Form 990	
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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

AF	or the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and end	ding JUI	N 30, 2023	
B c a	Check if pplicable	e: C Name of organization THE COMMUNITY FOUNDATION OF		D Employer ident	ification number
	Addre	ss LOUISVILLE, INC.			
	Name Chang	e Doing business as	31-099701	.7	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Roo 325 W MAIN ST. 111	E Telephone numl 502-585-464		
	⊥return/ termin ated	-		G Gross receipts \$	527,324,618
	Ameno	LOUISVILLE, KY 40202		H(a) Is this a group	, ,
	_lreturn ☐Applic	·		for subordinat	
	tion pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinate	
1 1	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527	.,	a list. See instructions
	Vebsit			H(c) Group exempt	
		organization: X Corporation Trust Association Other			M State of legal domicile; KY
	art I	Summary			i U
	1	Briefly describe the organization's mission or most significant activities: <u>TO MOBIL</u>	IZE PEO	PLE, NETWORKS,	
nce		AND CAPITAL TO SPARK MEANINGFUL CHANGE IN AND BEYOND LOUISVILLE			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed	of more th	nan 25% of its net a	assets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3 2
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 2	
8 8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5 3	
viti	6	Total number of volunteers (estimate if necessary)		6 2	
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		′a 0	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7	'b 0
			Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		73,579,050	
Revenue	9	Program service revenue (Part VIII, line 2g)		700,639	, ,
sev Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,212,110	, ,
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	0. 0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,491,799	· · ·
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		43,542,949	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,187,848	, ,
ŝns(16a	Professional fundraising fees (Part IX, column (A), line 11e)		C	0. 0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,206,575			
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,148,677	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,879,474	, ,
		Revenue less expenses. Subtract line 18 from line 12		50,612,325	, ,
s or			Begi	nning of Current Yea	
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)		629,099,146	, ,
at A:	21	Total liabilities (Part X, line 26)		25,483,835	
		Net assets or fund balances. Subtract line 21 from line 20		603,615,311	612,988,668
Pa	art II	Signature Block			

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

Sign	Signature of offic		Date						
Here	e MATTHEW L. BACON, SENIOR VICE PRESIDENT & CFO								
	Print/Type prepar	Date							
Paid	AMY DOSIK				self-employed P00890743				
Preparer	Firm's name	CHERRY BEKAERT ADVISORY LI	LC		Firm's EIN 88-2730877				
Use Only	Firm's address	101 SOUTH 5TH STREET STE 2	2100						
	LOUISVILLE, KY 40202 Phone no.8								
May the I	RS discuss this re	eturn with the preparer shown abo	ve? See instructions		X Yes No				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	THE COMMUNITY FOUNDATION OF		
Form	1990 (2022) LOUISVILLE, INC.	31-0997017	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TO MOBILIZE PEOPLE, NETWORKS, AND CAPITAL TO SPARK MEANINGFUL CHANGE		
	IN AND BEYOND LOUISVILLE. WE CONNECT COMMUNITY RESOURCES AND		
	RELATIONSHIPS TO RELEVANT CAUSES. THE FOUNDATION ADDRESSES A WIDE		
	RANGE OF COMMUNITY ISSUES WITH A KEY PRIORITY TO ADVANCE RACIAL EQUITY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	·	Yes 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	י	Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by expension	200
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		
	revenue, if any, for each program service reported.		3, 210
4a	(Code:) (Expenses \$ 117,767,251. including grants of \$ 116,556,501.) (Revenue \$	1	936 504 \
40	DISTRIBUTE CONTRIBUTIONS AND GRANTS TO 501(C)(3) ORGANIZATIONS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CLASSIFIED AS 509(A).		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (· · · · · · · · · · · · · · · · · ·		/
			,
	Other an angling (Describe on Cale it is Cal		
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 117,767,251.		

Form	990 (2022) LOUISVILLE, INC. 31-099701	.7	Р	age 3
Par	t 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? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0		6	х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
-	Schedule D, Part III	8		
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		19		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u> </u>
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	^	L

Form **990** (2022)

	990 (2022) LOUISVILLE, INC. 31-09970	17	P	_{age} 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
D	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	054		x
06	Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	i
r d				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $1a$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 60 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		

(gambling) winnings to prize winners?

1c

	990 (2022) LOUISVILLE, INC.		31-0997017		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	·····	2b	X	
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	····· -	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		· –	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file form 2000 TO			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	-		6		x
Ь	any contributions that were not tax deductible as charitable contributions?		·····	6a		
b		•		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		·····	do		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided t	o the payor?	7a		x
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		····· F	10		
•	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	F			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · · · ·		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		Γ	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Forn	n 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	sponsoring organization have excess business holdings at any time during the year?		L	8		x
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		·····	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		····· -	9b		X
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		10 -		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		- F	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Is the organization licensed to issue qualified health plans in more than one state?		E E	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		·····	154		
h	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				
с	Enter the amount of reserves on hand	13c				
14a	Did the end of the term of			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		·····	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		····· F	-		
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

THE	COMMUNITY	FOUNDATION	OF

Form	990 (2022) LOUISVILLE, INC.		31-0997	017	P	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No"	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
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	1a	2	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholo	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>/enue (</u>	Code.)		V.	
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	x	
b		Delore				
12a				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f $ " γ					
•	on 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					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	h a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation'	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 filedKY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (section 501(c)(3	8)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo					

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	MATTHEW L BACON - 502-585-4649

325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202

Form 990 (31-0997017	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
•	ete this table for all persons required to be listed. Report compensation for the calendar year er all of the organization's current officers, directors, trustees (whether individuals or organization)	с	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

THE COMMUNITY FOUNDATION OF

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any	offi	, unles cer an	id a d	irecto	r/trus	tee)	from the	from related organizations	other compensation
	hours for related organizations below	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	_	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
	line)	Individ	Institu	Officer	Key en	Highes	Former			organizations
(1) RONALD GALLO	40.00									
PRESIDENT & CEO	10.00			х				311,423.	0.	9,223.
(2) MATTHEW L. BACON	40.00									
EXECUTIVE VP & CFO	10.00			х				199,939.	0.	18,779.
(3) ALYSSA MANNING	0.00									
PRESIDENT OF FELIX E. MARTIN JR. FOU	40.00					X		142,174.	0.	11,836.
(4) HEATHER CASH	40.00									
SENIOR VP, PHILANTHROPIC SERVICES	10.00			х				136,257.	0.	13,866.
(5) RAMONA DALLUM	40.00									
VP, COMMUNITY ENGAGEMENT	10.00			х				116,167.	0.	16,192.
(6) MARY GRISSOM	40.00									
VP, COMMUNITY INVESTMENT	10.00			х				100,679.	0.	16,189.
(7) VALERIE SICKLES	40.00									
VP , COMMUNICATIONS & MARKETING	10.00			х				100,076.	0.	8,334.
(8) ANNE MCKUNE	40.00									
VP, ADVANCEMENT	10.00			х				92,341.	0.	15,160.
(9) ANGIE EVANS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) STEPHANIE BATEMAN	1.00									_
DIRECTOR	2.00	х						0.	0.	0.
(11) DAVID CALZI	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(12) CURT SCOTT	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(13) LOPA MEHROTRA	1.00							_	0	
DIRECTOR	0.00	X				-		0.	0.	0.
(14) BETH S. PEABODY DIRECTOR	1.00	x						0.	0.	0
(15) SUSAN ZEPEDA	1.00	~						U.	υ.	0.
DIRECTOR	0.00	x						0.	0.	0
(16) ELIZABETH ROUNSAVALL	1.00	^			-	-		· · ·	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(17) STEPHEN KERTIS	1.00							· · ·	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
	1 0.00		I		I	1		U. 0.	υ.	

THE COMMUNITY		IN O	Ľ.						31-099701	7 -	
Form 990 (2022) LOUISVILLE, 2						- la a -				/ F	Page 8
Section A. Onicers, Directors, mus		bioy	ees,			gnes	st Co		```	(5)	
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	ition more rson is	than d s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimat amount other	of
	(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/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensi from tr organiza and rela organizat	ation ne tion ted
(18) THEODORE NIXON	1.00										
DIRECTOR	0.00	Х						0.	0.		0.
(19) CARL L. WILLIAMS	1.00								_		
DIRECTOR	0.00	х						0.	0.		0.
(20) ALEJANDRO ALVAREZ	1.00										•
DIRECTOR	0.00	х	<u> </u>					0.	0.		0.
(21) MOSES ICYISHAKA	1.00								<u> </u>		•
DIRECTOR	0.00	Х						0.	0.		0.
(22) SUMMER AUERBACH	1.00										•
DIRECTOR	0.00	х						0.	0.		0.
(23) ARMON PERRY	1.00										•
DIRECTOR	0.00	Х						0.	0.		0.
(24) JOSE NEIL DONIS	1.00										•
DIRECTOR	0.00	Х						0.	0.		0.
(25) DANA JACKSON	1.00								0		0
DIRECTOR	0.00	Х						0.	0.		0.
(26) KRIS SIRCHIO	1.00										•
DIRECTOR	0.00	Х						0.	0.	100	0.
1b Subtotal							-	1,199,056.	0.	109	<u>,579.</u>
c Total from continuation sheets to Part VI								0.	0.	100	0.
d Total (add lines 1b and 1c)								1,199,056.	0.	109	,579.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		0
compensation from the organization										Yes	8
										Tes	No

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		х
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOURTH STREET PERFORMANCE PARTNERS		
211 GARRARD STREET, COVINGTON, KY 41011	INVESTMENT CONSULTING	183,386.
Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 1		

THE COMMUNITY	Y FOUNDATIO	N O	F							
Form 990 LOUISVILLE,	INC.								31-09970	017
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			sated		(00-2/1099-101130)		and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	ы ы	Key employee	Highest compensated employee	er			
	line)	Indiv	Instit	Officer	Key (High	Former			
(27) ELLEN CALL	1.00									
DIRECTOR	0.00	Х						0.	٥.	0.
(28) JERRY ABRAMSON	1.00									
DIRECTOR (ENDED 6/23)	0.00	Х						0.	0.	0.
(29) AUDREY D. KLINE	1.00									
DIRECTOR (ENDED 7/22)	0.00	Х						0.	0.	0.
(30) GWEN KELLY	1.00									
DIRECTOR (ENDED 9/22)	0.00	Х						0.	0.	0.
(31) WILLIAM G. STRENCH	1.00									
DIRECTOR (ENDED 9/22)	0.00	Х						0.	0.	0.
(32) JASON ZACHARIAH	1.00									
DIRECTOR (ENDED 8/22)	0.00	Х						0.	0.	0.
(33) DAVID TACHAU	2.00									
BOARD CHAIR	4.10	Х		х				0.	0.	0.
(34) ELIZABETH FUST	1.00									
BOARD VICE CHAIR	4.10	х		x				0.	0.	0.
(35) MICHAEL W. GOUGH	2.00									
BOARD TREASURER	4.00	х		х				0.	0.	0.
(36) DEBORAH B. WILLIAMS	2.00									
BOARD SECRETARY	4.10	Х	<u> </u>	X				0.	0.	0.
		1	1	I I	1	1	1		1	1

Total to Part VII, Section A, line 1c

orm	990 ((2022) LOUI	ISVI	LLE, INC.					31-099701	7 Page
Par	't VII									
		Check if Schedule O	cont	ains a respo	onse	or note to any line			(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Ś	1 a	Federated campaigns		1a						
iuno	b	• • • • •		1b						
	с	Fundraising events								
ar F	d	Related organizations								
E	е	Government grants (conti	ribut	ions) 1e		89,963.				
2	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	d abo			58,136,355.				
and Other Similar Amounts	g	Noncash contributions included in	lines	1a-1f 1g	\$	29,837,833.				
a	h	Total. Add lines 1a-1f					58,226,318.			
	-	ADMIN FIIND FFFC				Business Code 900099	1 022 504	1 022 504		
	2 a					900099	1,933,504.	1,933,504.		
an	b									
Revenue	c d									
ч	u e									
		All other program service	reve	nue						
							1,933,504.			
	3	Total. Add lines 2a-2f Investment income (including dividends, interest, and					· ·			
			Ŭ			, ,	16,836,097.			16,836,097
	4	Income from investment								
	5	Royalties	<u></u>							
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	с	Rental income or (loss)	6c	:						
		Net rental income or (loss								
	7 a	Gross amount from sales of		(i) Securi		(ii) Other				
	_	assets other than inventory	7a	450,328,0	599.					
	b	Less: cost or other basis	_	102 622	161					
		and sales expenses		383,632,4 66,696,2						
		Gain or (loss) Net gain or (loss)					66,696,235.			66,696,235
		Gross income from fundraisi			······					
	0 4	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nt <u>s</u>					
	9 a	Gross income from gamir	ng ac	tivities. See	•					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from	-	-	s					
	10 a	Gross sales of inventory,								
		and allowances								
		Less: cost of goods sold			10b					
+	с	Net income or (loss) from	sale	s of invento	ry	Business Code				
	11 .					Busiliess Code				
anc	11 a b									
evenue	с С									
Be		All other revenue								
Revenue		Total. Add lines 11a-11d								
		Total revenue. See instructi					143,692,154.	1,933,504.	0.	83,532,332

Form 990 (2022) LOUISVILLE, INC.
Part IX Statement of Functional Expenses

Form 990 (2022) LOUISVILLE, INC.	31-099	701
Part IX Statement of Functional Expenses		
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)).	
Check if Schedule O contains a response or note to any line in this Part IX		

	Check if Schedule O contains a respons		<u>r organizations must con</u> his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	·
	and domestic governments. See Part IV, line 21	116,556,501.	116,556,501.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,154,623.	323,295.	623,496.	207,832.
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	1,951,766.	546,494.	1,053,954.	351,318.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	50,895.	14,251.	27,483.	9,161.
9	Other employee benefits	191,685.	53,672.	103,510.	34,503.
10	Payroll taxes	201,625.	56,455.	108,878.	36,292.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	31,844.	8,598.	18,788.	4,458.
С	Accounting	50,047.		43,040.	7,007.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	728,603.		728,603.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	100,608.	27,164.	59,359.	14,085.
12	Advertising and promotion	363,570.			363,570.
13	Office expenses	140,664.	37,979.	82,992.	19,693.
14	Information technology	212,652.	57,416.	125,465.	29,771.
15	Royalties	056.050	CO. 375	4.54 . 600	25.052
16	Occupancy	256,952.	69,377.	151,602.	35,973.
17	Travel	33,388.	9,015.	19,699.	4,674.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.040	C 004	10.105	2.400
19	Conferences, conventions, and meetings	22,348.	6,034.	13,185.	3,129.
20					
21	Payments to affiliates	EQ //7	15 701	24 402	0 100
22	Depreciation, depletion, and amortization	58,447. 74,652.	15,781.	34,483.	8,183.
23	Insurance	/4,052.	20,156.	44,045.	10,451.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMUNITY LEADERSHIP	78,375.	78,375.		
b	DEVELOPMENT & STEWARDSH	54,134.			54,134.
С	MISCELLANEOUS	50,205.	13,555.	29,621.	7,029.
d	CONTRACT LABOR	43,250.		43,250.	
е	All other expenses	-93,725.	-126,867.	27,830.	5,312.
25	Total functional expenses. Add lines 1 through 24e	122,313,109.	117,767,251.	3,339,283.	1,206,575.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

LOUISVILLE, INC.

