	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?									
				person described in (i) o									
ł	1			about the supported org									
			3	,		()							
/i	\ Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did voi	ı notify the	(vi) ls	the	(vii) Amou	nt of me	natary
(1	•	anization	(11) LIN			sted in your			organizátio (i) organiz	on in col.	1 ' '	in or inc ipport	niciai y
	0.9	ameadon			governing	document?	(i) of you	support?	U.S	.?		pport	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ									

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

Schedule A (Form 990 or 990-EZ) 2012

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,451,488.	7,860,930.	11,094,209.	6,483,868.	9,511,037.	39,401,532.
2	Tax revenues levied for the organ-						
	ization'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	4,451,488.	7,860,930.	11,094,209.	6,483,868.	9,511,037.	39,401,532.
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)						5,506,959.
	Public support. Subtract line 5 from line 4.						33,894,573.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,451,488.	7,860,930.	11,094,209.	6,483,868.	9,511,037.	39,401,532.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	575,669.	425,084.	372,175.	334,153.	277,837.	1,984,918.
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						41,386,450.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					>
	ction C. Computation of Publ						
	Public support percentage for 2012 (•	* * * *		14	81.90 %
	Public support percentage from 2011					15	82.86 %
16a	33 1/3% support test - 2012. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		ū	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	s ▶∟

Schedule A (Form 990 or 990-EZ) 2012

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 bel Section A. Public Support	ow, please com	plete Part II.)				
• • • • • • • • • • • • • • • • • • • •	(a) 2000	(h) 0000	(0) 0010	(4) 0011	(a) 0010	(6) T-+-!
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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		1				
assets (Explain in Part IV.)		 		 		
14 First five years. If the Form 990 is for the	he organization'	e first second this	d fourth or fifth to	ay year as a secti	n 501(c)(3) organi:	zation
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lin			column (fl)		15	<u></u> %
16 Public support percentage from 2011 S					16	
Section D. Computation of Invest						
17 Investment income percentage for 201:					17	%
18 Investment income percentage from 20						
19a 33 1/3% support tests - 2012. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2011. If the o						
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization						
a.c.ioanaanom n no organization	<u></u>	~	-, J	22/ 21/4 000 11		

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

_	THE COMMUNITY FOUNDATION OF LOUISVILLE	
	DEPOSITORY, INC.	31-1140889
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 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	
General Rule For an organiza	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in momplete Parts I and II.	
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributi	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or editor of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for this box is character purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions or use exclusively for religious, charitable, etc., purposes, but these contributions did not to necked, enter here the total contributions that were received during the year for an exclusive of complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. Fly religious, charitable, etc., t received nonexclusively
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file Schedule I	3 (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) (2012)

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).

Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	789,583.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	312,217.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	265,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	1,015,642.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	500,004.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	362,643.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$243,435.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$229,503.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$208,802.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY INC.
31-1140889

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I STOCK 1 591,638. 01/04/13 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I STOCK 217,500. 04/22/13 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I STOCK/PROPERTY 5 500,004. 11/30/12 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I STOCK 6 312,643. 12/18/12 (a) (c) No. (b) (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I STOCK 8 104,503. 04/12/13 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I STOCK/PROPERTY 9 208,802. 12/27/12

Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

DEPOSITORY INC.

31-1140889

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I STOCK 10 193,917. 12/05/12 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I

Name of organization Employer identification number THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC. 31-1140889 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.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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.

2012
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY. INC.

Employer identification number 31-1140889

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts 510 Total number at end of year _____ 1 9,511,038. 2 Aggregate contributions to (during year) 8 356 486. 3 Aggregate grants from (during year) 12.088.752. Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

Sche	dule D (Form 990) 2012 DEPOSITORY,	INC.				31-1140	889	Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Historical 1	Treasures, o	r Other	Similar Asse	e ts (contin	ued)
3	Using the organization's acquisition, accession (check all that apply):	n, and other record	ls, check any of th	ne following that	t are a sign	ificant use of its	collection	n items
а	Public exhibition	d	I ☐ Loan or ex	kchange progra	ms			
b	Scholarly research	е		3 1 3				
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explai	n how they further	r the organization	n's exemp	t purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be main						Yes	☐ No
Par	t IV Escrow and Custodial Arrang						line 9, or	
	reported an amount on Form 990, Part		· ·			,	,	
1a	Is the organization an agent, trustee, custodial	n or other intermed	diary for contributi	ons or other ass	sets not inc	luded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21?			L	Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. C							
Par	t V Endowment Funds. Complete if t	the organization an	swered "Yes" to F					
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs						ļ	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	•	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possess	sion of the organiza	ation that are held	and administer	red for the	organization	г	
	by:							Yes No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizations I						3b	
Bar	t VI Land, Buildings, and Equipme							
Fai			<u> </u>		(-) A		(-N D1	
	Description of property	(a) Cost or o basis (investr	',	st or other s (other)		ımulated ciation	(d) Bool	value
	Land	<u> </u>	nont) Dasi	o (otrici)	depre	Giation		
	Land							
	Buildings			+				
	Leasehold improvements			+				
	Equipment Other							
	Other		X column (R) line	10(c))				0.
			, · · · · · · · · · · · · · · · ·	-1-/-/				

Schedule D (Form 990) 2012

DEPOSITORY, INC. Schedule D (Form 990) 2012 31-1140889 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other WAYCROSS LP INVESTMENT 1,339,883. END-OF-YEAR MARKET VALUE (A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 1,339,883. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4)(5) (6)(7)(8) (9)(10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5) (6) (7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes PAYABLE TO RELATED ORGANIZATION 33,172 (2)(3)(4)(5) (6) (7)(8) (9) (10)(11)

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

33,172.

	dule D (Form 990) 2012 DEPOSITORY, INC.		31-1140889	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	enue 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:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	enses 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5				
Pa	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P	art III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any addit	tional information.	
PART	X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TA	XES		
UNDE	R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE).			
ADD1	TIONALLY, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNA	L REVENUE		
SERV	VICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE CONTEXT OF SE	CTION		
509(A) OF THE CODE.			
WHEN	APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX	POSITIONS		
USIN	G THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC	. NO		

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public

OMB No. 1545-0047

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

► Attach to Form 990. Inspection THE COMMUNITY FOUNDATION OF LOUISVILLE **Employer identification number** 31-1140889

DEPOSITORY, IN	NC.						31-1140889
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments ar	nd Organizations in th	ne United States. C	complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	_	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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LAWRENCE CATHOLIC CHURCH							
1925 LEWISTON DRIVE		RELIGIOUS					
LOUISVILLE, KY 40216	61-0510948	ORGANIZATI	943,442.	0.			RELIGION-RELATED
METRO UNITED WAY							
P.O. BOX 950148							
LOUISVILLE, KY 40295	61-0444680	501(C)(3)	469,675.	0.			PHILANTHROPY, VOLUNTARISM
·			, .				,
AMERICAN COUNCIL OF THE RAMABAI							
MUKTI MISSION - P.O. BOX 4912 -							
CLINTON, NJ 08809	23-1409702	501(C)(3)	300,000.	0.			RELIGION-RELATED
COMMUNITY FOUNDATION OF LOUISVILLE							
INC 325 W. MAIN ST., STE. 1110							
- LOUISVILLE, KY 40202	31-0997017	501(C)(3)	293,659.	0.			PHILANTHROPY, VOLUNTARISM
THE UNIVERSITY OF LOUISVILLE							
FOUNDATION, INC 215 CENTRAL							
AVE., #300 - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	239,025.	0.			EDUCATION
			, .				
NEW GOSHEN PRESBYTERIAN CHURCH							
12900 N. HIGHWAY 42		RELIGIOUS					
PROSPECT, KY 40059	23-6393377	ORGANIZATI	198,818.	0.			RELIGION-RELATED
2 Enter total number of section 501(c)(3) a	ınd government o	rganizations listed in t	he line 1 table				≥ 276.
2 Enter total number of other organization							

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

Schedule I (Form 990) (2012)