31-0997017 Page **11**

Par	τΧ	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,144,991.	1	5,874,929
	2	Savings and temporary cash investments				2	84,200,643
	3	Pledges and grants receivable, net			256,867.	3	1,157,508
	4	Accounts receivable, net			1,143,357.	4	690,160
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7,189,160.	7	6,386,810
Assets	8	Inventories for sale or use				8	
¥ّا	9				63,737.	9	76,499
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,247,802.			
	b	Less: accumulated depreciation	. 10b	995,356.	117,900.	10c	252,446
	11	Investments - publicly traded securities			401,836,693.	11	473,582,546
	12	Investments - other securities. See Part IV, line		184,022,118.	12	69,077,220	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	324,323.	15	1,255,767		
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	629,099,146.	16	642,554,528
	17	Accounts payable and accrued expenses		808,312.	17	363,337	
	18	Grants payable	1,492,540.	18	3,087,555		
	19	Deferred revenue			45,463.	19	35,025
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
liti		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	iese perso	ons		22	
┛╽	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	es 17-24)	. Complete Part X			
		of Schedule D		······	23,137,520.	25	26,079,943
	26	Total liabilities. Add lines 17 through 25			25,483,835.	26	29,565,860
s		Organizations that follow FASB ASC 958, c	heck her	e X			
5		and complete lines 27, 28, 32, and 33.					200 EEC 472
alar	27				265,932,793.	27	300,556,472
ä	28	Net assets with donor restrictions	337,682,518.	28	312,432,196		
ň		Organizations that do not follow FASB ASC	eck here				
<u>ה</u>	~~	and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			603 615 311	31	612 000 660
ž	32	Total net assets or fund balances			603,615,311.	32	612,988,668
	33	Total liabilities and net assets/fund balances			629,099,146.	33	642,554,528 Form 990 (202

Form 990 (2022)

	THE COMMUNITY FOUNDATION OF							
Form	990 (2022) LOUISVILLE, INC.	31-099701	.7	Pag	_{ge} 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,692,				
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,313,109.					
3	Revenue less expenses. Subtract line 2 from line 1	3	21,379,045.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	-12	,005,	688.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))							
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line 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 on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2022)

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047						
(Form 990)			_					2022			
			ization is a section 501 47(a)(1) nonexempt cha			or a section					
Department of the Treasury			ttach to Form 990 or Fo					Open to Public			
Internal Revenue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspection			
Name of the organization	tion THE C	OMMUNITY FOUNDAT	ION OF				Employer	r identification number			
		VILLE, INC.						31-0997017			
Part I Reaso	n for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instruction	IS.				
The organization is no	t a private foun	dation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1 A church, o	onvention of cl	hurches, or associatio	n of churches described	l in sectio	on 170(b)(1)(A)(i).					
2 A school d	escribed in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
			anization described in s)(b)(1)(A)(i	ii).					
	-		njunction with a hospital			-)(iii). Enter	the hospital's name,			
city, and st	ate:	-									
5 An organiz	ation operated	for the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 A federal, s	tate, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
		•	ntial part of its support fi			.,	ne general i	public described in			
-		Complete Part II.)		U							
			(1)(A)(vi). (Complete Par	t II.)							
9 🗌 An agricult	ural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
-		-	ulture (see instructions).		-		-	•			
university:	-	0 0 0	, , , , , , , , , , , , , , , , , , ,				0				
		ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
			t to certain exceptions; a								
			(less section 511 tax) fro					-			
		omplete Part III.)	,		·	, ,		,			
			vely to test for public sa	fetv. See	section 50	09(a)(4).					
	-	-	vely for the benefit of, to	•			rrv out the	purposes of one or			
0	-	-	d in section 509(a)(1) c				•				
-		-	f supporting organization								
	-	• •	upervised, or controlled				-	aivina			
			gularly appoint or elect a	•	-						
	-	complete Part IV, Se		, ,							
		-	or controlled in connect	tion with it	s supporte	ed organizatio	n(s). bv hav	vina			
			anization vested in the sa			0		•			
	-	st complete Part IV,		•			5				
*	()	•	g organization operated	in connec	tion with. a	and functional	lv integrate	ed with.			
). You must complete l				, ,				
			oorting organization oper				ted organiz	zation(s)			
			ation generally must sat				Ŭ,				
			nplete Part IV, Sections								
·	•	,	written determination fro				II. Type III				
	-		nally integrated supporti			JI <i>i</i> JI	, ,				
f Enter the number											
		on about the supporte									
(i) Name of su	oported	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other			
organizat	on		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Total											

	TI	HE COMMUNITY F	OUNDATION OF				
Sch		OUISVILLE, INC				31-09970	i ugo 🗖
Pa	rt II Support Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	if the organization	n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part II	l.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	49,678,379.	101,583,771.	38,888,654.	73,579,050.	58,226,318.	321,956,172.
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	49,678,379.	101,583,771.	38,888,654.	73,579,050.	58,226,318.	321,956,172.
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)						75,871,949.
	Public support. Subtract line 5 from line 4.						246,084,223.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	49,678,379.	101,583,771.	38,888,654.	73,579,050.	58,226,318.	321,956,172.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	11,763,202.	12,480,544.	11,241,859.	14,176,282.	16,836,097.	66,497,984.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,383.	49,124.	150.			51,657.
11	Total support. Add lines 7 through 10						388,505,813.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	5,881,113.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.34 %
15	Public support percentage from 2021					15	62.41 %
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	,

Schedule A (Form 990) 2022

THE	COMMUNITY	FOUNDATION	OF

Schedule A (Form 990) 2022 LOUISVILLE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 202	2 (f) Total
		(a) 2016	(b) 2019	(C) 2020	(d) 2021	(e) 202	
	Amounts from line 6						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly suppo	rted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Yes

No

Schedule A (Form 990) 2022 LOUIS Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes." *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	THE COMMUNITY FOUNDATION OF	21 0007017	-	_
	dule A (Form 990) 2022 LOUISVILLE, INC. t IV Supporting Organizations (continued)	31-0997017	Pa	age
Fai	Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's invoctment policies and in directing the use of the organization's			

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instructions	s).
-----	--	-------------------------	-----------------	---------------------	-------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

Yes

No

THE	COMMUNITY	FOUNDATION	OF

Coho	Hule A (Form 990) 2022 LOUISVILLE INC.			31-0997017 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	izations	31-0997017 Page 6	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus			
				(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

THE	COMMUNITY	FOUNDATION	OF

Sche	dule A (Form 990) 2022 LOUISVILLE, INC.				31-0997017	Page 7
_	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)		U
Sect	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	6	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributa Amount for	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
U	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

		THE COMMUNITY FOUNDA	ATION OF			
Schedule A	(Form 990) 2022	LOUISVILLE, INC.			31-0997017	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explait , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, lines 2 and 3; Part IV, Section 8; and Part V, Section E, line	9b, 9c, 11a, 11b, and 11c; F n E, lines 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 1 a I 3b; Part V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	n C, art V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

······································				
THE COMMUNITY FOUNDATION OF				
LOUISVILLE, INC.	31-0997017			
Drganization type (check 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless to

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

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

	B (Form 990) (2022) rganization		Page 2
	AUNITY FOUNDATION OF		31-0997017
	Contributore (51-0997017
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$2,973,	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$1,498,	820. Person 820. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$1,719,	026. Person X O26. Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$2,931,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$10,032,	750. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6_		\$8,034,	949. Person 949. Noncash X (Complete Part II for noncash contributions.)

Schedule I	B (Form 990) (2022)		Page 2
	rganization MUNITY FOUNDATION OF		Employer identification number
	LE, INC.		31-0997017
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
7		\$6,491,	862. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$3,389,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$2,400,	000. Person X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
10		\$1,611,	689. Person X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization JNITY FOUNDATION OF		Employ	Pa er identification numb
UISVILI	LE, INC.		31-	-0997017
art II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is nee	ded.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
Part I	STOCK		,	
1		\$ 2,9'	73,221.	09/12/22
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
	STOCK			
2		\$ 1,4	98,820.	08/16/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
	STOCK			
5				
		\$10,03	32,750.	09/08/22
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
	STOCK			
6				
		\$8,03	34,949.	03/27/23
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
	LLC SHARES			
9		(¢	00,000.	12/30/22
		\$90		-27 507 22
(a) No. [.] om art I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
\square				
—				

Schedule I	B (Form 990) (2022)			Page 4				
	organization			Employer identification number				
	MUNITY FOUNDATION OF							
	LLE, INC.			31-0997017				
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line aritable, etc., contributions of \$1,000	e entry. For organizations	0) that total more than \$1,000 for the year				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held				
<u> </u>								
-		(e) Transfer o	f gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of	transferor to transferee				
(a) No.								
(a) No. from	(b) Purpose of gift (c) Use of		(d) [Description of how gift is held				
Part I		(1)						
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of	transferor to transferee				
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held				
Part I								
ŀ		() - (
		(e) Transfer of	fgift					
	T	1700 4	Detette vehice of					
-	Transferee's name, address, an		Relationship of	transferor to transferee				
(a) No.	 							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held				
Part I								
<u> </u>								
-		(a) Transfer at	f aift					
		(e) Transfer o	i yill					
	Transferee's name, address, an	d 7 ID + 4	Relationship of transferor to transferee					
-	in ansieree's name, address, an							

		• • • •			
SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990,		2022
Denart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information.	_	Inspection
Nam	e of the organizatio			Emp	bloyer identification number
De	t l Organiza	LOUISVILLE, INC.	d Euroda av Othav Similar Euroda av A		31-0997017
Pa		answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	ccoun	Its. Complete if the
	organization			(b) Euro	ds and other accounts
	Tatal works an at an	d of your	401	(b) i uii	
1		d of year	51,291,630.		
2 3		contributions to (during year)	104,781,415.		
4					
5		end of year n inform all donors and donor advisors in y	434,067,853. writing that the assets held in donor advised fun	ds	
•	-		exclusive legal control?		X Yes No
6			dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose confer		
	impermissible priva				
Pa	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a hist	orically	important land area
	Protection of	natural habitat	Preservation of a cert	ified his	storic structure
		of open space			
2	•	o o .	ied conservation contribution in the form of a co	nservat	
	day of the tax year.				Held at the End of the Tax Year
				2a	
b	-			2b	
с с		vation easements on a certified historic stru-	ucture included in (a)	2c	
d				2d	
3		0	eased, extinguished, or terminated by the organ		during the tax
U	year		eased, extinguished, or terminated by the organ		
4		vhere property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	isement	s during the year
8			e satisfy the requirements of section 170(h)(4)(B		
9	,	o 1	on easements in its revenue and expense staten		
			note to the organization's financial statements th	at desc	ribes the
Pa	t III Organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other S	Simila	r Assets
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bal	ance sh	neet works
	0		blic exhibition, education, or research in furthera		
			ncial statements that describes these items.	- · P	
b			8, to report in its revenue statement and balanc	e sheet	works of
	-		exhibition, education, or research in furtheranc		
	provide the followir	ng amounts relating to these items:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			\$
					\$
2	If the organization i	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide	
	-	nts required to be reported under FASB A	-		
а	Revenue included	on Form 990, Part VIII, line 1		:	\$

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

\$

THE	COMMUNITY	FOUNDATION	0
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		TY FOUNDATION O) F '					~
	dule D (Form 990) 2022 LOUISVILLE,		The second second second second		31-099		Pag	_{ge} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Asset	s _{(continu}	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use of its			
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII							
						Amount		
с	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.						\square	
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	vears ba	ack
1a	Beginning of year balance	613,751,362.	663,755,476.	., ,			532,0	
	Contributions	62,863,928.	73,230,131.	, ,		,	, 763,7	
	Net investment earnings, gains, and losses	73,293,524.	-73,419,395.	, ,	, ,	,	440,2	
		119,227,452.	45,786,318.				425,3:	
	Grants or scholarships	119,227,192.	10,700,010.		10,510,010.	51,	120,0	
е	Other expenditures for facilities							
	and programs	6,622,592.	4,028,532.	5,617,750,	5,306,150.	1	496,6	36
	Administrative expenses	624,058,770.				,	,	
-	End of year balance	, ,	613,751,362.	, ,	499,394,417.	431,0	314,0	/4.
2	Provide the estimated percentage of the curr	•) held as:				
	Board designated or quasi-endowment	66.8460	_%					
	Permanent endowment0740	%						
С	Term endowment 33.0800	, .						
	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the			
	organization by:							No
	(i) Unrelated organizations					3a(i)		X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			. 3b		
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulated	(d) Book	value	
		basis (investm	nent) basis	(other) c	lepreciation			
1a	Land							
	Buildings							
	Leasehold improvements			264,077.	257,894.		6,1	83.
	Equipment			637,268.	484,827.		152,4	41.
	Other			346,457.	252,635.		93,8	22.
	Add lines 1a through 1e. (Column (d) must e		(column (B) line 1	;	,	:	252,4	

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

Schedule D (Form 990) 2022

LOUISVILLE, INC. Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests	574,430.	COST
(3) Other		
(A) LIMITED LIABILITY COMPANIES	34,403,843.	COST
(B) LIMITED PARTNERSHIPS	22,428,169.	COST
(C) NOTES RECEIVABLE	8,206,810.	COST
(D) UNITRUSTS	2,742,331.	COST
(E) ANNUITY TRUST	721,637.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	69,077,220.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value

(1) Fe	ederal income taxes	
(2) GI	IFT ANNUITY LIABILITY	1,080,201.
(3) AC	GENCY FUNDS	23,973,118.
(4) OI	PERATING LEASE LIABILITY	1,026,624.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lumn (b) must equal Form 990. Part X. col. (B) line 25.)	26,079,943.

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

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

1

	THE COMMUNITY FOUNDATION OF		
Sche	dule D (Form 990) 2022 LOUISVILLE, INC.		31-0997017 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
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.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	. 12.)	
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expense	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total expenses and losses per audited financial statements		
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		
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 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin		

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO FURTHER ITS EXEMPT PURPOSE

OF DISTRIBUTING CONTRIBUTIONS AND GRANTS FOR CHARITABLE PURPOSES.

PART X, LINE 2:

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

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

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

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

WHEN APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS

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

Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes	OMB No. 1545-0047	
(Form 990)			nswered "Yes" on Form 990, Part IV,			2022	
Department of the Treasury		U	Attach to Form 990.	, ,		Open to Public	
Internal Revenue Service	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest in	nformation.		Inspection	
Name of the organization					Employer	dentification number	
THE COMMUNITY FOUNDAT	ION OF						
LOUISVILLE, INC.			aide the United States		31-0997		
		ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on	
Form 990, Part					· .		
•	•		ds to substantiate the amount of its gran the selection criteria used to award the		-	Yes No	
	ariba in Dart V the	organization's	need was far manitaring the use of its	aronto and at	har agaistana	a autoida tha	
2 For grantmakers. Des United States.	cribe in Part v the	e organization s	procedures for monitoring the use of its	grants and ot	ner assistand		
	The following Part	L line 3 table ca	an be duplicated if additional space is ne	(bebee			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d) (f) Total	
()	offices	employees, agents, and	(by type) (such as, fundraising, pro-	• •	gram service	expenditures	
	in the region	independent	gram services, investments, grants to	describe	specific type	e for and investments	
		contractors in the region	recipients located in the region)	of service	(s) in the regi	on in the region	
CENTRAL AMERICA AND		in the region					
THE CARIBBEAN -							
ANTIGUA & BARBUDA,							
ARUBA, BAHAMAS,	0	o	INVESTMENTS			13,524,196.	
3 a Subtotal	0	0				13,524,196.	
b Total from continuation							
sheets to Part I	0	0				0.	
c Totals (add lines 3a							
and 3h)	0	0				13 524 196.	

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

LOUISVILLE, INC.

31-0997017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2022

Schedule F (Form 99

Page **2**

THE	COMMUNITY	FOUNDATION	OF
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Schedule F (Form 990) 2022

LOUISVILLE, INC.

31-0997017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region , recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

	THE COMMUNITY FOUNDATION OF		
Sched	Jle F (Form 990) 2022 LOUISVILLE, INC.	31-0997017	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

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Schedule F (Form 990) 2022 LOUISVILLE, INC.

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(Form 990)	Go	irants and Oth vernments, ar ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization THE COMMUNIT	TY FOUNDATION OF						Employer identification number
LOUISVILLE,	INC.						31-0997017
Part I General Information on Grants							
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's part IV the organization's part IV the organization of the orga	sistance?						
Part II Grants and Other Assistance t recipient that received more tha	•				anization answered "	/es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21ST CENTURY PARKS ENDOWMENT INC. 471 W. MAIN ST. #202 LOUISVILLE, KY 40202	20-8834817	509(A)(1)	255,000.	0.			N32 PARKS AND PLAYGROUND
A CURE FOR ROBERT INC 508 TIFFANY LN LOUISVILLE, KY 40207	85-1792143	509(A)(1)	6,250.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION
A FUND, INC. PO BOX 221286 LOUISVILLE, KY 40252-1286	61-1237178	509(A)(1)	29,875.	0.			P20 HUMAN SERVICE ORGANIZATIONS
A HAND UP COMMUNITY RESOURCE CENTER - P.O. BOX 16066 - LOUISVILLE, KY 40256	82-4185771	509(A)(2)	6,750.	0.			P80 SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS
A PLACE TO SLEEP INC PO BOX 546 SHELBYVILLE, KY 40066	83-2952455	509(A)(2)	11,650.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*
ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT INC 1219 W. JEFFERSON ST., SUITE 206 LOUISVILLE, KY 40203	- 47-1113120	509(A)(1)	193,950.	0.			A68 MUSIC
2 Enter total number of section 501(c)(3)			,		l	1	538

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

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ACADEMY OF OUR LADY OF MERCY DBA MERCY ACADEMY, 5801 FEGENBUSH I LOUISVILLE, KY 40228	61-1116388	509(A)(1)	10,115.	0.			B EDUCATIONAL INSTITUTIONS
ACE PROJECT INC 2336 STANDARD AVE. LOUISVILLE, KY 40210	83-3117851	509(A)(2)	28,600.	0.			050 YOUTH DEVELOPMENT PROGRAMS
ACLU FOUNDATION, INC. 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004-2400	13-6213516	509(A)(1)	8,511.	0.			R60 CIVIL LIBERTIES ADVOCACY
ACLU OF KENTUCKY FOUNDATION 325 W MAIN ST SUITE 2210 LOUISVILLE, KY 40202	61-6058569	509(A)(2)	119,319.	0.			R60 CIVIL LIBERTIES ADVOCACY
ACTORS THEATRE OF LOUISVILLE, INC. 316 WEST MAIN STREET LOUISVILLE, KY 40202	61-0645030	509(A)(1)	80,400.	0.			A65 THEATER
ADOPT ME! BLUEGRASS PET RESCUE PO BOX 202 LAGRANGE, KY 40031	30-0845133	509(A)(1)	5,300.	0.			D20 ANIMAL PROTECTION AN WELFARE (INCLUDES HUMANE SOCIETIES AND SPCAS)
AED FOUNDATION INC. 650 E ALGONQUIN RD STE 305 SCHAUMBURG, IL 60173	36-3784945	509(A)(1)	20,000.	0.			B99 EDUCATION N.E.C.*
AFGHAN CHILD PROJECT 3003 VAN NESS ST NW APT S303 WASHINGTON, DC 20008	27-1816505	509(A)(2)	25,000.	0.			Q33 INTERNATIONAL RELIEF
ALPHA DELTA PI FOUNDATION INC. 1386 PONCE DE LEON AVE. NE ATLANTA, GA 30306	58-1507941	509(A)(1)	10,000.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

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					appraisal, other)		
ALZHEIMER'S ASSOCIATION -							
LOUISVILLE - 6100 DUTCHMANS LANE,							
SUITE 401 - LOUISVILLE, KY 40205	13-3039601	509(A)(1)	14,250.	0.			G83 ALZHEIMER'S
· · · ·							
ALZHEIMER'S DISEASE RESEARCH							G41 EYE DISEASES
22512 GATEWAY CENTER DR, P O BOX 1	Ð						BLINDNESS & VISION
CLARKSBURG, MD 20871-1952	23-7337229	509(A)(1)	11,000.	0.			IMPAIRMENT
AMERICAN CANCER SOCIETY -							
LOUISVILLE - PO BOX 2167 -							P20 HUMAN SERVICE
	13-1788491	E00(3)(1)	17 024	0.			ORGANIZATIONS
LEXINGTON, KY 40588 AMERICAN HEART ASSOCIATION	13-1700491	509(A)(1)	17,834.	0.			ORGANIZATIONS
GREAT RIVERS AFFILIATE -							
							G43 HEART AND CIRCULATOR
LOUISVILLE DIVISION, 240 WHITTINGTON PARKWAY - LOUI	13-5613797	509(3)(1)	18,434.	0.			SYSTEM
WHITTINGTON FARRWAT - 1001	13-3013737	509(A)(1)	10,434.	0.			SISIEM
AMERICAN HEART ASSOCIATION -							
LOUISVILLE - PO BOX 22221 -							G DISEASE DISORDERS
LOUISVILLE, KY 40252	13-5613797	509(A)(1)	7,450.	0.			MEDICAL DISCIPLINES
AMERICAN LUNG ASSOCIATION -							
WISCONSIN - 13100 WEST LISBON RD,	40.4600504						
SUITE 700 - BROOKFIELD, WI 53005	13-1632524	509(A)(1)	5,080.	0.			G45 LUNG
AMERICAN RED CROSS - LOUISVILLE							
AREA CHAPTER - 510 EAST CHESTNUT							M20 DISASTER PREPAREDNES
STREET - LOUISVILLE, KY 40202	53-0196605	509(A)(1)	126,561.	0.			AND RELIEF SERVICE
AMERICAN UNIVERSITY			,				
ATTN: FINANCIAL AID, 4400							
MASSACHUSETTS AVENUE, NW -							B43 UNIVERSITY OR
WASHINGTON, DC 20016	53-0196549	509(A)(1)	7,500.	0.			TECHNOLOGICAL
AMERICANA COMMUNITY CENTER							
4801 SOUTHSIDE DR.							P84 ETHNIC/IMMIGRANT
LOUISVILLE, KY 40214	61-1251306	509(A)(1)	36,800.	0.			SERVICES

Schedule I (Form 990) LOUISVILLE, INC. . .

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AMPLIFY LOUISVILLE INC							
900 E MAIN ST FL 2							
LOUISVILLE, KY 40206	83-4402051	509(A)(2)	7,000.	0.			S30 ECONOMIC DEVELOPMENT
ANIMAL CARE SOCIETY INC. 12207 WESTPORT ROAD							D20 ANIMAL PROTECTION AND WELFARE (INCLUDES HUMANE
LOUISVILLE, KY 40245	61-1053516	509(A)(1)	28,546.	0.			SOCIETIES AND SPCAS)
APPALACHIAN EARLY CHILDHOOD NETWORK - 151 MISS EDNA LN - HAZARD, KY 41701	84-3990574	509(A)(1)	25,000.	0.			B01 ALLIANCE/ADVOCACY ORGANIZATIONS
APPALACHIAN RESEARCH & DEFENSE FUND OF KY - 120 N. FRONT STREET -							
PRESTONSBURG, KY 41653	61-0848948	509(A)(1)	20,000.	0.			180 LEGAL SERVICES
ARCHDIOCESE OF LOUISVILLE CATHOLIC SERVICES APPEAL, PO BOX 32							
LOUISVILLE, KY 40232	61-0447247	509(A)(1)	62,500.	0.			X22 ROMAN CATHOLIC
ART FM INC PO BOX 5103 LOUISVILLE, KY 40205	45-4225349	509(A)(1)	6,850.	0.			A34 RADIO
ASIA INSTITUTE, INC. CRANE HOUSE, 1244 S. 3RD ST.			,				A23 CULTURAL/ETHNIC
LOUISVILLE, KY 40203	61-1107169	509(A)(2)	18,400.	0.			AWARENESS
ASSUMPTION HIGH SCHOOL 2170 TYLER LANE							
LOUISVILLE, KY 40205	61-1133759	509(A)(1)	99,685.	0.			B25 SECONDARY/HIGH SCHOOD
AVON OLD FARMS SCHOOL INC. 500 OLD FARMS RD.							
AVON, CT 06001	06-0655480	509(A)(1)	15,000.	Ο.			B25 SECONDARY/HIGH SCHOO

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AWAKE MINISTRIES							X99 RELIGIOUS RELATED
PO BOX 1302							SPIRITUAL DEVELOPMENT
SHELBYVILLE, KY 40066	26-4436314	509(A)(1)	42,000.	0.			N.E.C.*
AWESOME CENTER FOR ENTREPRENEURSHIP INC 348 E MAIN	15 1001015		55 000				A50 MUSEUMS & MUSEUM
ST - LEXINGTON, KY 40507	45-4294345	509(A)(1)	55,000.	0.			ACTIVITIES
BANDY CARROLL HELLIGE BCH PUBLIC RELATIONS, 307 W. MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-1291338	FOR PROFIT	8,800.	0.			FOR PROFIT - EXPENSES ONLY
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC - DBA BAPTIST HEALTH FOUNDATION, 4007 KRESGE WAY							E11 SINGLE ORGANIZATION
- LOUISVILLE, KY 40207	20-0292291	509(A)(3) TYPE I	29,000.	0.			SUPPORT
BATES COMMUNITY DEVELOPMENT CORPORATION - 620 EAST LAMPTON ST.							
- LOUISVILLE, KY 40203	61-1303937	509(A)(1)	75,850.	0.			S31 URBAN COMMUNITY
BAY AREA COMMUNITY CHURCH INC 884 CHESTERFIELD RD	50 4525026	500/33//13	10,000				
ANNAPOLIS, MD 21401	52-1537936	509(A)(I)	10,000.	0.			X20 CHRISTIAN
BEARGRASS CHRISTIAN CHURCH 4100 SHELBYVILLE ROAD							X RELIGION SPIRITUAL
LOUISVILLE, KY 40207	61-1219287	509(A)(1)	12,367.	0.			DEVELOPMENT
BEAVER DAM BAPTIST CHURCH 343 S MAIN STREET							
BEAVER DAM, KY 42320	61-0561426	RELIGIOUS ORGANI	17,121.	0.			X20 CHRISTIAN
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD							B43 UNIVERSITY OR
LOUISVILLE, KY 40205-0671	61-0482955	509(A)(1)	326,152.	0.			TECHNOLOGICAL

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BEREA COLLEGE							
ATTN: FINANCIAL AID, 120 LINCOLN HA	L						B40 HIGHER ED
BEREA, KY 40404	61-0444650	509(A)(1)	6,279.	0.			INSTITUTIONS
BERRY CENTER INC.							
111 S. MAIN STREET, PO BOX 582							B70 LIBRARIES LIBRARY
NEW CASTLE, KY 40050	80-0721644	509(A)(1)	611,000.	0.			SCIENCE
BETHABARA BAPTIST CHURCH							
2946 STATE ROUTE 142							X RELIGION SPIRITUAL
PHILPOT, KY 42366	61-0549873	509(A)(1)	17,228.	0.			DEVELOPMENT
BETHEL UNIVERSITY							
FINANCIAL AID OFFICE, 1001 BETHEL C							B43 UNIVERSITY OR
MISHAWAKA, IN 46545	35-0935587	509(A)(1)	7,500.	0.			TECHNOLOGICAL
BETHLEHEM HIGH SCHOOL							
309 WEST STEPHEN FOSTER AVE.							B EDUCATIONAL
BARDSTOWN, KY 40004	61-0592028	509(A)(1)	56,577.	0.			INSTITUTIONS
BIG BROTHERS BIG SISTERS OF							
KENTUCKIANA - 1519 GARDINER LANE							O31 BIG BROTHER BIG
SUITE B - LOUISVILLE, KY 40218	61-6057856	509(A)(1)	34,992.	0.			SISTERS
BIG HORN CITY HISTORICAL SOCIETY							
PO BOX 566							A23 CULTURAL/ETHNIC
BIG HORN, WY 82833	65-1266358	509(A)(1)	20,000.	0.			AWARENESS
			, ,				
BLACKACRE CONSERVANCY INC.							
3200 TUCKER STATION ROAD	21 1000000	E00/3\/1\	10 750	_			T22 PRIVATE INDEPENDEN
LOUISVILLE, KY 40299	31-1072393	5U9(A)(I)	19,750.	0.			FOUNDATIONS
BLESSINGS IN A BACKPACK INC							
PO BOX 950291							P20 HUMAN SERVICE
LOUISVILLE, KY 40295	26-1964620	509(A)(1)	13,050.	0.			ORGANIZATIONS