(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
FUND FOR THE ARTS, INC.							
623 WEST MAIN STREET							ARTS, CULTURE &
LOUISVILLE, KY 40202	61-0479626	501(C)(3)	177,055.	0.			HUMANITIES
MAYO CLINIC ROCHESTER							
200 FIRST ST. SW							
ROCHESTER, MN 55905	41-6011702	501(C)(3)	168,065.	0.			HEALTH CARE
SOUTHEAST CHRISTIAN CHURCH OF							
JEFFERSON COUNTY KENTUCKY INC							
920 BLANKENBAKER PKWY -							
LOUISVILLE, KY 40243	61-0850307	501(C)(3)	131,200.	0.			RELIGION-RELATED
ODEDATION ODEN ADMC INC							
OPERATION OPEN ARMS, INC. 1400 ENVOY CIRCLE #1416							
LOUISVILLE, KY 40299	31-1787756	PRIVATE OPERATIN	112,500.	0.			CRIME & LEGAL-RELATED
Ecolovizin, ki 10233	31 1707730	TRIVILLE GLERALITA	112,300.	• • •			
LOUISVILLE ORCHESTRA, INC.							
323 W. BROADWAY, STE. 700							ARTS, CULTURE &
LOUISVILLE, KY 40202	61-6000384	501(C)(3)	111,250.	0.			HUMANITIES
ELLGON ULGMODIGNI GOGLEMY							
FILSON HISTORICAL SOCIETY 1310 SOUTH THIRD STREET							ADMG CIII MIIDE C
LOUISVILLE, KY 40208	61-0444690	501(C)(3)	100,500.	0.			ARTS, CULTURE & HUMANITIES
EGGISVIELD, RI 40200	01 0444030	301(0)(3)	100,300.	<u> </u>			HOMMITIES
RUDOLF STEINER FOUNDATION, INC.							
1002 O'REILLY AVE.							
SAN FRANCISCO, CA 94129	13-6082763	501(C)(3)	100,000.	0.			PHILANTHROPY, VOLUNTARIS
ST. FRANCIS IN THE FIELDS							
EPISCOPAL CHURCH - 6710 WOLF PEN							
BRANCH ROAD - HARRODS CREEK, KY							
40027	61-0444805	RELIGIOUS ORGANI	99,785.	0.			RELIGION-RELATED
KOSAIR CHARITIES COMMITTEE, INC.							
P.O. BOX 37370							
LOUISVILLE, KY 40233	61-0514703	501(C)(3)	98,850.	0.			HEALTH CARE

501(C)(3)

DEPOSITORY, INC. 31-1140889 Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BELLARMINE UNIVERSITY 2001 NEWBURG ROAD 61-0482955 501(C)(3) 88,850 0 EDUCATION LOUISVILLE, KY 40205 SECOND PRESBYTERIAN CHURCH 3701 OLD BROWNSBORO ROAD 61-0466721 501(C)(3) 88,814 0 LOUISVILLE, KY 40207 RELIGION-RELATED ROTARY FUND OF LOUISVILLE, INC. 401 WEST MAIN ST #810 COMMUNITY IMPROVEMENT & 61-6029858 81,400 0 LOUISVILLE, KY 40202 501(C)(3) CAPACITY BUILDING CALVIN PRESBYTERIAN CHURCH 2501RUDY LANE LOUISVILLE, KY 40207 61-6014442 RELIGIOUS ORGANI 80,000 0 RELIGION-RELATED CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - P.O. BOX 628222 -ORLANDO, FL 32862 33-0863088 501(C)(3) 74,400 0 RELIGION-RELATED YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521 06-0646973 501(C)(3) 70,100 0 EDUCATION 21ST CENTURY PARKS, INC. 471 W. MAIN ST. # 202 LOUISVILLE, KY 40202 20-1780317 501(C)(3) 69,900 0 RECREATION & SPORTS CATHEDRAL OF THE ASSUMPTION 443 SOUTH FIFTH STREET LOUISVILLE, KY 40202 61-0447247 501(C)(3) 69,000 0 RELIGION-RELATED TRINITY HIGH SCHOOL FOUNDATION INC. - 4011 SHELBYVILLE RD. -

Schedule I (Form 990)

EDUCATION

LOUISVILLE, KY 40207

66,063

0

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CHRIST CHURCH UNITED METHODIST CHURCH - 4614 BROWNSBORO ROAD -61-0449611 RELIGIOUS ORGANI 64,200 0 RELIGION-RELATED LOUISVILLE, KY 40207 ARCHDIOCESE OF LOUISVILLE SECTION 123 RELIGIOUS ORGANI 59,667 0 LOUISVILLE, KY 40289 61-0447247 RELIGION-RELATED ASSUMPTION HIGH SCHOOL 2170 TYLER LANE 59,263 0 EDUCATION LOUISVILLE, KY 40205 61-0447247 501(C)(3) CABBAGE PATCH SETTLEMENT HOUSE, INC. - 1413 SOUTH SIXTH STREET -LOUISVILLE, KY 40208 61-0458359 501(C)(3) 57,425 0 HUMAN SERVICES FIRST CHRISTIAN CHURCH 1807 N. MILES ST. ELIZABETHTOWN, KY 42701 61-0535161 RELIGIOUS ORGANI 55,400 0 RELIGION-RELATED KILGORE SAMARITAN COUNSELING CENTER - PO BOX 782 - LOUISVILLE, MENTAL HEALTH & CRISIS **KY 40206** 61-1131420 501(C)(3) 55,250 0 INTERVENTION SPEED ART MUSEUM ARTS, CULTURE & 2035 SOUTH THIRD ST. 61-0444823 501(C)(3) 53,730 0 HUMANITIES LOUISVILLE, KY 40208 HEALING PLACE INC 1020 WEST MARKET STREET MENTAL HEALTH & CRISIS LOUISVILLE, KY 40202 61-1164775 501(C)(3) 50,700 0 INTERVENTION FIRST PRESBYTERIAN CHURCH -ELIZABETHTOWN - 1016 PEAR ORCHARD DR. - ELIZABETHTOWN, KY 42701 61-0183855 RELIGIOUS ORGANI 49,930 0 RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ISAAC W. BERNHEIM FOUNDATION, INC. P.O. BOX 130 CLERMONT, KY 40110 61-0444651 501(C)(3) 45,430 0 ENVIRONMENT OUR LADY OF TEPEYAC HIGH SCHOOL 2228 S. WHIPPLE 36-3409095 501(C)(3) 45,000 0 EDUCATION CHICAGO, IL 60623 JEWISH HOSPITAL & ST. MARY'S HEALTHCARE FOUNDATION - 250 E. LIBERTY ST. #612 - LOUISVILLE, KY 61-1029768 42,600 0 40202 501(C)(3) HEALTH CARE ACTORS THEATRE OF LOUISVILLE INC. 316 WEST MAIN STREET ARTS, CULTURE & LOUISVILLE, KY 40202 61-0645030 501(C)(3) 40,660 0 HUMANITIES ST. BERNADETTE CHURCH 6500 ST. BERNADETTE AVENUE PROSPECT, KY 40059 61-0447247 RELIGIOUS ORGANI 40,000 0 RELIGION-RELATED CENTENARY UNITED METHODIST CHURCH 1441 PERRYVILLE ROAD 61-0518020 RELIGIOUS ORGANI 36,800 0 RELIGION-RELATED DANVILLE, KY 40422 SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607 58-1437002 501(C)(3) 36,200 0 RELIGION-RELATED BROADWAY BAPTIST CHURCH 4000 BROWNSBORO ROAD LOUISVILLE, KY 40207 61-6001947 RELIGIOUS ORGANI 35,665 0 RELIGION-RELATED THE TEMPLE-CONGREGATION ADATH ISRAEL BRITH SHOLOM - 5101 U.S. HIGHWAY 42 - LOUISVILLE, KY 40241 61-0918772 RELIGIOUS ORGANI 34,671 0 RELIGION-RELATED

Schedule I (Form 990) DEPOSITORY, II		avanaments and O	simations in the U	nited Ctates (C-1-	adula I (Farres 2001) De		1-1140889 Pag
(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
LOUISVILLE OLMSTED PARKS							
CONSERVANCY, INC 1299 TREVILIAN	61-1196368	E01/G)/3)	22 250	0.			DECDEAMION & CDODMC
WAY - LOUISVILLE, KY 40213	01-1190300	501(C)(3)	33,250.	0.			RECREATION & SPORTS
WEST END PREPARATORY SCHOOL							
3628 VIRGINIA AVENUE							
LOUISVILLE, KY 40211	04-3798875	501(C)(3)	32,000.	0.			EDUCATION
•			,				
HARVEY BROWNE PRESBYTERIAN CHURCH							
311 BROWNS LANE							
LOUISVILLE, KY 40207	61-0529829	RELIGIOUS ORGANI	31,100.	0.			RELIGION-RELATED
ST. MATTHEW'S EPISCOPAL CHURCH							
330 N. HUBBARDS LANE				_			
LOUISVILLE, KY 40207	61-0476701	RELIGIOUS ORGANI	30,132.	0.			RELIGION-RELATED
CANTETUE COLLEGE							
CANISIUS COLLEGE 2001 MAIN STREET, BAGEN HALL 201							
BUFFALO, NY 14209	16-0743942	501(C)(3)	29,583.	0.			EDUCATION
	10 0743342	501(0)(3)	25,303.	<u> </u>			EDUCITION
SHAKER VILLAGE OF PLEASANT HILL							
3501 LEXINGTON ROAD							ARTS, CULTURE &
HARRODSBURG, KY 40330	61-0592561	501(C)(3)	29,150.	0.			HUMANITIES
NAPERVILLE EVANGELICAL COVENANT							
CHURCH - 1150 HOBSON RD							
NAPERVILLE, IL 60540	51-0221694	RELIGIOUS ORGANI	28,500.	0.			RELIGION-RELATED
WORLD HARVEST MISSION							
101 WEST AVENUE #305	02 0002600	501/9//2/	00.000	_			
JENKINTOWN, PA 19046	23-2223692	501(C)(3)	28,000.	0.			RELIGION-RELATED
KENTUCKY DANCE COUNCIL							
315 EAST MAIN STREET							ARTS, CULTURE &
LOUISVILLE, KY 40202	61-6033779	501(C)(3)	27,500.	0.			HUMANITIES

Schedule I (Form 990) DEPOSITORY,							1-1140889 Page 1
Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Organ	nizations in the U	nited States (Scho	edule I (Form 990), Pa I	ırt 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 HUMANE SOCIETY 1000 LYNDON LANE #B							
LOUISVILLE, KY 40222	61-0463938	501(C)(3)	26,610.	0.			ANIMAL-RELATED
CARNEGIE LITERACY CENTER INC 251 WEST SECOND STREET LEXINGTON, KY 40507	61-1185631	501(C)(3)	25,000.	0.			EDUCATION
CONCORDIA LUTHERAN CHURCH 1127 E. BROADWAY LOUISVILLE, KY 40204	61-0461819	501(c)(3)	23,500.	0.			RELIGION-RELATED
NATURE CONSERVANCY - KENTUCKY CHAPTER - 114 WOODLAND AVE - LEXINGTON, KY 40502	53-0242652	501(C)(3)	23,285.	0.			ENVIRONMENT
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	22,683.	0.			HUMAN SERVICES
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3)	22,250.	0.			EDUCATION
YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C)(3)	21,900.	0.			HUMAN SERVICES
UNIVERSITY OF KENTUCKY 301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61-6001218	GOVERNMENT MUNIC	21,750.	0.			EDUCATION
YEW DELL, INC. P.O. BOX 1334 CRESTWOOD, KY 40014	61-1390688	501(C)(3)	21,525.	0.			ENVIRONMENT

Schedule I (Form 990) DEPOSITORY, IN							1-1140889 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	T
(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
WORLD VISION INTERNATIONAL							
P.O. BOX 9716							INTERNATIONAL, FOREIGN
FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	21,062.	0.			AFFAIRS
·			,				
NEW PATHWAYS FOR CHILDREN INC.							
3233 SHAW ROAD							
MELBER, KY 42069	61-1297776	501(C)(3)	21,000.	0.			HUMAN SERVICES
THE SALVATION ARMY - LOUISVILLE							
AREA COMMAND - P.O. BOX 1149 -	50 066060F	504 (5) (2)	00.000				L
LOUISVILLE, KY 40201	58-0660607	501(C)(3)	20,900.	0.			HUMAN SERVICES
LOUISVILLE FREE PUBLIC LIBRARY							
FOUNDATION - 301 YORK STREET -							
LOUISVILLE, KY 40203	61-0969361	501(C)(3)	20,880.	0.			EDUCATION
,							
ST. FRANCIS SCHOOL INC.							
11000 U.S. HWY. 42							
GOSHEN, KY 40026	61-0663057	501(C)(3)	20,700.	0.			EDUCATION
AMERICANA COMMUNITY CENTER							
4801 SOUTHSIDE DR							
LOUISVILLE, KY 40214	61-1251306	501(C)(3)	20,200.	0.			HUMAN SERVICES

HARVEST USA							MENMAL HEALMH C ODICE
3901 MAIN ST. #304	23-2684968	E01/C)/2)	20,000	0.			MENTAL HEALTH & CRISIS INTERVENTION
PHILADELPHIA, PA 19127	23-2004900	501(C)(3)	20,000.	0.			INTERVENTION
VANGUARD CHARITABLE ENDOWMENT							
PROGRAM - P.O. BOX 55766 - BOSTON,							
MA 02205	23-2888152	501(C)(3)	20,000.	0.			 PHILANTHROPY, VOLUNTARISM
WALDORF EARLY CHILDHOOD		,					,
ASSOCIATION OF NORTH AMERICA - 285							
HUNGRY HOLLOW RD SPRING VALLEY,							
NY 10977	52-1841089	501(C)(3)	20,000.	0.			EDUCATION

(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
BERRY CENTER, INC.							
PO BOX 582							
NEW CASTLE, KY 40050	80-0721644	501(C)(3)	20,000.	0.			EDUCATION
HAND IN HAND MINISTRIES							
2225 STEIER LANE							
LOUSIVILLE, KY 40218	61-1352889	501(C)(3)	18,882.	0.			HUMAN SERVICES
FAMILY & CHILDREN'S PLACE							
525 ZANE ST							
LOUISVILLE, KY 40203	61-0549561	501(C)(3)	18,800.	0.			HUMAN SERVICES
COMMONWEALTH FUND FOR KET							
560 COOPER DRIVE							
LEXINGTON, KY 40502	61-1285473	501(C)(3)	17,770.	0.			EDUCATION
HABITAT FOR HUMANITY OF METRO							
LOUISVILLE, INC 1620 BANK							
STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3)	17,700.	0.			HOUSING & SHELTER
ST. MARY OF THE KNOBS							
3033 MARTIN ROAD							
FLOYDS KNOBS, IN 47119	35-6033616	RELIGIOUS ORGANI	17,600.	0.			RELIGION-RELATED
SACRED HEART SCHOOLS INC.							
3177 LEXINGTON ROAD							
LOUISVILLE, KY 40206	61-1181710	501(C)(3)	17,433.	0.			EDUCATION
NATIVITY ACADEMY AT ST. BONIFACE							
529 E. LIBERTY STREET							
LOUISVILLE, KY 40202	51-0450314	501(C)(3)	17,200.	0.			EDUCATION
WIGHT AND DEPENDENT OF THE STATE OF THE STAT							
HIGHLAND PRESBYTERIAN CHURCH							
1011 CHEROKEE ROAD LOUISVILLE, KY 40204	23-6393377		17,100.	0.			RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) FIRST UNITED METHODIST CHURCH -MIDLAND - 315 W LARKIN - MIDLAND MI 48640 38-1368752 RELIGIOUS ORGANI 17,000 0 RELIGION-RELATED BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - P.O. BOX 36273 61-0445839 17,000 0 - LOUISVILLE, KY 40233 501(C)(3) YOUTH DEVELOPMENT THE KENTUCKIANAWORKS FOUNDATION INC. - 410 W. CHESTNUT ST., #200 37-1508088 16,667 0 LOUISVILLE, KY 40202 501(C)(3) EDUCATION ST. JAMES CHURCH 1826 EDENSIDE AVE. LOUISVILLE, KY 40204 61-0444806 RELIGIOUS ORGANI 16,500 0 RELIGION-RELATED CHAPEL HILL UNITED CHURCH OF CHRIST - 2307 EMBASSY LANE -LOUISVILLE, KY 40216 61-0602255 RELIGIOUS ORGANI 16,500 0 RELIGION-RELATED CITY PARKS ALLIANCE INC 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037 80-0015566 501(C)(3) 16,500 0 ENVIRONMENT AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - P.O. BOX 1675 -PUBLIC SAFETY, DISASTER 53-0196605 501(C)(3) 16,138 0 PREPAREDNESS & RELIEF LOUISVILLE, KY 40201 PLANNED PARENTHOOD OF KENTUCKY 200 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46206 35-0874276 501(C)(3) 15,815 0 HEALTH CARE LIFE IN ABDUNDANCE INTERNATIONAL INTERNATIONAL, FOREIGN 1605 E. ELIZABETH ST. #1069 PASADENA, CA 91104 02-0587875 501(C)(3) 15,800 0 AFFAIRS