Part II Continuation of Grants and Other A				(
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE GRASS COMMUNITY FOUNDATION							
499 EAST HIGH STREET #112							
LEXINGTON, KY 40507	61-6053466	509(A)(1)	243,452.	0.			T31 COMMUNITY FOUNDATIONS
BLUE RIDGE SCHOOL							
273 MAYO DRIVE							
ST. GEORGE, VA 22935	54 - 0505868	509(A)(1)	10,000.	0.			B25 SECONDARY/HIGH SCHOOL
							B28 SPECIAL ED
BLUEGRASS CENTER FOR AUTISM							INSTITUTIONS/ SCHOOLS FOR
1250 BARDSTOWN ROAD SUITE 15							VISUALLY OR HEARING
LOUISVILLE, KY 40204	27-2279128	509(A)(1)	8,144.	0.			IMPAIRED LEARNING
BLUEGRASS LAND CONSERVANCY							
450 OLD VINE STREET SUITE 200	(1 1002020	500(3)(1)	50 500	0			C34 LAND RESOURCES
LEXINGTON, KY 40507	61-1293032	509(A)(I)	52,500.	0.			CONSERVATION
BOYS & GIRLS CLUBS INC. AKA BOYS & GIRLS CLUBS OF							
KENTUCKIANA, 3900 CRITTENDEN DRIVE							023 BOYS AND GIRLS CLUBS
- LOUISVILLE, K	61-0568789	509(2)(1)	39,628.	0.			(COMBINED)
	01 0300703	505(11)(1)	33,020.				
BRESCIA UNIVERSITY							
ATTN: FINANCIAL AID, 717 FREDERICA							B42 UNDERGRADUATE COLLEGE
OWENSBORO, KY 42301	61-0660795	509(A)(1)	24,511.	0.			(4-YEAR)
BRIDGEHAVEN INC.							
950 S FIRST ST.							F30 MENTAL HEALTH
LOUISVILLE, KY 40203	61-0548949	509/31/11	9,900.	0.			TREATMENT
10013VILLE, RI 40203	01-0340949	505(A/(1)	9,900.	0.			
BRINGING JUSTICE HOME INC.							K30 FOOD SERVICE FREE
2121 GRINSTEAD DR							FOOD DISTRIBUTION
LOUISVILLE, KY 40204	85-2167537	509(A)(1)	7,000.	0.			PROGRAMS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BROADWAY BAPTIST CHURCH							
4000 BROWNSBORO ROAD							
LOUISVILLE, KY 40207	61-6001947	RELIGIOUS ORGANI	31,520.	Ο.			X20 CHRISTIAN

(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	(2) 2	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BROADWAY CHURCH OF CHRIST							
2855 BROADWAY							X RELIGION SPIRITUAL
PADUCAH, KY 42001	61-0607547	RELIGIOUS ORGANI	27,500.	0.			DEVELOPMENT
BUSINESS & MINISTRY INITIATIVES,							
INC 1844 BOONE TRAIL -							
LOUISVILLE, KY 40245	82-4658775	509(A)(1)	40,000.	٥.			B99 EDUCATION N.E.C.*
CABBAGE PATCH SETTLEMENT HOUSE							
INC 1413 SOUTH SIXTH STREET -							P28 NEIGHBORHOOD CENTER
LOUISVILLE, KY 40208	61-0458359	509(A)(1)	69,789.	0.			SETTLEMENT HOUSE
CAMPBELLSVILLE UNIVERSITY							
OFFICE OF FINANCIAL AID, 1							
UNIVERSITY DRIVE - CAMPBELLSVILLE,							B42 UNDERGRADUATE COLLEG
ку 42718	61-0469267	170(C)(1)	6,000.	0.			(4-YEAR)
CANOPY CERTIFIED INC.							
1500 LYTLE STREET							
LOUISVILLE, KY 40203	83-0965241	509(A)(2)	68,900.	0.			S30 ECONOMIC DEVELOPMENT
CAPE COD TREEWORKS							
55 MCKOY ROAD							FOR PROFIT - EXPENSES
EASTHAM, MA 02642	83-3031482	FOR PROFIT	24,000.	0.			ONLY
CARE FOR CHILDREN OF THE EARTH INC							
1924 NEWBURG ROAD, ,							012 FUNDRAISING AND/OR
LOUISVILLE, KY 40205	84-1861889	509(A)(1)	10,000.	0.			FUND DISTRIBUTION
CASA, INC.							
982 EASTERN PKWY #9	C1 10CCEC0			_			172 CHILD ABUSE
LOUISVILLE, KY 40217-1566	61-1066568	(A)(L)	67,255.	0.			PREVENTION OF
CASTRO THEATRE CONSERVANCY							
1686 UNION ST STE 301							A82 HISTORICAL SOCIETIES
SAN FRANCISCO, CA 94123	88-3428716	509(A)(1)	30,000.	٥.		1	& HISTORIC PRESERVATION

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CATHEDRAL HIGH SCHOOL							
5225 E. 56TH ST.							
INDIANAPOLIS, IN 46226	35-6254955	509(A)(1)	15,765.	0.			B25 SECONDARY/HIGH SCHOO
CATHOLIC CHARITIES OF LOUISVILLE							P99 HUMAN
INC 2911 S. FOURTH STREET -							SERVICES-MULTIPURPOSE &
LOUISVILLE, KY 40208	61-1239600	509(A)(1)	36,450.	0.			OTHER N.E.C.*
CATHOLIC EDUCATION FOUNDATION							
401 W. MAIN ST. #806							B82 SCHOLARSHIPS STUDENT
LOUISVILLE, KY 40202	61-1294640	509(A)(1)	235,650.	0.			FINANCIAL AID AWARDS
CATHOLIC RELIEF SERVICES							M20 DISASTER PREPAREDNES
PO BOX 5200 HARLAN, IA 51593	13-5563422	509/3//1/	9,000.	0.			AND RELIEF SERVICE
	13-3303422	505(R/(1)	5,000.	0.			AND REDIEF SERVICE
CAVE HILL HERITAGE FOUNDATION INC							
701 BAXTER AVE.							Y50 CEMETERIES AND BURIA
LOUISVILLE, KY 40204	56-2498254	509(A)(1)	11,000.	0.			SERVICES
CEDAR LAKE FOUNDATION							
9505 WILLIAMSBURG PLAZA #200							P11 SINGLE ORGANIZATION
LOUISVILLE, KY 40222	61-1093278	509(A)(1)	14,317.	0.			SUPPORT
CENTER FOR INTERFAITH RELATIONS							
INC PO BOX 70488 - LOUISVILLE,				_			A82 HISTORICAL SOCIETIES
KY 40270	61-1149619	509(A)(1)	305,118.	0.			& HISTORIC PRESERVATION
CENTER FOR NONPROFIT EXCELLENCE							
325 W. MAIN ST. WATERFRONT PLAZA,	s						T02 MANAGEMENT &
LOUISVILLE, KY 40202	20-0040424	509(A)(1)	48,000.	0.			TECHNICAL ASSISTANCE
CENTER FOR WOMEN AND FAMILIES							
P.O. BOX 2048							P43 FAMILY VIOLENCE
LOUISVILLE, KY 40201-2048	61-0444846	509(A)(1)	66,355.	0.			SHELTERS AND SERVICES

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CENTRAL PRESBYTERIAN CHURCH 318 WEST KENTUCKY STREET							
LOUISVILLE, KY 40203	61-0459493	509(A)(1)	32,550.	0.			X21 PROTESTANT
CENTRE COLLEGE OF KENTUCKY ATTN: FINANCIAL AID, 600 WEST WALNU DANVILLE, KY 40422	J 61-0444671	509(A)(1)	13,754.	0.			B42 UNDERGRADUATE COLLEGE (4-YEAR)
CHANGE TODAY, CHANGE TOMORROW, INC 902 SOUTH 15TH STREET - LOUISVILLE, KY 40210	84-3715550	509(A)(2)	12,050.	0.			B25 SECONDARY/HIGH SCHOOI
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	43-1634280	509(A)(1)	1,035,750.	0.			Q12 FUNDRAISING AND/OR FUND DISTRIBUTION
CHILDREN INCORPORATED PO BOX 72848 NORTH CHESTERFIELD, VA 23235	54-0761510	509(A)(1)	82,000.	0.			Q33 INTERNATIONAL RELIEF
CHILDREN'S BRAIN TUMOR FOUNDATION 1460 BROADWAY NEW YORK, NY 10036	13-3512123	509(A)(1)	15,000.	0.			H98 PEDIATRICS RESEARCH
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - DEPT. 86140, P.O. BOX 950183 - LOUISVILLE, KY 40295-0183	61-6027530	509(A)(1)	144,893.	0.			E11 SINGLE ORGANIZATION SUPPORT
CHRIST CHURCH CATHEDRAL 421 S. 2ND STREET LOUISVILLE, KY 40202	61-0444673	RELIGIOUS ORGANI	10,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
CHRIST CHURCH UNITED METHODIST 4614 BROWNSBORO ROAD LOUISVILLE, KY 40207	61-0449611	RELIGIOUS ORGANI	51,500.	0.			X RELIGION SPIRITUAL DEVELOPMENT

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST THE REDEEMER REFORMED							
EPISCOPAL CHURCH - C/O KATHY							
SAFFEL, TREASURER, 2885 S. CR 350							
W ROCKPORT, IN 47635	80-0959741	RELIGIOUS ORGANI	10,800.	0.			X20 CHRISTIAN
CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION RD.							B20 ELEMENTARY SECONDARY
LOUISVILLE, KY 40245	61-0907309	509(A)(1)	29,339.	0.			ED
CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY #1000 LOUISVILLE, KY 40243	61-0445828	509(A)(1)	9,201.	0.			E91 NURSING CONVALESCENT (GERIATRIC AND NURSING)
CHRISTIAN STUDENT FELLOWSHIP INC							
507 COLUMBIA AVE							B40 HIGHER ED
LEXINGTON, KY 40508	61-0711889	509(A)(1)	56,000.	0.			INSTITUTIONS
CLEVELAND CLINIC FOUNDATION							
PO BOX 931517	04 04 50 650						E HEALTH-GENERAL &
CLEVELAND, OH 44193-1655	91-2153073	509(A)(1)	50,000.	0.			REHABILITATIVE
CLIFF HAGAN BOYS & GIRLS CLUB INC. 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	509(A)(1)	11,550.	0.			O23 BOYS AND GIRLS CLUBS (COMBINED)
COALITION FOR THE HOMELESS							
1300 S 4TH ST. #250							L01 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40208	61-1118307	509(A)(2)	17,550.	0.			ORGANIZATIONS
COLBY COLLEGE							
OFFICE OF ADVANCEMENT, 4335							
MAYFLOWER HILL - WATERVILLE, ME							B42 UNDERGRADUATE COLLEGE
04901	01-0211497	509(A)(1)	12,500.	0.			(4-YEAR)
COLUMBIA UNIVERSITY IN THE CITY OF							
NEW YORK - 100 HAMILTON HALL, MC							
2802, 1130 AMSTERDAM AVE NEW							B40 HIGHER ED
YORK, NY 10027	13-5598093	509(A)(1)	19,000.	0.			INSTITUTIONS

(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	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COMMONWEALTH FUND FOR KET, INC.							
600 COOPER DR							B90 EDUCATIONAL SERVICES
LEXINGTON, KY 40502	61-1285473	509(A)(1)	29,641.	0.			AND SCHOOLS-OTHER
COMMONWEALTH POLICY FOUNDATION							S05 RESEARCH INSTITUTES
P.O. BOX 4172							AND/OR PUBLIC POLICY
FRANKFORT, KY 40604	45-4795626	509(A)(1)	20,000.	0.			ANALYSIS
COMMUNITY CATHOLIC CENTER INC.							
PO BOX 11065							B82 SCHOLARSHIPS STUDENT
LOUISVILLE, KY 40251	01-0785892	509(A)(1)	21,450.	0.			FINANCIAL AID AWARDS
COMMUNITY CHILDRENS IMPACT							
306 N MARKET ST., STE 116							O99 OTHER YOUTH
MT. CARMEL, IL 62863	88-2576286	509(A)(1)	81,000.	0.			DEVELOPMENT N.E.C.*
COMMUNITY CHURCH OF GOD							
1532 COLLEGE DRIVE							X RELIGION SPIRITUAL
MOUNT CARMEL, IL 62863	37-1114891	509(A)(1)	17,500.	0.			DEVELOPMENT
COMMUNITY FOUNDATION OF JACKSON							
HOLE - PO BOX 574 - JACKSON, WY							
83001	83-0308856	509(A)(1)	48,896.	0.			T31 COMMUNITY FOUNDATIONS
COMMUNITY FOUNDATION OF LINCOLN							
COUNTY - PO BOX 2750 - RUIDOSO, NM							
88355	16-1740370	509(A)(1)	21,156.	0.			T31 COMMUNITY FOUNDATION
COMMUNITY FOUNDATION OF LOUISVILLE	10 1/100/0			0.			
CORPORATE DEPOSITORY - 325 W. MAIN							
STREET, SUITE 1110 - LOUISVILLE,							
КҮ 40202	61-1100993	509(A)(1)	537,561.	0.			T31 COMMUNITY FOUNDATION
COMMUNITY FOUNDATION OF LOUISVILLE							T PHILANTHROPY
DEPOSITORY - 325 W. MAIN SUITE							VOLUNTARISM AND
1110 - LOUISVILLE, KY 40202	31-1140889	509(A)(1)	274,493.	0.		1	GRANTMAKING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVOY OF HOPE DONATION SERVICES, PO BOX 1125 SPRINGFIELD, MO 65801	68-0051386	509(A)(1)	10,000.	0.			Q33 INTERNATIONAL RELIEF
CREASEY MAHAN NATURE PRESERVE INC 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	509(A)(1)	200,441.	0.			C ENVIRONMENTAL QUALITY PROTECTION BEAUTIFICATION
CRITICALLY LOVED INC. PO BOX 43047 LOUISVILLE, KY 40253	81-5273913	509(A)(1)	12,500.	0.			P30 CHILDREN'S AND YOUTH SERVICES
CROSSROADS PREGNANCY RESOURCE CENTER - PO BOX 696 - LA GRANGE, KY 40031	27-4097169	509(A)(1)	28,120.	0.			P47 PREGNANCY CENTERS
CURATORS OF THE UNIVERSITY OF MISSOURI - 407 REYNOLDS ALUMNI CENTER - COLOMBIA, MO 62511	26-6440629	509(A)(1)	220,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
DAKINI LAND FOUNDATION 1235 COAST VILLAGE RD STE D SANTA BARBARA, CA 93108	46-1376407	509(A)(1)	10,000.	0.			X50 BUDDHIST
DARE TO CARE, INC. PO BOX 35458 LOUISVILLE, KY 40232	23-7345952	509(A)(1)	134,095.	0.			K31 FOOD BANKS FOOD PANTRIES
DARTMOUTH COLLEGE GIFT RECORDING OFFICE, 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755	02-0222111	509(A)(1)	61,500.	0.			B42 UNDERGRADUATE COLLEGE (4-YEAR)
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, NC 28035-7170	56-0529961	509(A)(1)	36,250.	0.			B42 UNDERGRADUATE COLLEGI (4-YEAR)