Schedule I (Form 990) DEPOSITORY, 1							1-1140889 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U ⊺	nited States (Scho	edule I (Form 990), Pa I	art II.)	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
WOMEN MAKE MOVIES, INC.							
462 BROADWAY 5TH FLOOR							ARTS, CULTURE &
NEW YORK, NY 10013	13-2740460	501(C)(3)	15,750.	0.			HUMANITIES
•			,				
CATHOLIC RELIEF SERVICES							
P.O. BOX 17090							PUBLIC SAFETY, DISASTER
BALTIMORE, MD 21297	13-5563422	501(C)(3)	15,750.	0.			PREPAREDNESS & RELIEF
alva algarithmi							
CAMP PASQUANEY							
19 PASQUANEY LN	02-0227848	501(C)(3)	15 200	0.			RECREATION & SPORTS
HEBRON, NH 03241	02-0227848	501(C)(3)	15,300.	0.			RECREATION & SPORTS
ROBERT E. LEE MEMORIAL							
ASSOCIATION, INC 483 GREAT							ARTS, CULTURE &
HOUSE ROAD - STRATFORD, VA 22558	54-0536105	501(C)(3)	15,250.	0.			HUMANITIES
ST. JOSEPH CATHOLIC ORPHAN HOME							
2823 FRANKFORT AVENUE							
LOUISVILLE, KY 40206	61-0475286	501(C)(3)	15,200.	0.			HUMAN SERVICES
ann thaus who							
SEE JESUS NET							
PO BOX 197 TELFORD, PA 18969	23-3000534	501/C\/3\	15,000.	0.			RELIGION-RELATED
TELFORD, TA 10505	23 3000334	501(0)(3)	15,000.	· · ·			KEDIGION KEDATED
HEARTLAND CHURCH							
9665 HAGUE ROAD							
INDIANAPOLIS, IN 46256	35-2108005	501(C)(3)	15,000.	0.			RELIGION-RELATED
HOME OF THE INNOCENTS							
1100 E MARKET ST							
LOUISVILLE, KY 40206	61-0445834	501(C)(3)	15,000.	0.			HUMAN SERVICES
Lagragian awaran							
ASCENSION CHURCH							
4600 LYNNBROOK DRIVE	61-0447247	501(C)(3)	15,000.	0.			RELIGION-RELATED
LOUISVILLE, KY 40220	01-044/24/	hor(c)(3)	15,000.	<u> </u>			KELLGION-KELATED

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DEPOSITORY, INC. 31-1140889 Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNITED WAY OF MIDLAND COUNTY 220 W. MAIN STREET, SUITE 100 75-0945926 501(C)(3) 15,000 0 MIDLAND, MI 48640 PHILANTHROPY, VOLUNTARISM BIBLE STUDY FELLOWSHIP INTERNATIONAL - 19001 HUEBNER ROAD 15,000 0 - SAN ANTONIO, TX 78258 94-1514010 501(C)(3) RELIGION-RELATED JEWISH COMMUNITY OF LOUISVILLE INC. - 3630 DUTCHMANS LANE -14,250 0 LOUISVILLE, KY 40205 61-0444765 501(C)(3) PHILANTHROPY, VOLUNTARISM ST. JOHN UNITED METHODIST CHURCH 12700 W. HIGHWAY 42 PROSPECT, KY 40059 61-0961846 RELIGIOUS ORGANI 14,188 0 RELIGION-RELATED MARYHURST, INC. 1015 DORSEY LANE MENTAL HEALTH & CRISIS LOUISVILLE, KY 40223 31-1542209 501(C)(3) 14,050 0 INTERVENTION THIRD SECTOR NEW ENGLAND, INC 89 SOUTH ST., #700 COMMUNITY IMPROVEMENT & BOSTON, MA 02111 04-2261109 501(C)(3) 14,000 0 CAPACITY BUILDING RUDOLF STEINER COLLEGE 9200 FAIR OAKS BLVD 94-2356338 501(C)(3) 14,000 0 EDUCATION FAIR OAKS, CA 95628 LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204 61-0449630 501(C)(3) 13,725 0 EDUCATION KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH STREET ARTS, CULTURE &

HUMANITIES

LOUISVILLE, KY 40202

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DEPOSITORY, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	r age r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ENDOWMENT FUND OF THE PHI							
KAPPA PSI FRATERNITY - 5395							
EMERSON WAY - INDIANAPOLIS, IN							
46226	36-6130655	501(C)(3)	13,000.	0.			EDUCATION
HISTORIC LOCUST GROVE, INC. 561 BLANKENBAKER LANE							ARTS, CULTURE &
LOUISVILLE, KY 40207	61-1390403	501(C)(3)	13,000.	0.			, HUMANITIES
ST. MARK'S EPISCOPAL CHURCH 2822 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0444813	RELIGIOUS ORGANI	12,800.	0.			RELIGION-RELATED
NORTH STAR FUND 520 EIGHTH AVENUE, SUITE 2203 NEW YORK, NY 10018	13-2950801	501(C)(3)	12,500.	0.			PHILANTHROPY, VOLUNTARISM
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	12,460.	0.			EDUCATION
GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	12,185.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	12,050.	0.			EDUCATION
ST. PAUL UNITED METHODIST CHURCH 2000 DOUGLAS BLVD. LOUISVILLE, KY 40205	61-0444817	RELIGIOUS ORGANI	12,000.	0.			RELIGION-RELATED
CHURCH OF OUR LADY OF LOURDES 508 BRECKENRIDGE LANE LOUISVILLE, KY 40207		RELIGIOUS ORGANI	12,000.	0.			RELIGION-RELATED

(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
OBERLIN COLLEGE							
50 W LORAIN ST	24 0514262	E01/G)/2)	11 022				
OBERLAIN, OH 44074	34-0714363	501(C)(3)	11,833.	0.			EDUCATION
KENTUCKY CENTER FOR THE ARTS							
ENDOWMENT FUND INC 501 W. MAIN							ARTS, CULTURE &
ST LOUISVILLE, KY 40202	31-0999046	501(C)(3)	11,750.	0.			HUMANITIES
KENTUCKY NATURAL LANDS TRUST, INC.							
433 CHESTNUT ST.							
BEREA, KY 40403	61-1276913	501(C)(3)	11,650.	0.			ENVIRONMENT
CHURCH HOME & INFIRMARY EPISCOPAL							
CHURCH HOME - 7504 WESTPORT ROAD -							
LOUISVILLE, KY 40222	61-0461720	501(C)(3)	11,500.	0.			HEALTH CARE
CATHOLIC EDUCATION FOUNDATION							
401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	11,300.	0.			EDUCATION
10015VIDDE, KI 40202	01 1254040	501(0)(3)	11,500.	0.			EDUCATION
UNITY OF LOUISVILLE, INC.							
757 S. BROOK STREET							
LOUISVILLE, KY 40203	61-0469289	501(C)(3)	11,200.	0.			RELIGION-RELATED
LOUISVILLE URBAN LEAGUE							
1535 WEST BROADWAY							
LOUISVILLE, KY 40203	61-0444771	501(C)(3)	11,025.	0.			HUMAN SERVICES
DREPUNG GOMANG INSTITUTE							
111 N HUBBARDS LN LOUISVILLE, KY 40207	61-1399694	501(C)(3)	11,000.	0.			EDUCATION
, 1020/	31 1333034		11,000.	0.			
CRESTWOOD UNITED METHODIST CHURCH							
7214 KAVANAUGH ROAD							
CRESTWOOD, KY 40014	61-0525162	RELIGIOUS ORGANI	10,900.	0.			RELIGION-RELATED