Schedule I (Form 990) LOUISVILLE, IN Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	31-0997017 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DECODE PROJECT INC							
2509 PORTLAND AVENUE							B92 REMEDIAL READING
LOUISVILLE, KY 40212	83-2280075	509(A)(2)	7,925.	0.			READING ENCOURAGEMENT
DELAWARE STATE UNIVERSITY							
1200 N. DUPONT HWY							B43 UNIVERSITY OR
DOVER, DE 19901	51-0305893	509(A)(1)	7,500.	0.			TECHNOLOGICAL
DELTA FOUNDATION INC							
3019 RADIANCE RD, ,							I21 DELINQUENCY
LOUISVILLE, KY 40220	82-2060774	509(A)(1)	10,200.	0.			PREVENTION
DEMING, MALONE, LIVESAY & OSTROFF,							
PSC - DMLO CPAS, 9300 SHELBYVILLE							
ROAD SUITE 1100 - LOUISVILLE, KY							FOR PROFIT - EXPENSES
40222-5187	61-1064249	FOR PROFIT	7,650.	0.			ONLY
DENISON UNIVERSITY							
DEVELOPMENT OFFICE, PO BOX 2007							B42 UNDERGRADUATE COLLEG
MOUNT VERNON, OH 43050	31-4379459	509(A)(1)	33,553.	0.			(4-YEAR)
MOONT VERNON, ON 43030	51 4575455	505(R/(1)		0.			
DONORSCHOOSE INC.							
MAIL CODE: 6656, PO BOX 7247							
, PHILADELPHIA, PA 19170-6656	13-4129457	509(A)(1)	10,038.	0.			B99 EDUCATION N.E.C.*
DREAM CENTER ACADEMY CHRISTIAN							
SCHOOL - P.O. BOX 16276 -							B20 ELEMENTARY SECONDARY
LOUISVILLE, KY 40256	88-1568969	509(A)(1)	35,000.	0.			ED
DREAMS WITH WINGS							P99 HUMAN
1579 BARDSTOWN ROAD							SERVICES-MULTIPURPOSE &
LOUISVILLE, KY 40205	61-1371540	509(A)(2)	7,000.	0.			OTHER N.E.C.*
10010411111, KI 40200	01 13/1340		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			
DUPONT MANUAL HIGH SCHOOL ALUMNI							
ASSOCIATION - 120 W. LEE STREET -							
LOUISVILLE, KY 40208	61-1229522	509(A)(2)	16,750.	Ο.			B84 ALUMNI ASSOCIATIONS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TENNESSEE ANNUAL CONFERENCE							
OF THE AME CHURCH - 503 NORTH							
MARKET STREET - CHATTANOOGA, TN							
37405	53-0204696	RELIGIOUS ORGANI	18,144.	0.			X20 CHRISTIAN
EASTERN KENTUCKY UNIVERSITY							
OFFICE OF FINANCIAL AID, CPO 34-A							B EDUCATIONAL
	61-1011211	509/3//1/	28,450.	0.			INSTITUTIONS
RICHMOND, KY 40475 EASTERN KENTUCKY UNIVERSITY	01-1011211	509(A)(1)	28,450.	0.			
FOUNDATION INC 521 LANCASTER							
AVE COATES CPO 19A - RICHMOND, KY							B11 SINGLE ORGANIZATION
40475	61-1131682	509(A)(1)	39,619.	0.			SUPPORT
ECKERD COLLEGE							
OFFICE OF ADVANCEMENT, 4200 54TH							
AVENUE SOUTH - ST. PETERSBURG, FL							B EDUCATIONAL
33711	59-0859121	509(A)(1)	13,000.	0.			INSTITUTIONS
EDUCATIONAL JUSTICE							
200 YORK ST							B90 EDUCATIONAL SERVICES
	27-0405207	509/2/1/	15,050.	0.			AND SCHOOLS-OTHER
LOUISVILLE, KY 40203	27-0403207	509(A)(1)	15,050.	0.			AND SCHOOLS-OTHER
ELDERSERVE, INC.							
631 S. 28TH STREET							P81 SENIOR
LOUISVILLE, KY 40211	61-6024140	509(A)(1)	19,183.	0.			CENTERS/SERVICES
EPISCOPAL CHURCH OF THE ADVENT							
901 BAXTER AVE.							X RELIGION SPIRITUAL
LOUISVILLE, KY 40204	61-0459581	RELIGIOUS ORGANI	12,000.	0.			DEVELOPMENT
EVOLVE502, INC.							
515 WEST MARKET STREET							
LOUISVILLE, KY 40202	83-1877240	509(A)(1)	160,000.	0.			B99 EDUCATION N.E.C.*
EXCEPTIONAL EDUCATION OUTREACH							Q INTERNATIONAL FOREIGN
650 NE 67TH ST							AFFAIRS AND NATIONAL
MIAMI, FL 33138	30-0070498	509(A)(1)	10,000.	0.			SECURITY

Schedule I (Form 990) LOUISVILLE, IN							31-0997017 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPLOITED CHILDREN'S HELP ORGANIZATION - 1411 ALGONQUIN PKWY							172 CHILD ABUSE
- LOUISVILLE, KY 40210	31-1094281	509(A)(1)	15,000.	0.			PREVENTION OF
FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE							B90 EDUCATIONAL SERVICES
LOUISVILLE, KY 40206	61-1230383	509(A)(1)	17,790.	0.			AND SCHOOLS-OTHER
FAMILY & CHILDREN'S PLACE PO BOX 3784							
LOUISVILLE, KY 40201	61-0549561	509(A)(1)	49,258.	0.			P40 FAMILY SERVICES
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON ST							E HEALTH-GENERAL &
LOUISVILLE, KY 40206	27-2994215	509(A)(1)	11,800.	0.			REHABILITATIVE
FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208-2746	61-1285124	509(A)(1)	139,950.	0.			P42 SINGLE PARENT AGENCIES/SERVICES
FATHER MALONEY'S BOYS' HAVEN INC. AKA BOYS AND GIRLS HAVEN, 2301 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-0479621	509/2)/1)	51,866.	0.			P70 RESIDENTIAL CUSTODIAN CARE (GROUP HOME)
40210	01-0479021	509(A)(1)	51,800.	υ.			CARE (GROUP HOME)
FATHERS LOVE INC 624 HENRY CLAY ST							
SHELBYVILLE, KY 40065	84-2309647	509(A)(1)	10,000.	0.			X20 CHRISTIAN
FELLOWSHIP OF CHRISTIAN ATHLETES 406 BLANKENBAKER PKWY., STE G							055 RELIGIOUS LEADERSHIP
LOUISVILLE, KY 40243	44-0610626	509(A)(1)	10,000.	0.			YOUTH DEVELOPMENT
FERN CREEK HIGH SCHOOL ALUMNI ASSOCIATION - PO BOX 91266 -							
LOUISVILLE, KY 40291	31-1607235	509(A)(2)	7,570.	0.			B84 ALUMNI ASSOCIATIONS

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FILSON HISTORICAL SOCIETY							
AKA FILSON CLUB, 1310 SOUTH THIRD S	6						A80 HISTORICAL SOCIETIES
LOUISVILLE, KY 40208	61-0444690	509(A)(1)	450,895.	0.			AND RELATED ACTIVITIES
FIRST HOUR GRIEF RESPONSE							
409 MARQUETTE DRIVE							F60 COUNSELING SUPPORT
LOUISVILLE, KY 40222	82-4508863	509(A)(1)	10,500.	0.			GROUPS
FIRST LUTHERAN CHURCH 417 E. BROADWAY							
LOUISVILLE, KY 40202	61-0447244	RELIGIOUS ORGANI	10,030.	0.			X20 CHRISTIAN
FIRST PRESBYTERIAN CHURCH							
1328 GRIFFITH AVENUE							X RELIGION SPIRITUAL
OWENSBORO, KY 42301	61-0469273	RELIGIOUS ORGANI	23,000.	0.			DEVELOPMENT
FLORIDA AGRICULTURAL & MECHANICAL			,				
UNIVERSITY - STUDENT FINANCIAL							
SERVICES FLORIDA A&M UNIVERSITY -							
CASS BUILDING, 1735 WAHN -	59-6175096	509(A)(1)	19,750.	0.			B99 EDUCATION N.E.C.*
FOCUS BASKETBALL ACADEMY INC							
2041 RIVER ROAD							
LOUISVILLE, KY 40206	83-2496747	509(A)(2)	15,000.	0.			N62 BASKETBALL
FOOD FOR THE POOR INC.							
6401 LYONS ROAD							
COCONUT CREEK, FL 33073	59-2174510	509(A)(1)	35,748.	0.			Q33 INTERNATIONAL RELIEF
FOOD LITERACY PROJECT							
9001 LIMEHOUSE LANE							K AGRICULTURE FOOD
LOUISVILLE, KY 40220	20-5014424	509(A)(1)	99,750.	0.			NUTRITION
FORTY AND ONE DREAMS LLC							
901 S 15TH ST							FOR PROFIT - EXPENSES
LOUISVILLE, KY 40210	82-2916860	FOR PROFIT	22,333.	0.			ONLY

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FOUNDATION FOR APPALACHIAN							
KENTUCKY, INC 420 MAIN STREET -							
HAZARD, KY 41701	61-1329396	509(A)(1)	38,500.	0.			T31 COMMUNITY FOUNDATION
FRANCIS PARKER SCHOOL OF							
LOUISVILLE - DEVELOPMENT							
DEPARTMENT, 11000 U.S. HWY. 42 -							B EDUCATIONAL
GOSHEN, KY 40026	31-0896538	509(A)(1)	65,080.	0.			INSTITUTIONS
FRANCISCAN SHELTER HOUSE							P99 HUMAN
748 SOUTH PRESTON ST.							SERVICES-MULTIPURPOSE &
LOUISVILLE, KY 40203	61-1081045	509(2)(1)	25,600.	0.			OTHER N.E.C.*
	01 1001045	505(11)(1)	23,000.				
FRIENDS OF FORT HARROD							C30 NATURAL RESOURCE
PO BOX 14							CONSERVATION AND
HARRODSBURG, KY 40330	27-2270666	509(A)(1)	8,000.	0.			PROTECTION
FRIENDS OF MCGILL UNIVERSITY INC.							
PO BOX 28137							B EDUCATIONAL
NEW YORK, NY 10087-8137	23-7054819	509(A)(1)	500,500.	0.			INSTITUTIONS
FUND FOR THE ARTS, INC.							
623 WEST MAIN STREET							A12 FUNDRAISING AND/OR
LOUISVILLE, KY 40202	61-0479626	509(A)(1)	640,402.	0.			FUND DISTRIBUTION
G.O. MINISTRIES							
11501 PLANTSIDE DR STE 14							X RELIGION SPIRITUAL
LOUISVILLE, KY 40299	36-4092893	509(A)(1)	5,500.	0.			DEVELOPMENT
GALILEAN HOME MINISTRIES							
P.O. BOX 880							
LIBERTY, KY 42539	61-1080398	509(A)(1)	50,000.	0.			X21 PROTESTANT
							C 2 0
GALILEE COMMUNITY DEVELOPMENT							S20
CORPORATION - 3918 W BROADWAY -	61 1367014	500/3//1/	10.000	•			COMMUNITY/NEIGHBORHOOD
LOUISVILLE, KY 40211	61-1367914	509(A)(I)	10,000.	0.			DEVELOPMENT IMPROVEMENT

Schedule I (Form 990) LOUISVILLE, INC. . .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN COLLEGE							
DEVELOPMENT OFFFICE, 400 EAST							
COLLEGE STREET - GEORGETOWN, KY							B42 UNDERGRADUATE COLLEG
40324	61-0444695	509(A)(1)	40,500.	0.			(4-YEAR)
GEORGETOWN UNIVERSITY							
GIFT PROCESSING, DEPARTMENT NUMBER							B EDUCATIONAL
WASHINGTON, DC 20057	53-0196603	509(A)(1)	31,000.	0.			INSTITUTIONS
				- •			
GILDA'S CLUB							
2440 GRINSTEAD DRIVE							
LOUISVILLE, KY 40204	20-1635170	509(A)(1)	119,071.	0.			G30 CANCER
GILT EDGE BAPTIST CHURCH COMMUNITY							
DEVELOPMENT CORPORATION - 1713 D L							
MOTLEY JR WAY - JEFFERSONVILLE, IN							
47130	35-2102731	509(A)(1)	10,000.	0.			X20 CHRISTIAN
GIRLS INCORPORATED OF							
OWENSBORO-DAVIESS COUNTY - 2130-G							
E. 19TH STREET - OWENSBORO, KY							B20 ELEMENTARY SECONDARY
42303	61-0706477	509(A)(1)	8,750.	0.			ED
GOOD NEWS SHELTER CORPORATION							
115 E. ADAMS ST.							L41 TEMPORARY SHELTER FOI
LAGRANGE, KY 40031	61-1334374	509(A)(1)	61,000.	0.			THE HOMELESS
GOODFELLOWS CLUB OF OWENSBORO							
KENTUCKY INC 401 FREDERICA							
STREET # B-203 - OWENSBORO, KY							P30 CHILDREN'S AND YOUTH
42301	61-1155143	509(A)(2)	10,233.	0.			SERVICES
GOODWILL INDUSTRIES OF KENTUCKY							
1325 SOUTH FOURTH STREET							
LOUISVILLE, KY 40208	61-0475284	509(A)(1)	9,800.	0.			J32 GOODWILL INDUSTRIES
GOVERNOR'S SCHOLARS PROGRAM							
FOUNDATION - 112 CONSUMER LANE -							B20 ELEMENTARY SECONDARY
FRANKFORT, KY 40601	61-1393028	509(A)(1)	5,250.	0.			ED

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GRAND BLANC HIGH SCHOOL C/O TAMMY MCBRIDE, 12500 HOLLY RD							B EDUCATIONAL
GRAND BLANC, MI 48439	38-6001238	170(C)(1)	16,000.	0.			INSTITUTIONS
GREATER LOUISVILLE FOUNDATION INC. 101 S. FIFTH ST. SUITE 2300 LOUISVILLE, KY 40202	61-1131064	509(A)(1)	11,500.	0.			T31 COMMUNITY FOUNDATION
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 169 -	45-4955355	E00/3\/(1)	57,000.	0.			N32 PARKS AND PLAYGROUND
GREENVILLE, KY 42345	45-4955555	509(A)(1)	57,000.	0.			N32 PARKS AND PLAIGROOND
GROWING UP NEW MEXICO 440 CERILLOS ROAD SUITE A SANTA FE, NM 87501	85-0163601	509(A)(1)	20,000.	0.			P01 ALLIANCE/ADVOCACY ORGANIZATIONS
GULF BREEZE PRESBYTERIAN CHURCH 100 ANDREW JACKSON TRAIL GULF BREEZE, FL 32561	59-1428550	RELIGIOUS ORGANI	20,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC. – 1620 BANK STREET – LOUISVILLE, KY 40203	58-1735528	509(A)(1)	212,500.	0.			X20 CHRISTIAN
HABITAT FOR HUMANITY OF SHELBY CO. KY INC PO BOX 728 -							
SHELBYVILLE, KY 40066	61-1185987	509(A)(1)	30,000.	0.			Q33 INTERNATIONAL RELIEF
HABITAT FOR HUMANITY OWENSBORO-DAVIESS COUNTY - 2930 WEST 4TH ST - OWENSBORO, KY 42301	61-1140804	509(A)(1)	9,221.	0.			L20 HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	15-0532200	509(A)(1)	390,000.	0.			B42 UNDERGRADUATE COLLEG