Schedule I (Form 990) DEPOSITORY, I	NC.					3:	1-1140889 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
ST. ALBERT THE GREAT CHURCH 1395 GIRARD DR. LOUISVILLE, KY 40222	61-0568020	RELIGIOUS ORGANI	10,600.	0.			RELIGION-RELATED
WINONA LAKE GRACE BRETHREN CHURCH 1200 KINGS HWY. WINONA LAKE, IN 46590	35-1319207	501(C)(3)	10,572.	0.			RELIGION-RELATED
BOYS & GIRLS CLUBS INC. P.O. BOX 4989 LOUISVILLE, KY 40204	61-0568789	501(C)(3)	10,500.	0.			YOUTH DEVELOPMENT
WAYSIDE CHRISTIAN MISSION 432 E. JEFFERSON ST. LOUISVILLE, KY 40257	61-0667139	501(C)(3)	10,500.	0.			HUMAN SERVICES
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	10,500.	0.			EDUCATION
ST. BRIGID CATHOLIC CHURCH 1520 HEPBURN AVE. LOUISVILLE, KY 40204	61-0485638	RELIGIOUS ORGANI	10,250.	0.			RELIGION-RELATED
NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	84-6007896	501(C)(3)	10,200.	0.			RELIGION-RELATED
MISSION NETWORK 590 COLUMBUS AVE THORNWOOD, NY 10594	06-1500537	501(C)(3)	10,000.	0.			RELIGION-RELATED
UFM INTERNATIONAL, INC 10000 N. OAK TRAFFICWAY KANSAS CITY, MO 64155	23-1352564	501(C)(3)	10,000.	0.			RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) KENYON COLLEGE 209 CHASE AVENUE 31-4379507 501(C)(3) 10,000 0 EDUCATION GAMBIER, OH 43022 REASONS TO BELIEVE 731 EAST ARROW HIGHWAY 33-0168048 501(C)(3) 10,000 0 GLENDORA, CA 91740 RELIGION-RELATED JULIE AND MICHAEL TRACY FAMILY FOUNDATION - 1364 SANFORD LANE -10,000 0 GLENVIEW, IL 60025 37-1667452 501(C)(3) HUMAN SERVICES UNIVERSITY OF MICHIGAN 5050 WOLVERINE TOWER ANN ARBOR, MI 48109 38-6006309 501(C)(3) 10,000 0 EDUCATION RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503 54-0505941 501(C)(3) 10,000 0 EDUCATION UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD -CHARLOTTESVILLE, VA 22903 54-0838566 501(C)(3) 10,000 0 EDUCATION HINDMAN SETTLEMENT SCHOOL P.O. BOX 844 61-0447248 501(C)(3) 10,000 0 EDUCATION HINDMAN, KY 41822 LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203 61-0590743 501(C)(3) 10,000 0 HUMAN SERVICES FRIENDS OF THE LOUISVILLE ZOO 1100 TREVILIAN WAY 501(C)(3) LOUISVILLE, KY 40233 61-0721682 10,000 0 HUMAN SERVICES

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CHRYSALIS HOUSE, INC. 1589 HILL RISE DR. MENTAL HEALTH & CRISIS 61-1012290 501(C)(3) 10,000 0 INTERVENTION LEXINGTON, KY 40504 SHEPHERD'S HOUSE, INC. 154 BONNIE BRAE DRIVE MENTAL HEALTH & CRISIS 61-1105573 501(C)(3) 10,000 0 INTERVENTION LEXINGTON, KY 40508 BLUEGRASS CONSERVANCY, INC. 380 S. MILL ST. #205 61-1293032 10,000 0 LEXINGTON, KY 40508 501(C)(3) ENVIRONMENT PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116 62-0988294 501(C)(3) 10,000 0 CRIME & LEGAL-RELATED RAFIKI FOUNDATION, INC PO BOX 1988 EUSTIS, FL 32727 74-2477089 501(C)(3) 10,000 0 HUMAN SERVICES BANDERA YOUNG LIFE P.O.BOX 1751 BANDERA, TX 78003 84-0385934 501(C)(3) 10,000 0 PHILANTHROPY, VOLUNTARISM CENTER FOR WOMEN AND FAMILIES P.O. BOX 2048 LOUISVILLE, KY 40201 61-0444846 501(C)(3) 9,925 0 HUMAN SERVICES CHURCH OF THE HOLY SPIRIT 3345 LEXINGTON ROAD LOUISVILLE, KY 40206 61-0700575 501(C)(3) 9,880 0 RELIGION-RELATED GREEN CASTLE BAPTIST CHURCH 4970 MURPHY LANE LOUISVILLE, KY 40241 61-1026881 RELIGIOUS ORGANI 9,700 0 RELIGION-RELATED

DEPOSITORY, INC.

Page 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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,700.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
FELLOWSHIP OF CHRISTIAN ATHLETES 901 CLAREVA RD SELLERSBURG, IN 47172	44-0610626	501(C)(3)	9,650.	0.			YOUTH DEVELOPMENT
WELLSPRING, INC. P.O. BOX 1927 LOUISVILLE, KY 40201	31-1020023	501(C)(3)	9,550.	0.			MENTAL HEALTH & CRISIS INTERVENTION
WHITE ROCK PRESBYTERIAN CHURCH 310 ROVER BOULEVARD LOS ALAMOS, NM 87544	23-7000560	RELIGIOUS ORGANI	9,500.	0.			RELIGION-RELATED
PEWEE VALLEY PRESBYTERIAN CHURCH P.O. BOX 365 PEWEE VALLEY, KY 40056	61-0674777	RELIGIOUS ORGANI	9,000.	0.			RELIGION-RELATED
YOUTH FOR CHRIST USA, INC. PO BOX 21187 LOUISVILLE, KY 40221	61-1067013	501(C)(3)	9,000.	0.			YOUTH DEVELOPMENT
KENTUCKY COMMUNITY AND ECONOMIC DEVELOPMENT EDUCATIONAL FOUN - 464 CHENAULT ROAD - FRANKFORT, KY 40601	61-1284992	501(C)(3)	9,000.	0.			COMMUNITY IMPROVEMENT &
FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE LOUISVILLE, KY 40201	61-1230383	501(C)(3)	8,850.	0.			EDUCATION
ST. BASIL CATHOLIC CHURCH 513 MONROE BLVD. SOUTH HAVEN, MI 49090	38-1359054	RELIGIOUS ORGANI	8,500.	0.			RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) EMMANUEL BAPTIST CHURCH 502 CHERRY ST. MIDLAND, MI 48640 38-2181656 RELIGIOUS ORGANI 8,500 0 RELIGION-RELATED NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET 61-0445842 501(C)(3) 8,500 0 LOUISVILLE, KY 40212 HUMAN SERVICES FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE 61-1285124 8.400 0 LOUISVILLE, KY 40208 501(C)(3) HUMAN SERVICES PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833 02-0222174 501(C)(3) 8,250 0 EDUCATION KENTUCKY SCHOOL OF ART 845 S 3RD ST. LOUISVILLE, KY 40203 27-2232797 501(C)(3) 8,250 0 EDUCATION VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE 62-0476822 501(C)(3) 8,200 0 EDUCATION NASHVILLE, TN 37235 FRIENDS OF AL-ROWWAD USA, INC. INTERNATIONAL, FOREIGN 4005 N. 24TH STREET TACOMA, WA 98406 26-3503743 501(C)(3) 8,000 0 AFFAIRS ST. VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE - 1015-C SOUTH PRESTON STREET - LOUISVILLE KY 40203 61-0727110 501(C)(3) 7,800 0 HUMAN SERVICES INTELLIGENT CHANGE INITIATIVES INC 200 WEST VINE ST. #420 LEXINGTON, KY 40507 61-1304888 501(C)(3) 7,800 0 SCIENCE & TECHNOLOGY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCES OF ROME 2119 PAYNE ST. LOUISVILLE, KY 40206	61-0445829	RELIGIOUS ORGANI	7,750.	0.			RELIGION-RELATED
BROOKLAWN, INC. 3121 BROOKLAWN CAMPUS DR. LOUISVILLE, KY 40218	61-0471572		7,750.	0.			MENTAL HEALTH & CRISIS INTERVENTION
CITY ON A HILL PRODUCTIONS 13149 MIDDLETOWN INDUSTRIAL BLVD., LOUISVILLE, KY 40223	48-1301649	501(C)(3)	7,600.	0.			RELIGION-RELATED
CENTRE COLLEGE 600 W. WALNUT ST DANVILLE, KY 40422	61-0444671	501(C)(3)	7,600.	0.			EDUCATION
CALVARY EPISCOPAL CHURCH 821 SOUTH FOURTH STREET LOUISVILLE, KY 40203	13-5562208	501(C)(3)	7,500.	0.			RELIGION-RELATED
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON, OH 45177	31-0537514	501(C)(3)	7,500.	0.			EDUCATION
LOUISVILLE CIVIC VENTURES INC 401 S 4TH ST., #555 LOUISVILLE, KY 40202	31-0945941	501(C)(3)	7,500.	0.			COMMUNITY IMPROVEMENT &
WEST COAST CHRISTIAN CENTER 390 MEMOSA AVE VISTA, CA 93081	33-0266370	RELIGIOUS ORGANI	7,500.	0.			RELIGION-RELATED
WESLEY CHAPEL UNITED METHODIST CHURCH - 2100 HWY 150 - FLOYDS KNOBS, IN 47119	35-1106906	RELIGIOUS ORGANI	7,500.	0.			RELIGION-RELATED

DEPOSITORY, INC.

Page 1

Schedule I (Form 990) DEPOSITORY, 1					I-I- I /F 200\ D		1-1140889 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orgar	nizations in the U	nited States (Scho	eaule I (Form 990), Pa I	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT OLIVET UNITED METHODIST CHURCH - PO BOX 787 - MANTEO, NC 27954	56-0567025	501(C)(3)	7,500.	0.			RELIGION-RELATED
PRESBYTERIAN CHURCH OF DANVILLE 500 W. MAIN ST. DANVILLE, KY 40422	61-0587173	RELIGIOUS ORGANI	7,500.	0.			RELIGION-RELATED
LAMB AND LION MINISTRIES P.O. BOX 919 MCKINNEY, TX 75070	75-1717049	501(C)(3)	7,500.	0.			RELIGION-RELATED
CHEVY CHASE PRESBYTERIAN CHURCH 1 CHEVY CHASE CIRCLE WASHINGTON, DC 20015	53-0196531	RELIGIOUS ORGANI	7,400.	0.			RELIGION-RELATED
CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION ROAD LOUISVILLE, KY 40245	61-0907309	501(C)(3)	7,400.	0.			EDUCATION
DOCTORS WITHOUT BORDERS USA INC. 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	7,350.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	501(C)(3)	7,102.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ST. WILLIAM CHURCH 1226 W. OAK STREET LOUISVILLE, KY 40210	61-0444819	RELIGIOUS ORGANI	7,100.	0.			RELIGION-RELATED
YOUTH FOR CHRIST USA PO BOX 21187 LOUISVILLE, KY 40221	61-1067013	501(C)(3)	7,100.	0.			YOUTH DEVELOPMENT

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GOVERNOR'S SCHOLARS PROGRAM							
FOUNDATION - 1024 CAPITAL CENTER							
DRIVE, SUITE 210 - FRANKFORT, KY	61 1303030	E01/G)/3)	7 100	0			EDUCATION
40601	61-1393028	501(C)(3)	7,100.	0.			EDUCATION
RIVER FIELDS, INC.							
455 SOUTH 4TH ST, STE 990							
LOUISVILLE, KY 40202	61-6032501	501(C)(3)	7,100.	0.			ENVIRONMENT
ST. ALBAN'S EPISCOPAL CHURCH							
885 SHORE RD				_			
CAPE ELIZABETH, ME 04107	01-0240618	RELIGIOUS ORGANI	7,000.	0.			RELIGION-RELATED
BALDWIN BAPTIST CHURCH							
560 7TH ST.							
BALDWIN, MI 49304	38-2457335	RELIGIOUS ORGANI	7,000.	0.			RELIGION-RELATED
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- •			
FIRST BAPTIST CHURCH							
149 LAWRENCE ST							
BRANDENBURG, KY 40108	61-0624346	RELIGIOUS ORGANI	7,000.	0.			RELIGION-RELATED
COMMUNITY FOUNDATION OF WEST							
KENTUCKY - 333 BROADWAY SUITE 615	61-1304905	501(C)(3)	7 000	0.			DILLI AMMIDODA VIOLIMMADIO
- PADUCAH, KY 42001	61-1304905	501(C)(3)	7,000.	0.			PHILANTHROPY, VOLUNTARIS
TRUSTEES OF PHILLIPS ACADEMY							
180 MAIN ST.							
ANDOVER, MA 01810	04-2103579	501(C)(3)	6,750.	0.			EDUCATION
			-				
ST. XAVIER HIGH SCHOOL							
1609 POPLAR LEVEL ROAD							
LOUISVILLE, KY 40217	61-0480949	RELIGIOUS ORGANI	6,700.	0.			EDUCATION
ALUMNIT BUND AGGOGTABLON OF WALE							
ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY - PO BOX 2038 - NEW							
OMINITALITY TO DOV 2020 - MRM	I	1			l	1	i .

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) HARRODSBURG BAPTIST CHURCH 312 S. MAIN STREET HARRODSBURG, KY 40330 61-0500917 RELIGIOUS ORGANI 6,500 0 RELIGION-RELATED PRESBYTERIAN HOMES & SERVICES OF KY INC - P. O. BOX 18067 -61-1078924 501(C)(3) 6,500 0 LOUISVILLE, KY 40261 HUMAN SERVICES ACLU OF KENTUCKY FOUNDATION 315 GUTHRIE ST #300 CIVIL RIGHTS, SOCIAL 61-6058569 6.485 0 LOUISVILLE, KY 40202 501(C)(3) ACTION & ADVOCACY LIBERTY HALL, INC. 202 WILKINSON STREET ARTS, CULTURE & FRANKFORT, KY 40601 61-0469278 501(C)(3) 6,400 0 HUMANITIES THE MORTON CENTER, INC. 1028 BARRETT AVE. MENTAL HEALTH & CRISIS LOUISVILLE, KY 40204 31-1068020 501(C)(3) 6,200 0 INTERVENTION BAPTIST SEMINARY OF KENTUCKY 400 EAST COLLEGE ST GEORGETOWN, KY 40324 61-1312812 501(C)(3) 6,100 0 EDUCATION NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET 13-2654926 501(C)(3) 6,050 0 ENVIRONMENT NEW YORK, NY 10011 TRINITY UNITED METHODIST CHURCH 235 LARK ST ALBANY, NY 12210 14-1338573 RELIGIOUS ORGANI 6,000 0 RELIGION-RELATED EVANGELICAL COVENANT CHURCH 8303 HIGGINS ROAD CHICAGO, IL 60631 36-2167730 501(C)(3) 6,000 0 RELIGION-RELATED

31-1140889 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ORTHOPAEDIC RESEARCH EDUCATION FOUNDATION - 6300 N RIVER RD, STE 700 - ROSEMONT, IL 60018 36-6009467 501(C)(3) 6,000 0 MEDICAL RESEARCH ORTHOPEDIC RESEARCH AND EDUCATION FOUNDATION - 6300 N. RIVER ROAD, 6,000 36-6009467 0 STE 700 - ROSEMONT, IL 60018 501(C)(3) MEDICAL RESEARCH FIRST PRESBYTERIAN CHURCH -RICHLAND - 8047 CHURCH ST. -6.000 0 RICHLAND, MI 49083 38-2307724 RELIGIOUS ORGANI RELIGION-RELATED LIVING DESERT RESERVE 47900 PORTOLA AVENUE PALM DESERT, CA 92260 95-3385354 501(C)(3) 6,000 0 ENVIRONMENT FAMILY OF GOD CHRISTIAN FELLOWSHIP 304 N. MAIN ST. HARRODSBURG, KY 40330 61-0562352 RELIGIOUS ORGANI 6,000 0 RELIGION-RELATED PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014 61-1275040 501(C)(3) 5,950 0 HUMAN SERVICES CONGREGATION ADATH JESHURUN 2401 WOODBOURNE AVE. 61-0458363 RELIGIOUS ORGANI 5,948 0 RELIGION-RELATED LOUISVILLE, KY 40205 ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202 61-1135907 501(C)(3) 5,900 0 HOUSING & SHELTER PEACE EDUCATION PROGRAM, INC. 318 W. KENTUCKY ST. LOUISVILLE, KY 40203 61-1220204 501(C)(3) 5,900 0 HUMAN SERVICES

DEPOSITORY, INC.