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAND IN HAND MINISTRIES							P99 HUMAN
518 N. 26TH STREET							SERVICES-MULTIPURPOSE &
LOUISVILLE, KY 40212	61-1352889	509(A)(1)	39,515.	0.			OTHER N.E.C.*
HARBOR HOUSE OF LOUISVILLE							
PO BOX 58219							P20 HUMAN SERVICE
LOUISVILLE, KY 40268	61-1216323	509(A)(2)	50,800.	0.			ORGANIZATIONS
HARVARD UNIVERSITY							
PO BOX 419209							B43 UNIVERSITY OR
CAMBRIDGE, MA 02241-9209	04 - 2103580	509(A)(1)	30,600.	0.			TECHNOLOGICAL
							F20 ALCOHOL DRUG AND
HEALING PLACE INC							SUBSTANCE ABUSE
1020 WEST MARKET ST.							DEPENDENCY PREVENTION &
LOUISVILLE, KY 40202	61-1164775	509(A)(1)	105,594.	0.			TREATMENT
							T70 FUNDRAISING
HEART OF KENTUCKY UNITED WAY							ORGANIZATIONS THAT CROSS
118 NORTH THIRD ST.							CATEGORIES (INCLUDES
DANVILLE, KY 40422	23-7166092	509(A)(1)	5,612.	0.			COMMUNITY FUNDS)
HEIDELBERG UNIVERSITY							
OFFICE OF DEVELOPMENT, 310 E. MARKE	2						B43 UNIVERSITY OR
TIFFIN, OH 44883	34-4428219	509(A)(1)	25,000.	0.			TECHNOLOGICAL
HELP OFFICE OF OWENSBORO							P99 HUMAN
1316 W. 4TH STREET							SERVICES-MULTIPURPOSE &
OWENSBORO, KY 42301	61-0724292	509(A)(1)	5,750.	0.			OTHER N.E.C.*
HENRY L. FERGUSON MUSEUM							
PO BOX 554							A56 NATURAL HISTORY
FISHERS ISLAND, NY 06390	11-6015380	509(A)(1)	100,000.	0.			NATURAL SCIENCE MUSEUMS
							B28 SPECIAL ED
HEUSER HEARING & LANGUAGE ACADEMY							INSTITUTIONS/ SCHOOLS FO
INC 111 E KENTUCKY ST							VISUALLY OR HEARING
LOUISVILLE, KY 40203	61-0492369	509(A)(1)	37,035.	0.			IMPAIRED LEARNING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND PRESBYTERIAN CHURCH 1011 CHEROKEE ROAD LOUISVILLE, KY 40204	61-0538145	RELIGIOUS ORGANI	16,325.	0.			X RELIGION SPIRITUAL DEVELOPMENT
HIGHLANDS COMMUNITY MINISTRIES 1228 E BRECKINRIDGE STREET LOUISVILLE, KY 40204	61-0708776		7,733.	0.			X21 PROTESTANT
HIGHPOINT CHARITABLE SERVICES INC. 424 E MAIN ST, SUITE 7 LAGRANGE, KY 40031	46-4284885	509(A)(1)	35,800.	0.			X20 CHRISTIAN
HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE LOUISVILLE, KY 40228	61-0601713	RELIGIOUS ORGANI	40,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
HILDEGARD HOUSE PO BOX 5613 LOUISVILLE, KY 40255	46-5555742	509(A)(1)	57,200.	0.			L99 OTHER HOUSING SHELTE N.E.C.*
HINDMAN SETTLEMENT SCHOOL 51 CENTER STREET, PO BOX 844 HINDMAN, KY 41822	61-0447248	509(A)(1)	55,000.	0.			B24 PRIMARY/ELEMENTARY SCHOOL
HISTORIC LOCUST GROVE INC. 561 BLANKENBAKER LANE LOUISVILLE, KY 40207	61-1390403	509(A)(1)	35,026.	0.			A54 HISTORY MUSEUMS
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	47,689.	0.			B25 SECONDARY/HIGH SCHOOD
HOLY TRINITY CHURCH 501 CHERRYWOOD ROAD LOUISVILLE, KY 40207	61-0507073	RELIGIOUS ORGANI	127,000.	0.			X20 CHRISTIAN

Schedule I (Form 990) LOUISVILLE, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME OF THE INNOCENTS							
1100 E MARKET ST							P30 CHILDREN'S AND YOUTH
LOUISVILLE, KY 40206	61-0445834	509(A)(1)	141,788.	0.			SERVICES
HONORABLE ORDER OF KENTUCKY							
COLONELS - 943 SOUTH FIRST STREET							T22 PRIVATE INDEPENDENT
- LOUISVILLE, KY 40203	61-0485432	509(A)(2)	22,867.	0.			FOUNDATIONS
HOPE CITY CHURCH							
7301 ARNOLDTOWN RD							
LOUISVILLE, KY 40214	61-6086445	509(A)(1)	200,000.	0.			X20 CHRISTIAN
HOPE HEALTH CLINIC INC.							
1025 SANIBEL WAY STE E							E HEALTH-GENERAL &
LA GRANGE, KY 40031	46-5509958	509(2)(1)	6,585.	0.			REHABILITATIVE
	40 5505550	505(11)(1)	0,505.	••			
HOPE SCARVES INC.							E86 PATIENT
141 N. SHERRIN AVENUE, SUITE #101							SERVICES-ENTERTAINMENT
LOUISVILLE, KY 40207	45-3578278	509(A)(1)	7,250.	0.			RECREATION
HORSESENSING, INC							
270 BAGDAD ROAD, ,							F30 MENTAL HEALTH
SHELBYVILLE, KY 40065	83-2609641	509(2)(2)	16,500.	0.			TREATMENT
HOSPARUS, INC.	00 2009011	505(11)(2)	10,000.				
C/O DEVELOPMENT DEPARTMENT, 6200							
DUTCHMANS LANE, STE 102 -							
LOUISVILLE, KY 40	61-0921718	509(A)(1)	82,063.	0.			P74 HOSPICE
HOUSE OF RUTH INC.							
607 E. SAINT CATHERINE ST.	61-1231355	509/3//1/	EC DCD	0.			E60 HEALTH SUPPORT SERVICES
LOUISVILLE, KY 40203	01-1231322	509(A)(I)	56,068.	0.			DEVAICED
HUMANE SOCIETY OF OLDHAM COUNTY							D20 ANIMAL PROTECTION AN
PO BOX 727							WELFARE (INCLUDES HUMANE
LAGRANGE, KY 40031	61-1166840	509(A)(1)	9,996.	Ο.			SOCIETIES AND SPCAS)

(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	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HUNTINGTON UNIVERSITY							
FINANCIAL AID OFFICE, 2303 COLLEGE							B EDUCATIONAL
HUNTINGTON, IN 46750	35-0868101	509(A)(1)	7,500.	0.			INSTITUTIONS
I WOULD RATHER BE READING							
828 S. 6TH ST							N RECREATION SPORTS
LOUISVILLE, KY 40203	82-4974981	509(A)(2)	52,350.	0.			LEISURE ATHLETICS
							T99 OTHER PHILANTHROPY
IMPACT 100 LOUISVILLE							VOLUNTARISM AND
3044 BARDSTOWN ROAD #269							GRANTMAKING FOUNDATIONS
LOUISVILLE, KY 40205	84-3784887	509(A)(1)	20,000.	0.			N.E.C.*
IMPACT SOCIETY GLOBAL							Q30 INTERNATIONAL
110 E 25TH ST							DEVELOPMENT RELIEF
NEW YORK CITY, NY 10010	82-5402867	509(A)(2)	100,000.	0.			SERVICES
INDEPENDENT ARTS & MEDIA							
PO BOX 420442				_			A20 ARTS CULTURAL
SAN FRANCISCO, CA 94142	94-3355076	509(A)(1)	5,731.	0.			ORGANIZATIONS-MULTIPURPOS
INDIAN RIVER COMMUNITY FOUNDATION							
PO BOX 643968							
VERO BEACH, FL 32964	20-1729243	509(A)(1)	205,550.	0.			T31 COMMUNITY FOUNDATIONS
INDIAN RIVER HOSPITAL FOUNDATION							
INC PO BOX 128 - VERO BEACH, FL							E11 SINGLE ORGANIZATION
32961	59-0760215	509(A)(3) TYPE I	15,000.	0.			SUPPORT
INDIANA UNIVERSITY - BLOOMINGTON		,					
OFFICE OF THE BURSAR, POPLARS							
BUILDING - BLOOMINGTON, IN							B43 UNIVERSITY OR
47405-3085	35-6001673	509(A)(2)	8,750.	0.			TECHNOLOGICAL
INDIANA UNIVERSITY FOUNDATION							
P.O. BOX 6460							B11 SINGLE ORGANIZATION
INDIANAPOLIS, IN 46206-6460	35-6018940	509(A)(1)	8,900.	0.			SUPPORT

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INDIANA UNIVERSITY SOUTHEAST							
OFFICE OF STUDENT FINANCIAL							
ASSISTANCE LB100, 4201 GRANT LINE							B EDUCATIONAL
ROAD - NEW ALB	35-6001673	170(C)(1)	37,750.	0.			INSTITUTIONS
INDIANA UNIVERSITY-PURDUE UNIVERSITY INDIANAPOLIS - IUPUI OFFICE OF STUDENT SCHOLARSHIPS,							B EDUCATIONAL
CAMPUS CENTER 264, 420 UNIVERSITY	35-6001673	170(C)(1)	15,000.	0.			INSTITUTIONS
INTERFAITH PATHS TO PEACE INC. 2500 MONTGOMERY STREET LOUISVILLE, KY 40212	61-1312035	509(A)(1)	101,100.	0.			X90 INTERFAITH ISSUES
,				- •			
INTERNATIONAL BLUEGRASS MUSIC MUSEUM INC 311 WEST 2ND STREET							A50 MUSEUMS & MUSEUM
- OWENSBORO, KY 42301	61-1229037	509(A)(1)	10,250.	0.			ACTIVITIES
INTERNATIONAL CONSERVATION FUND 41 BEACON ST.							C30 NATURAL RESOURCE CONSERVATION AND
BOSTON, MA 02108	83-4647086	509(A)(1)	50,000.	0.			PROTECTION
INTERNATIONAL COUNCIL OF THE MUSEUM OF MODERN ART - 11 W 53RD ST - NEW YORK CITY, NY 10019	13-6143744	509(A)(3) TYPE I	10,000.	0.			A51 ART MUSEUMS
INTERNATIONAL FOUNDATION FOR ELECTORAL SYSTEMS - 2011 CRYSTAL DRIVE, 10TH FLOOR - ARLINGTON, VA							
22202	52-1527835	509(A)(1)	10,000.	0.			W24 CITIZEN PARTICIPATION
INTERVARSITY CHRISTIAN FELLOWSHIP P.O. BOX 7895							X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT
MADISON, WI 53707-7895	36-2171714	509(A)(2)	5,500.	0.			N.E.C.*
INWARD BOUND MINDFULNESS EDUCATION INC PO BOX 516 - CONCORD, MA							
01742	27-3029390	509(A)(1)	14,376.	Ο.			P HUMAN SERVICES

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISAAC W. BERNHEIM FOUNDATION INC.							
PO BOX 130, 2499 CLERMONT RD.							
CLERMONT, KY 40110	61-0444651	509(A)(1)	205,387.	0.			C36 FOREST CONSERVATION
	01 0111001	505(11)(1)	200,007.	••			
ISSAC STERETT ADVENTURE FOUNDATION							
COMPANY - P.O BOX 22698 -							P20 HUMAN SERVICE
OWENSBORO, KY 42304	85-1972946	509(A)(1)	50,000.	0.			ORGANIZATIONS
JEFFERSON COMMUNITY & TECHNICAL							
COLLEGE FOUNDATION - ADVANCEMENT							
OFFICE, 109 E. BROADWAY -							B11 SINGLE ORGANIZATION
LOUISVILLE, KY 40202	23-7035648	509(A)(1)	22,200.	0.			SUPPORT
JEFFERSON COMMUNITY AND TECHNICAL			,				
COLLEGE - OFFICE OF FINANCIAL AID,							
109 EAST BROADWAY - LOUISVILLE, KY							B EDUCATIONAL
40202	61-1320380	170(C)(1)	24,190.	0.			INSTITUTIONS
JEFFERSON COUNTY PUBLIC EDUCATION							
FOUNDATION - VANHOOSE EDUCATION							
CENTER, 3332 NEWBURG ROAD -							B EDUCATIONAL
LOUISVILLE, KY 40218	61-1021128	509(A)(1)	51,311.	0.			INSTITUTIONS
JEWISH COMMUNITY OF LOUISVILLE,							T70 FUNDRAISING
INC D/B/A JEWISH FEDERATION OF							ORGANIZATIONS THAT CROSS
LOUISVILLE, 3600 DUTCHMANS LANE -							CATEGORIES (INCLUDES
LOUISVILLE, KY 40205	61-0444765	509(A)(1)	145,840.	0.			COMMUNITY FUNDS)
JEWISH FAMILY & CAREER SERVICES OF							
LOUISVILLE, INC 2821 KLEMPNER							P20 HUMAN SERVICE
WAY - LOUISVILLE, KY 40205	61-0444704	509(A)(1)	58,088.	0.			ORGANIZATIONS
JOBS FOR AMERICA'S GRADUATES, INC.							
1600 DUKE STREET, SUITE 210							B90 EDUCATIONAL SERVICES
ALEXANDRIA, VA 22314-2720	52-1194546	509(A)(1)	25,000.	0.			AND SCHOOLS-OTHER
TOCHUN COMMUNITARY CONNECTORS INC							
JOSHUA COMMUNITY CONNECTORS INC							P30 CHILDREN'S AND YOUTH
P.O. BOX 3133 LOUISVILLE, KY 40201	87-1604640	509(3)(2)	113,000.	0.			SERVICES
100104100E, KI 40201	0/-1004040		1 113,000.	υ.			