Page 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
HOLY TRINITY CHURCH 501 CHERRYWOOD ROAD LOUISVILLE, KY 40207	61-0507073	RELIGIOUS ORGANI	5,850.	0.			RELIGION-RELATED
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	5,800.	0.			HOUSING & SHELTER
TEAM EXPANSION MINISTRIES 4112 OLD ROUTT ROAD LOUISVILLE, KY 40299	31-1043937	501(C)(3)	5,700.	0.			RELIGION-RELATED
LEGAL AID SOCIETY, INC. 416 W. MUHAMMAD ALI BLVD., STE 30 LOUISVILLE, KY 40202	61-0537626	501(C)(3)	5,700.	0.			CRIME & LEGAL-RELATED
CEDAR LAKE FOUNDATION 7984 LAGRANGE ROAD LOUISVILLE, KY 40222	61-1093278	501(C)(3)	5,700.	0.			HUMAN SERVICES
HISTORIC HOMES FOUNDATION, INC. 3110 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0549274	501(C)(3)	5,630.	0.			ARTS, CULTURE & HUMANITIES
CATHOLIC CHARITIES OF LOUISVILLE, INC 2911 S. FOURTH ST LOUISVILLE, KY 40208	61-1239600	501(C)(3)	5,600.	0.			HUMAN SERVICES
TRUSTEES OF THE SMITH COLLEGE 10 ELM ST. COLLEGE HALL, ROOM 204 NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	5,500.	0.			EDUCATION
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC 4803 SOUTHSIDE DR LOUISVILLE, KY 40214	31-0891259	501(C)(3)	5,500.	0.			HUMAN SERVICES

(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)	5,500.	0.			ARTS, CULTURE & HUMANITIES
CLIFTON CULTURAL CENTER 2117 PAYNE STREET LOUISVILLE, KY 40206	61-1270383	501(C)(3)	5,500.	0.			ARTS, CULTURE & HUMANITIES
PITZER COLLEGE 1050 N. MILLS AVE. CLAREMONT, CA 91711	95-2261113	501(C)(3)	5,500.	0.			EDUCATION
BASILICA OF ST. JOSEPH PROTO-CATHEDRAL - 310 WEST STEPHEN FOSTER - BARDSTOWN, KY 40004	61-0485640	RELIGIOUS ORGANI	5,470.	0.			RELIGION-RELATED
GREATER LOUISVILLE FOUNDATION, INC 614 W MAIN STREET, STE 6000 - LOUISVILLE, KY 40202	61-1131064	501(C)(3)	5,350.	0.			PHILANTHROPY, VOLUNTARI
KENTUCKY OPERA ASSOCIATION 323 W. BROADWAY, SUITE 601 LOUISVILLE, KY 40202	61-6013111	501(C)(3)	5,350.	0.			ARTS, CULTURE & HUMANITIES
SCHOOL CHOICE SCHOLARSHIPS, INC. PO BOX 221546 LOUISVILLE, KY 40252	31-1589289	501(C)(3)	5,300.	0.			EDUCATION
CENTER FOR INTERFAITH RELATIONS 415 W. MUHAMMAD ALI BLVD, STE 101 LOUISVILLE, KY 40202	61-1149619	501(C)(3)	5,300.	0.			ARTS, CULTURE & HUMANITIES
AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY FOUNDATION, INC 315 GUTHRIE ST, STE 300 - LOUISVILLE, KY 40202	61-6058569	501(C)(3)	5,200.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY

DEPOSITORY, INC.

Page 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
ST. LABRE INDIAN SCHOOL 1000 TONGUE RIVER RD. ASHLAND, MT 59004	81-0244542	501(C)(3)	5,150.	0.			EDUCATION
MIDDLETOWN CHRISTIAN CHURCH 500 NORTH WATTERSON TRAIL	61-0602014		,	0.			RELIGION-RELATED
LOUISVILLE, KY 40243 COURT APPOINTED SPECIAL ADVOCATES - LOUISVILLE - 982 EASTERN PKWY #9 - LOUISVILLE, KY 40217	61-1066568	501(C)(3)	5,100.	0.			CRIME & LEGAL-RELATED
ROTARY CLUB OF LOUISVILLE INC. 401 W. MAIN STREET #810 LOUISVILLE, KY 40202		501(C)(3)	5,100.	0.			COMMUNITY IMPROVEMENT &
YOUNG LIFE OF GREATER LOUISVILLE PO BOX 5098 LOUISVILLE, KY 40255	84-0385934	501(C)(3)	5,100.	0.			PHILANTHROPY, VOLUNTARI
MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186	04-2103603	501(C)(3)	5,000.	0.			EDUCATION
YALE-CHINA ASSOCIATION 442 TEMPLE STREET NEW HAVEN, CT 06520	06-0646971	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVE. WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	5,000.	0.			EDUCATION
BLUE GRASS FARMS CHARITIES, INC. 340 LEGION DRIVE, SUITE 20 LEXINGTON, KY 40504	20-0374962	501(C)(3)	5,000.	0.			HUMAN SERVICES

(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
SALVATION ARMY - LEXINGTON 736 W. MAIN ST LEXINGTON, KY 40508	22-2406433	501(C)(3)	5,000.	0.			HUMAN SERVICES
GASPARILLA ISLAND CONSERVATION & IMPROVEMENT ASSOC PO BOX 446 - BOCA GRANDE, FL 33921	23-7097778	501(C)(3)	5,000.	0.			ENVIRONMENT
OPEN DOORS WITH BROTHER ANDREW, INC PO BOX 27001 - SANTA ANA, CA 92799	23-7275342	501(C)(3)	5,000.	0.			RELIGION-RELATED
YOUTH WITH A MISSION LOUISVILLE INC PO BOX 22185 - LOUISVILLE, KY 40252	27-0604489	501(C)(3)	5,000.	0.			RELIGION-RELATED
MAMA FOUNDATION FOR THE ARTS INC 149 WEST 126TH STREET NEW YORK, NY 10027	31-1614732	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
INTEGRATED COMMUNITY DEVELOPMENT INTERNATIONAL INC - PO BOX 247 - WINONA LAKE, IN 46590	32-0112278	501(C)(3)	5,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
LEO APOSTOLIC CHRISTIAN CHURCH PO BOX 263 LEO, IN 46765	38-3662216	501(C)(3)	5,000.	0.			RELIGION-RELATED
HOLY TRINITY ANGLICAN CHURCH 5333 N. TAMIAMI TRAIL SARASOTA, FL 34234	38-3796293	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTAF

DEPOSITORY, INC.

Page 1

Schedule I (Form 990) DEPOSITORY, IN					111/5 222		1-1140889 Pa
Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa I	rt II.) T	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG NONPROFIT PROFESSIONALS							
NETWORK - 244 5TH AVENUE STE. T282							
- NEW YORK, NY 10001	51-0434057	501(C)(3)	5,000.	0.			EDUCATION
,			, -				
PIONEERS INC							
10123 WILLIAM CAREY DR.							
ORLANDO, FL 32832	52-1206938	501(C)(3)	5,000.	0.			RELIGION-RELATED
P.O. BOX 1776							ADMO OUL MIDE C
WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
WILLIAMSBORG, VA 23107	34 0303000	501(0)(3)	3,000.	٠.			HOMANITIES
KENAN-FLAGLER BUSINESS SCHOOL							
FOUNDATION - CAMPUS BOX #3440 -							
CHAPEL HILL, NC 27599	56-0771850	501(C)(3)	5,000.	0.			EDUCATION
ACADEMY OF ARTS							
PO BOX 782							ARTS, CULTURE &
TAYLORS, SC 29687	59-1525472	501(C)(3)	5,000.	0.			HUMANITIES
ST. MARGARET MARY CHURCH							
7813 SHELBYVILLE ROAD							
LOUISVILLE, KY 40222	61-0447247	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
·							
ST. BONIFACE CHURCH							
531 E. LIBERTY ST.							
LOUISVILLE, KY 40202	61-0447255	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
am Tiving (1 milet 12							
ST. JAMES CATHOLIC CHURCH							
1826 EDENSIDE AVENUE	61-0444806	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
LOUISVILLE, KY 40204	01-0444000	KELIGIOUS OKGANI	5,000.	0.			VETIGION-KETATED
BABY HEALTH SERVICE							
1590 HARRODSBURG RD.							
LEXINGTON, KY 40504	61-0518017	501(C)(3)	5,000.	0.			HEALTH CARE

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BLUE GRASS TRUST FOR HISTORIC PRESERVATION - 253 MARKET ST. -ARTS, CULTURE & 61-0518029 501(C)(3) 5,000 0 HUMANITIES LEXINGTON, KY 40508 CHANCE SCHOOL, INC. 4200 LIME KILN LANE 5,000 61-0549871 501(C)(3) 0 EDUCATION LOUISVILLE, KY 40222 LEXINGTON HEARING AND SPEECH CENTER INC - 350 HENRY CLAY BLVD. 61-0593951 5.000 0 - LEXINGTON, KY 40502 501(C)(3) HEALTH CARE EVANGEL WORLD PRAYER CENTER 6900 BILLTOWN RD LOUISVILLE, KY 40299 61-0732346 RELIGIOUS ORGANI 5,000 0 RELIGION-RELATED BELFRY HIGH SCHOOL P.O. BOX 160 BELFRY, KY 41514 61-1110695 GOVERNMENT MUNIC 5,000 0 EDUCATION LEXINGTON OPERA SOCIETY P.O. BOX 8463 ARTS, CULTURE & LEXINGTON, KY 40533 61-1170162 501(C)(3) 5,000 0 HUMANITIES GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. LAGRANGE, KY 40031 61-1334374 501(C)(3) 5,000 0 HOUSING & SHELTER LEXINGTON PHILHARMONIC SOCIETY 161 N. MILL ST. ARTS, CULTURE & LEXINGTON, KY 40507 61-6033529 501(C)(3) 5,000 0 HUMANITIES MILLIGAN COLLEGE 1 BLOWERS BLVD MILLIGAN COLLEGE, TN 37682 62-0535755 501(C)(3) 5,000 0 EDUCATION

Schedule I (Form 990)

DEPOSITORY, INC.

31-1140889 Page 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
HIGHLANDER RESEARCH & EDUCATION 1959 HIGHLANDER WAY NEW MARKET, TN 37820	62-0646373	501(c)(3)	5,000.	0.			ENVIRONMENT
AMATEUR FIELD TRIAL CLUBS OF AMERICA, INC 2873 WHIPPORWILL RD - MICHIGAN CITY, MS 38647	64-0345180	501(C)(3)	5,000.	0.			RECREATION & SPORTS
HOPEFUL HEARTS FOUNDATION, INC. PO BOX 437015 LOUISVILLE, KY 40253	75-3003999	501(C)(3)	5,000.	0.			HUMAN SERVICES
LAPORTE WORSHIP CENTER 1001 MEMORIAL DR. BAYTOWN, TX 77520	76-0224027	501(C)(3)	5,000.	0.			RELIGION-RELATED
JUSTICE RESOURCE CENTER 1807 1/2 W. OAK ST LOUISVILLE, KY 40210	81-0596200	GOVERNMENT MUNIC	5,000.	0.			CRIME & LEGAL-RELATED
NATIONAL FOUNDATION TO SUPPORT CELL TRANSPLANT RESEARCH - 333 EAST MAIN STREET, #400 - LOUISVILLE, KY 40202	83-0392250	501(C)(3)	5,000.	0.			MEDICAL RESEARCH
THRU THE BIBLE RADIO NETWORK 1146 E. GREEN ST PASADENA, CA 91106	95-6145276	501(C)(3)	5,000.	0.			RELIGION-RELATED
MIAMI MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS - 169 S FOURTH ST - WAYNESVILLE, OH 45068	31-6078878	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
SHRINERS HOSPITAL FOR CHILDREN - LEXINGTON - 1900 RICHMOND RD - LEXINGTON, KY 40502	36-2193608	501(C)(3)	5,000.	0.			HEALTH CARE

DEPOSITORY, INC.

(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 pro	vide the informatio	n required in Part I	, line 2, Part III, colum	n (b), and any other additional in	formation.
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION USES	GUIDESTAR.ORG	TO CONFIRM			
THAT THE RECIPIENT ORGANIZATIONS ARE IN GOOD STAN	OING 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 COMMUN	TY FOUNDATION	OF			
LOUISVILLE DEPOSITORY TO YOUR ORGANIZATION. YOU DO	NOT NEED TO	SEND A TAX			
RECEIPT TO THE DONOR; HOWEVER, IF YOU WISH TO EXP	RESS YOUR GRAT	ITUDE,			
PLEASE USE THE DONORS NAME AND ADDRESS LISTED ON '	THE CHECK PLE	ASE NOTE			

Part IV Supplemental Information
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)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.

Employer identification number

31-1140889

			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) 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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		_ A
_	If "Yes" to line 5a or 5b, describe in Part III.			
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:	C-		х
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
	For paragna listed in Form 000 Dart VII. Coation A line to did the assessmention provide any new fixed paragraphs			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х

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

Schedule J (Form 990) 2012

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

DEPOSITORY, INC.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(()-(U)	in prior Form 990
(1) SUSAN A BARRY	(i)	0.	0.	0.	0.	0.	0.	0
PRESIDENT & CEO	(ii)	216,428.	0.	0.	14,446.	8,593.	239,467.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

31-1140889 DEPOSITORY, INC. Schedule J (Form 990) 2012 Page 3 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV. lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

Employer identification number

DEPOSITORY INC. 31-1140889 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g tems contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 Х 170 6.099.046. FMV AT DATE OF GIFT Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies _____ 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other Other -26 27 Other -28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement n Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2012)

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b If "Yes," describe in Part II.

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

contributions?

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

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

THE COMMUNITY FOUNDATION OF LOUISVILLE

DEPOSITORY, INC.	31-1140889	mcation number
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE RETURN IS	REVIEWED	
FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REV	TIEWED THE	
RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE FINAN	ICE	
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 RET	URN 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 STATEMEN	T ANNUALLY.	
THESE STATEMENTS ARE REVIEWED BY THE VICE-PRESIDENT.		
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT	' HAVE ANY	
EMPLOYEES CURRENTLY; HOWEVER, THEY FOLLOW THE POLICIES AND PROCE	DURES FOR	
DETERMINING COMPENSATION AS ESTABLISHED BY THE COMMUNITY FOUNDAT	CION OF	
LOUISVILLE, INC. THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. H	IAS A	
COMPENSATION COMMITTEE THAT REVIEWS FORM 990'S AND COMPENSATION	STUDIES TO	
DETERMINE A FAIR AND REASONABLE COMPENSATION FOR THE OFFICERS AN	ID KEY	
EMPLOYEES. THE PRESIDENT'S AND OFFICERS' COMPENSATION IS THEN A	APPROVED BY	
THE COMPENSATION COMMITTEE. COMPENSATION FOR ALL EMPLOYEES IS A	APPROVED BY	
THE COMPENSATION COMMITTEE AND BOARD.		
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT	<u>'s</u>	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING	DOCUMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST.		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

2012 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.

Employer identification number 31-1140889

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.							
- 31-0997017, 325 W. MAIN STREET, SUITE	FACILITATE INDIVIDUAL						
1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		х
FELIX E. MARTIN JR. FOUNDATION, INC -	TYPE I SUPPORTING				COMMUNITY		
26-2193468, 325 W. MAIN STREET, SUITE 1110,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		х
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
CORPORATE DEPOSITORY, INC 61-11009, 325	FACILITATE INDIVIDUAL				FOUNDATION OF		
W. MAIN STREET, SUITE 1110, LOUISVILLE, KY	ponors' charitable giving	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.		х
THE REAL ESTATE ASSET LEGACY FOUNDATION OF	TYPE I SUPPORTING				COMMUNITY		
KENTUCKY, INC - 26-2417672, 325 W. MAIN	ORGANIZATION - MAINTAIN				FOUNDATION OF		
STREET, SUITE 1110, LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2012

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont organi	g) 512(b)(13) rolled zation?
LOUISVILLE ORCHESTRA FOUNDATION, INC	TYPE I SUPPORTING			(-)(-)/		Yes	No
20-1546969, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				LOUISVILLE		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	ORCHESTRA, INC.		х
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DEPOSITORY, INC.

31-1140889

Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total Shar	Share of	Dispro	portion-	Code V-UBI	General	or Percentage ownership				
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	ate allo	cations?	amount in box	partne	ownership				
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N					
		**		,			1.00		,	1	`				
							_	<u> </u>		\vdash	-				

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	(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	Sec 512(t contr ent	tion (b)(13) rolled tity?
		country)		,			<u> </u>	Yes	No
									
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DEPOSITORY, INC.

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

Page 3

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Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	X			
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s				11		X		
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
							Х		
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				1q		Х		
	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1 s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	nis line, including covered	relationships and transaction thresholds.					
		(b) saction	(c) Amount involved	(d) Method of determining amount inv	olved				
	<u> </u>	e (a-s)	, and an	Wiethed of determining amount inv	oivou				
1)									
٥١									
<u> </u>									
3)									
4)									
5)									
6)									
3216:	63 12-10-12	70		Schedule F	R (Form	1 9901	2012		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) or Percentage ownership

RY,	INC.	31-1140889
ĸι,	TINC.	31-1140009

Complete this part to provide additional information for responses to questions on Schedule R (see instructions). PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE

Page 5