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JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	509(A)(1)	89,263.	0.			B20 ELEMENTARY SECONDARY ED
JUSTICE DEFENSE FOUNDATION OF KENTUCKY - PO BOX 372 - LA GRANGE, KY 40031	86-3828090	509(A)(1)	15,000.	0.			X20 CHRISTIAN
KENESETH ISRAEL CONGREGATION - LOUISVILLE - 2531 TAYLORSVILLE RD - LOUISVILLE, KY 40205	61-0448553		41,100.	0.			X RELIGION SPIRITUAL DEVELOPMENT
KENTUCKIANAWORKS 410 WEST CHESTNUT STREET STE 200 LOUISVILLE, KY 40202	46-4856936	509(A)(1)	100,000.	0.			S31 URBAN COMMUNITY
KENTUCKY 4-H FOUNDATION, INC. 212 SCOVELL HALL, , LEXINGTON, KY 40546	23-7437297	509(A)(1)	5,250.	0.			050 YOUTH DEVELOPMENT PROGRAMS
KENTUCKY CENTER FOR THE ARTS 501 WEST MAIN STREET LOUISVILLE, KY 40202-2989	31-0999046	509(A)(1)	57,350.	0.			A11 SINGLE ORGANIZATION SUPPORT
KENTUCKY CHAMBER FOUNDATION INC 464 CHENAULT ROAD FRANKFORT, KY 40601	61-1284992	509(A)(1)	5,750.	0.			S11 SINGLE ORGANIZATION SUPPORT
KENTUCKY COLLEGE OF ART & DESIGN 505 W. ORMSBY AVENUE LOUISVILLE, KY 40203	27-2232797	509(A)(1)	325,162.	0.			B50 GRADUATE PROFESSIONAI (SEPARATE ENTITIES)
KENTUCKY CONFERENCE OF THE AME CHURCH - 1901 W. MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	53-0204696	RELIGIOUS ORGANI	35,556.	0.			X20 CHRISTIAN

				(-) ((f) Madla and a f		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY CONSERVATION FOUNDATION							C30 NATURAL RESOURCE
P.O. BOX 1152							CONSERVATION AND
FRANKFORT, KY 40602	31-0999716	509(A)(1)	100,000.	0.			PROTECTION
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	509(A)(1)	98,552.	0.			B20 ELEMENTARY SECONDARY ED
				- •			
KENTUCKY EDUCATIONAL TELEVISION FOUNDATION, INC 600 COOPER DRIVE - LEXINGTON, KY 40502	61-0722558	509(A)(1)	17,916.	0.			A32 TELEVISION
,							
KENTUCKY HARVEST							
7705 NATIONAL TURNPIKE							
LOUISVILLE, KY 40214	61-1135269	509(A)(1)	6,750.	0.			X20 CHRISTIAN
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761							E40 REPRODUCTIVE HEALTH CARE FACILITIES AND
LOUISVILLE, KY 40204	27-1246514	509(A)(1)	46,000.	0.			ALLIED SERVICES
KENTUCKY HORSE PARK FOUNDATION 4075 IRON WORKS PARKWAY BLDG D							
LEXINGTON, KY 40511	62-1257717	509(A)(1)	25,300.	0.			N69 EQUESTRIAN RIDING
KENTUCKY HUMANE SOCIETY ATTN: LAURA ZARTMAN, 1000 LYNDON LANE SUITE B - LOUISVILLE, KY							D20 ANIMAL PROTECTION ANI WELFARE (INCLUDES HUMANE
40222	61-0463938	509(A)(2)	95,715.	0.			SOCIETIES AND SPCAS)
KENTUCKY INTERFAITH POWER AND LIGHT INC - 1415 BARDSTOWN ROAD, #18 - LOUISVILLE, KY 40204	26-1098830	509(A)(1)	10,000.	0.			C30 NATURAL RESOURCE CONSERVATION AND PROTECTION
			, ,				
KENTUCKY LIONS EYE FOUNDATION INC. 301 E. MUHAMMAD ALI BLVD.							G41 EYE DISEASES BLINDNESS & VISION
LOUISVILLE, KY 40202-1594	61-0516171	509(A)(1)	10,030.	Ο.			IMPAIRMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
			Cashgrant	assistance	(book, FMV, appraisal, other)			
KENTUCKY NATURAL LANDS TRUST INC.								
433 CHESTNUT ST.								
BEREA, KY 40403	61-1276913	509(A)(1)	43,869.	0.			C36 FOREST CONSERVATION	
KENTUCKY OPERA ASSOCIATION			,					
DEVELOPMENT DEPARTMENT, 708								
MAGAZINE STREET - LOUISVILLE, KY								
40203	61-6013111	509(A)(1)	23,785.	0.			A6A OPERA	
			,					
KENTUCKY REFUGEE MINISTRIES, INC.								
969-B CHEROKEE ROAD							P20 HUMAN SERVICE	
LOUISVILLE, KY 40204	61-1229842	509(A)(2)	70,238.	0.			ORGANIZATIONS	
i								
KENTUCKY SCIENCE CENTER								
727 WEST MAIN STREET							A57 SCIENCE & TECHNOLOGY	
LOUISVILLE, KY 40202	31-1005850	509(A)(1)	12,000.	0.			MUSEUM	
KENTUCKY SHAKESPEARE INC								
616 MYRTLE STREET								
LOUISVILLE, KY 40208	61-6036654	509(A)(1)	11,214.	0.			A65 THEATER	
KENTUCKY STATE TREASURER								
PUBLIC PROTECTION CABINET, 500								
MERO STREET, 218 NC - FRANKFORT,								
KY 40601	61-0600439	170(C)(1)	100,500.	0.			1 GOVERNMENT ENTITY	
KENTUCKY STATE UNIVERSITY								
STUDENT FINANCIAL AID OFFICE, 400								
EAST MAIN ST FRANKFORT, KY							B EDUCATIONAL	
40601	61-1099712	170(C)(1)	10,500.	0.			INSTITUTIONS	
KENTUCKY WATERWAYS ALLIANCE INC.								
330 N. HUBBARDS LANE							C02 MANAGEMENT &	
LOUISVILLE, KY 40207-2200	61-1239766	509(A)(1)	37,100.	0.			TECHNICAL ASSISTANCE	
KENTUCKY WESLEYAN COLLEGE								
OFFICE OF FINANCIAL AID, 3000								
FREDERICA ST OWENSBORO, KY							B42 UNDERGRADUATE COLLEG	
42302	61-0466713	509(A)(1)	27,000.	0.			(4-YEAR)	

Part II Continuation of Grants and Other A						,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD SUITE 310							R20 CIVIL RIGHTS ADVOCAC
LOUISVILLE, KY 40223	61-0929390	509(A)(1)	57,000.	0.			FOR SPECIFIC GROUPS
KIDS CANCER ALLIANCE INC. P.O. BOX 24337	61 1956743	E00(3)(1)	27 441	0.			E86 PATIENT SERVICES-ENTERTAINMENT
LOUISVILLE, KY 40224	61-1256743	509(A)(I)	37,441.	0.			RECREATION
KIDS CENTER FOR PEDIATRIC THERAPIES - 982 EASTERN PARKWAY -							
LOUISVILLE, KY 40217	61-0492378	509(A)(1)	102,900.	0.			G98 PEDIATRICS
KIWANIS CLUB OF LOUISVILLE FOUNDATION INC PO BOX 32243 -							
LOUISVILLE, KY 40232	20-1531707	509(A)(1)	5,559.	0.			T30 PUBLIC FOUNDATIONS
KMAC MUSEUM 715 WEST MAIN STREET							A40 VISUAL ARTS
LOUISVILLE, KY 40202	61-0985312	509(A)(1)	28,200.	0.			ORGANIZATIONS
KOSAIR CHARITIES COMMITTEE, INC. PO 950136							E12 FUNDRAISING AND/OR
LOUISVILLE, KY 40295-0136	61-0514703	509(A)(1)	42,197.	0.			FUND DISTRIBUTION
LA CASITA CENTER PO BOX 1844							
LOUISVILLE, KY 40201	74-3178408	509(A)(1)	56,850.	0.			P33 CHILD DAY CARE
LAMBDA LEGAL DEFENSE AND EDUCATION							
FUND - 120 WALL STREET SUITE 1500 - NEW YORK, NY 10005-3904	23-7395681	509(A)(1)	6,011.	0.			183 PUBLIC INTEREST LAW/LITIGATION
i			,				
LAUREUS SPORT FOR GOOD FOUNDATION 645 FIFTH AVE., FIFTH FLOOR							N12 FUNDRAISING AND/OR
NEW YORK, NY 10022	30-0047132	509(A)(1)	27,500.	0.		1	FUND DISTRIBUTION

Schedule I (Form 990) LOUISVILLE, IN							31-0997017 Page
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP LOUISVILLE FOUNDATION							
711 WEST MAIN STREET, UNIT AA							W70 LEADERSHIP
LOUISVILLE, KY 40202	31-0958491	509(2)(1)	15,600.	0.			DEVELOPMENT
	51 0550451	505(R)(1)	15,000.	0.			B28 SPECIAL ED
LEARNING ALLY INC.							INSTITUTIONS/ SCHOOLS FO
20 ROSZEL ROAD							VISUALLY OR HEARING
PRINCETON, NJ 08540	13-1659345	509(2)(1)	10,472.	0.			IMPAIRED LEARNING
FRINCEION, NO 00340	12-1022242	505(R/(1)	10,472.	0.			IMPAIRED BEARNING
LEE INITIATIVE							
610 W MAGNOLIA AVE							J01 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40208	82-3884798	509(2)(1)	20,550.	0.			ORGANIZATIONS
	02 3004790	505(11)(1)	20,550.	<u>.</u>			
LEGAL AID SOCIETY INC.							
416 W. MUHAMMAD ALI BLVD. #300							183 PUBLIC INTEREST
LOUISVILLE, KY 40202	61-0537626	509(A)(1)	80,675.	0.			LAW/LITIGATION
LEUKEMIA & LYMPHOMA SOCIETY -							
LOUISVILLE - SOUTHEAST (OHIO RIVER							
VALLEY), PO BOX 22443 - NEW YORK,							
NY 10087	13-5644916	509(A)(1)	10,000.	0.			G30 CANCER
LEXINGTON HUMANE SOCIETY							D20 ANIMAL PROTECTION AN
1600 OLD FRANKFORT PIKE							WELFARE (INCLUDES HUMANE
LEXINGTON, KY 40504-9916	61-0444762	509(A)(1)	5,500.	0.			SOCIETIES AND SPCAS)
LHOME							
PO BOX 211028							
LOUISVILLE, KY 40221	45 - 4127209	509(A)(2)	32,500.	0.			L21 PUBLIC HOUSING
LINCOLN FOUNDATION							
4322 BISHOP LANE							B90 EDUCATIONAL SERVICES
LOUISVILLE, KY 40218	61-0449631	509(A)(1)	64,927.	0.			AND SCHOOLS-OTHER
LINDARY WILLON COLLEGE							
LINDSEY WILSON COLLEGE							
DEVELOPMENT OFFICE, 210 LINDSEY WIL			22 60-	_			
COLUMBIA, KY 42728	61-0444763	509(A)(I)	33,687.	٥.			B99 EDUCATION N.E.C.*

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LISA BAJORINAS LLC							
2516 MEADOWLARK DR.			41 400	0			CONTRACTOR FOR VOGT
PROSPECT, KY 40059 LITTLE SISTERS OF THE POOR	84-4624776	FOR PROFIT	41,480.	0.			AWARDEE FUND
HOME FOR THE AGED OF LOUISVILLE, 15 AUDUBON PLAZA DRIVE -							
LOUISVILLE, KY 402	61-0487466	509(A)(1)	7,950.	0.			X22 ROMAN CATHOLIC
LOCAL INITIATIVES SUPPORT CORPORATION - 28 LIBERTY STREET							S20 COMMUNITY/NEIGHBORHOOD
34TH FLOOR - NEW YORK, NY 10005	13-3030229	509(A)(1)	30,000.	0.			DEVELOPMENT IMPROVEMENT
LONGBOAT ISLAND CHAPEL INC 6200 GULF OF MEXICO DR							
LONGBOAT KEY, FL 34228	59-1114318	509(A)(1)	11,000.	0.			X20 CHRISTIAN
LOUISVILLE ACADEMY OF MUSIC 2740 FRANKFORT AVE							
LOUISVILLE, KY 40206	61-0530107	509(A)(1)	22,925.	0.			A68 MUSIC
LOUISVILLE BALLET 315 EAST MAIN STREET							
LOUISVILLE, KY 40202	61-6033779	509(A)(1)	435,815.	0.			A63 BALLET
LOUISVILLE CENTRAL COMMUNITY CENTER, INC 1300 W. MUHAMMAD							P30 CHILDREN'S AND YOUTH
ALI BLVD LOUISVILLE, KY 40203	61-0590743	509(A)(1)	53,050.	0.			SERVICES
LOUISVILLE COLLEGIATE SCHOOL							
2427 GLENMARY AVENUE	61-0449630	509(3)(1)	4,126,914.	0.			B20 ELEMENTARY SECONDARY
LOUISVILLE, KY 40204 LOUISVILLE COMMUNITY DESIGN CENTER	01-0449030	503(A)(I)	4,120,914.	0.			ED
D/B/A CENTER FOR NEIGHBORHOODS,							
1126 BERRY BLVD, STE 300 - LOUISVILLE, KY 40	61-0889003	509(A)(1)	101,000.	0.			L20 HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT

Schedule I (Form 990) LOUISVILLE, INC. . .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE FILM SOCIETY							
PO BOX 6088							
LOUISVILLE, KY 40206	26-0252493	509(A)(1)	26,875.	0.			A31 FILM VIDEO
LOUISVILLE FREE PUBLIC LIBRARY							
FOUNDATION - 301 YORK STREET -							B70 LIBRARIES LIBRARY
LOUISVILLE, KY 40203	61-0969361	509(A)(1)	73,512.	0.			SCIENCE
LOUISVILLE GROWS INC.							K99 OTHER FOOD
1641 PORTLAND AVENUE							AGRICULTURE NUTRITION
LOUISVILLE, KY 40203	27-0959401	509(A)(1)	10,400.	0.			N.E.C.*
LOUISVILLE MALE HIGH SCHOOL							
4409 PRESTON HIGHWAY	61-6001316	170(C)(1)	6,000.	0.			B25 SECONDARY/HIGH SCHOO
LOUISVILLE, KY 40213	01-0001510	1/0(0/(1)	0,000.	0.			B25 BECONDART/HIGH SCHOO
LOUISVILLE METRO POLICE FOUNDATION							
982 EASTERN PARKWAY BOX #5							101 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40217	61-1498961	509(A)(1)	41,600.	0.			ORGANIZATIONS
LOUISVILLE NATURE CENTER INC.							
3745 ILLNOIS AVENUE							C ENVIRONMENTAL QUALITY
LOUISVILLE, KY 40213	61-6036081	509(A)(1)	50,900.	0.			PROTECTION BEAUTIFICATIO
LOUISVILLE OLMSTED PARKS							
CONSERVANCY, INC 1299 TREVILIAN							
WAY - LOUISVILLE, KY 40213	61-1196368	509(A)(1)	388,471.	0.			N32 PARKS AND PLAYGROUND
LOUISVILLE ORCHESTRA ENDOWMENT INC							
620 W MAIN ST STE 600							A11 SINGLE ORGANIZATION
LOUSIVILLE, KY 40202	83-2138568	509(A)(3) TYPE I	25,000.	0.			SUPPORT
LOUISVILLE ORCHESTRA INC. 624 W MAIN STREET STE 400							
LOUISVILLE, KY 40202	61-6000384	509(A)(2)	1,192,750.	0.			A69 SYMPHONY ORCHESTRAS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE PRESBYTERIAN							
THEOLOGICAL SEMINARY - 1044 ALTA							.
VISTA ROAD - LOUISVILLE, KY							B50 GRADUATE PROFESSIONA
40205-1798	61-0444768	509(A)(1)	24,057.	0.			(SEPARATE ENTITIES)
LOUISVILLE PRESERVATION FUND							
C/O THE BRENNAN HOUSE, 631 S. 5TH	S						C ENVIRONMENTAL QUALITY
LOUISVILLE, KY 40202		509(A)(3) TYPE I	250,100.	0.			PROTECTION BEAUTIFICATION
LOUISVILLE PRIDE FOUNDATION							
PO BOX 4341							R01 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40204	47-1945331	509(A)(1)	43,000.	0.			ORGANIZATIONS
LOUISVILLE PUBLIC MEDIA							
619 SOUTH 4TH STREET							
LOUISVILLE, KY 40202	61-1259787	509(A)(1)	228,215.	0.			A34 RADIO
	01 1235707	505(11)(1)	220,213.				
LOUISVILLE SOCCER FOUNDATION							
801 EDITH RD							
LOUISVILLE, KY 40206	84-4488762	509(A)(1)	52,500.	0.			B99 EDUCATION N.E.C.*
LOUISVILLE STORY PROGRAM							
851 S. 4TH ST.							
LOUISVILLE, KY 40203	47-5237414	509(A)(1)	53,250.	0.			A33 PRINTING PUBLISHING
LOUISVILLE SUSTAINABILITY COUNCIL							C60 ENVIRONMENTAL
611 W. MAIN STREET							EDUCATION AND OUTDOOR
	45-4916553	509/3//1/	17,000.	0.			SURVIVAL PROGRAMS
LOUISVILLE, KY 40202	45-4910555	509(A)(I)	17,000.	0.			SURVIVAL PROGRAMS
LOUISVILLE URBAN LEAGUE							
1535 WEST BROADWAY							
LOUISVILLE, KY 40203	61-0444771	509(A)(1)	368,716.	0.			P22 URBAN LEAGUE
LOUISVILLE VISUAL ART							
1538 LYTLE STREET							A40 VISUAL ARTS
LOUISVILLE, KY 40203	61-0492348	509(A)(1)	28,028.	Ο.			ORGANIZATIONS

organization or government if applicable cash grant non-cash assistance valuation (book, FNV, appraisal, other) LOUISVILLE ZOO FOUNDATION, INC. 1100 TREVILIAN WAY DUIOUSVILLE, XY 40233 -9902 31 0971742 509(A)(1) 8,658. 0. DII SING LOUISVILLE, XY 40233 -9902 31 0971742 509(A)(1) 8,658. 0. SUPPORT LOUISVILE, XY 40233 -9902 46-4428574 509(A)(1) 8,000. 0. X21 PROT MARINE CORPS CONDINATING COUNCIL FREET, STE B 61-1195685 509(A)(1) 10,000. 0. Y30 MILT PROSPECT, KY 40059 61-1195685 509(A)(1) 10,000. 0. PROADINER P31 ADOP NARYLONGT INC, INC, INC, INC, INC, INC, INC, INC,									Part II Continuation of Grants and Other A
1100 TREVILIAN WAY 31-0971742 509(A)(1) 8,658. 0. D11 SING LOUISVILLE, KY 40233-9902 31-0971742 509(A)(1) 8,658. 0. SUPPORT LOVE THY NEIGHBORNOOD 1143 SOUTH SRD STREET, STE B 46-4428574 509(A)(1) 8,000. 0. K21 PROT MARINE CORPS COORDINATING COUNCIL 61-1195685 509(A)(1) 10,000. 0. K21 PROT OF KENTUCKY INC P.O., BOX 355 - 51-1195685 509(A)(1) 10,000. 0. DRGANIZA MARYHURST INC. 1015 DORSEY LANE 51-1195685 509(A)(1) 74,673. 0. FROMENTING FUNCTION FOR COUNCIL JUISVILLE, KY 40233 31-1542209 509(A)(1) 74,673. 0. FROMENTING FUNCTION FOR COUNCIL OBSTON FE FARMS RD. 52-1135690 509(A)(1) 6,000. 0. FROMENTING FUNCTION FOR COUNCIL ARASYLAND FOOD BANK INC. 220 52-1135690 509(A)(1) 6,000. 0. FROMENTING FUNCTION FOR COUNCIL LOUISVILLE, KY 40233 31-1542209 509(A)(1) 25,000. 0. FROMENTING FUNCTION FOR	Purpose of grant or assistance		(g) Description of non-cash assistance	(book, FMV,		(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
LOUISVILLE, KY 40233-9902 31-0971742 509(A)(1) 8,658. 0. SUPPORT LOVE THY NEIGHBORHOOD 1143 SOUTH 3RD STREET, STE B LOUISVILLE, KY 40203 46-4428574 509(A)(1) 8,000. 0. K21 PROT MARINE CORPS COORDINATING COUNCIL OF KENTUCKY INC P.O. BOX 355 PROSPECT, KY 40059 61-1195685 509(A)(1) 10,000. 0. ORGANIZA MARYHORST INC. 1015 DORSEY LANE LOUISVILLE, KY 40223 31-1542209 509(A)(1) 74,673. 0. P31 ADOP MARYLAND FOOD BANK INC. 2200 HALETHORPE FARMS RD. MASS GENERAL DEVELOPMENT OFFICE, 125 NASHUA STREET SUITE 540 BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MARYLAND FOO DEVELOPMENT, 200 FIRE RACHEST R, MN 55905 41-6011702 509(A)(2) 236,300. 0. SUPPORT MENTORKIDS KENTUCKY 2815 VENCH ROAD MERTORKIDS KENTUCKY 2815 VENCH ROAD MERTORKIDS KENTUCKY 2815 VENCH ROAD MERCY HEALTH FOUNDATION - LOURDES									LOUISVILLE ZOO FOUNDATION, INC.
LOVE THY NEIGHBORHOOD LAVE THY NEIGHBORHOOD LAVE THY NEIGHBORHOOD LASS GENERAL DEVELOPMENT, 200 FIRS RARYLANS GENERAL NOSPITAL MARYLONS TENC. 210 HALEFHORE, MD 21227 25-1135690 509(A)(1) 25,000. MARYLANS THERE SUITE 540 - BOSTON, MA 02 MARYLANS SENERAL DEVELOPMENT, 200 FIRS RACHESTER, MN 55905 MENCY HEALTH FOUNDATION - LOURDES MENCY HEALTH FOUNDATION - LOURDES MENCY HEALTH FOUNDATION - LOURDES MENCY HEALTH FOUNDATION - LOURDES LAUE 10000, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	GLE ORGANIZATION	D11 SINGLE OF	Ì						1100 TREVILIAN WAY
1143 SOUTH 3RD STREET, STE B 46-4428574 509(A)(1) 8,000. 0. K21 PROT MARINE CORPS COORDINATING COUNCIL OF KENTUCKY INC P.O. BOX 355 - 61-1195685 509(A)(1) 10,000. 0. W30 MILT PROSPECT, KY 40059 61-1195685 509(A)(1) 10,000. 0. W30 MILT MARYHURST INC. 1015 DORSEY LANE 31-1542209 509(A)(1) 74,673. 0. P31 ADOP MARYLAND FOOD EANK INC. 2200 HALETHORPE FARMS RD. 52-1135690 509(A)(1) 6,000. 0. K31 FOOD MASSACHUSETTS GENERAL HOSPITAL S2-1135690 509(A)(1) 6,000. 0. E11 SING MASSACHUSETTS GENERAL HOSPITAL S2-1135690 509(A)(1) 25,000. 0. SUPPORT MASSACHUSETTS GENERAL HOSPITAL S09(A)(1) 25,000. 0. SUPPORT MASSACHUSETTS GENERAL HOSPITAL SUPPORT SUPPORT SUPPORT MASSACHUSETTS GENERAL HOSPITAL SUPPORT SUPPORT SUPPORT MASSACHUSETTS GENERAL HOSPITAL SUPPORT SUPPORT SUPPORT MANY OLLINC DEPARTMENT OF DEVELOPMENT, 200 PIRS SUPPORT SUPPORT ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300.		SUPPORT			0.	8,658.	509(A)(1)	31-0971742	LOUISVILLE, KY 40233-9902
MARINE CORPS COORDINATING COUNCIL OF KENTUCKY INC P.O. BOX 355 - FROSPECT, KY 40059 MARYLAND COUNCIL 61-1195685 509(A)(1) NO NO MARYHURST INC. 1015 DORSEY LANE LOUISVILLE, KY 40223 61-1195685 509(A)(1) 74,673. 0. P31 ADOP MARYLAND FOOD BANK INC. 2200 HALETHORPE FARMS RD. BALTIMORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. K31 FOOD PANTRIES MASS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, 125 NASHUA STREET SUITE 540 - BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. SUPPORT MENTORKIDS KENTUCKY 2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. SISTERS MERYLAND GOLESSTER, WA 2303 61-1222299 509(A)(1) 6,500. 0. SISTERS									LOVE THY NEIGHBORHOOD
MARINE CORPS COORDINATING COUNCIL DF KENTUCKY INC P.O. BOX 355 - PROSPECT, KY 40559 61-1195685 509(A)(1) 10,000. 0. MARYHURST INC. 1015 DORSFY LANE LOUISVILLE, KY 40223 31-1542209 509(A)(1) 74,673. 0. P31 ADOP MARYHURST INC. 1015 DORSFY LANE LOUISVILLE, KY 40223 31-1542209 509(A)(1) 74,673. 0. P31 ADOP MARYLAND FOOD BANK INC. 2200 HALETHORPE FARMS RD. BALTINORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. K31 FOOD PANTRIES MASS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, 125 NASHUA STREET SUITE 540 - BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MASS GENERAL DEVELOPMENT, 200 FIRS ROCHESTER, MM 55905 41-6011702 509(A)(2) 236,300. 0. SYSTEMS MENTORKIDS KENTUCKY 2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. SISTERS MERCY HEALTH FOUNDATION - LOURDES 61-1222299 509(A)(1) 6,500. 0. SISTERS									1143 SOUTH 3RD STREET, STE B
OP KENTUCKY INC P.O. BOX 355 - 61-1195685 509(A)(1) 10,000. 0. DRGANIZA PROSPECT, KY 40059 61-1195685 509(A)(1) 10,000. 0. DRGANIZA MARYHURST INC. 1015 DORSEY LANE LOUISVILLE, KY 40223 31-1542209 509(A)(1) 74,673. 0. . . MARYLAND FOOD BANK INC. .	TESTANT	X21 PROTESTAN			0.	8,000.	509(A)(1)	46-4428574	LOUISVILLE, KY 40203
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MARYHURST INC. MARYHURST INC. P31 ADOP 1015 DORSEY LANE 31-1542209 509(A)(1) 74,673. 0. P31 ADOP MARYLAND FOOD BANK INC. 2200 HALETHORPE FARMS RD. K31 FOOD K31 FOOD Z200 HALETHORPE FARMS RD. BALTIMORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. PANTRIES MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, 125 NASHUA STREET SUITE 540 - E11 SING BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS E21 COMM SYSTEMS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. SYSTEMS MENTORKIDS KENTUCKY 2815 VEACH ROAD 031 BIG 031 BIG 031 BIG OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. SISTERS	ATIONS	ORGANIZATIONS			Ο.	10,000.	509(A)(1)	61-1195685	
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2200 HALETHORPE FARMS RD. K31 FOOD BALTIMORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. PANTRIES MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, E11 SING E11 SING 125 NASHUA STREET SUITE 540 - 04-1564655 509(A)(1) 25,000. 0. E11 SING BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS 41-6011702 509(A)(2) 236,300. 0. E21 COMM MENTORKIDS KENTUCKY 2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. SISTERS MERCY HEALTH FOUNDATION - LOURDES 61-1222299 509(A)(1) 6,500. 0. SISTERS	PTION	P31 ADOPTION			0.	74,673.	509(A)(1)	31-1542209	LOUISVILLE, KY 40223
2200 HALETHORPE FARMS RD. K31 FOOD BALTIMORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. PANTRIES MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, E11 SING E11 SING 125 NASHUA STREET SUITE 540 - 04-1564655 509(A)(1) 25,000. 0. E11 SING BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS 41-6011702 509(A)(2) 236,300. 0. E21 COMM MENTORKIDS KENTUCKY 2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. SISTERS MERCY HEALTH FOUNDATION - LOURDES 61-1222299 509(A)(1) 6,500. 0. SISTERS									MARYLAND FOOD BANK INC.
BALTIMORE, MD 21227 52-1135690 509(A)(1) 6,000. 0. PANTRIES MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE, 125 NASHUA STREET SUITE 540 - BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. E11 SING. MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. E21 COMM MENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. SISTERS	D BANKS FOOD	K31 FOOD BANH							
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125 NASHUA STREET SUITE 540 - BOSTON, MA 0204-1564655509(A)(1)25,000.0.E11 SING SUPPORTMAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 5590541-6011702509(A)(2)236,300.0.E21 COMM SYSTEMSMENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 4230361-1222299509(A)(1)6,500.0.0.031 BIGMERCY HEALTH FOUNDATION - LOURDES61-1222299509(A)(1)6,500.0.0.0.0.									'
BOSTON, MA 02 04-1564655 509(A)(1) 25,000. 0. SUPPORT MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. E21 COMM RENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. 0. SISTERS MERCY HEALTH FOUNDATION - LOURDES									MASS GENERAL DEVELOPMENT OFFICE,
MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. E21 COMM SYSTEMS MENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. 0. SISTERS MERCY HEALTH FOUNDATION - LOURDES	GLE ORGANIZATION	E11 SINGLE OF							125 NASHUA STREET SUITE 540 -
DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. 236,300 0. 236,300 0. 236,300 0. 236,300 0. 236,300 0. 241-6011702 509(A)(2) 241-6011702 500 500 500 500 500 500 500 500 500 5		SUPPORT			0.	25,000.	509(A)(1)	04-1564655	BOSTON, MA 02
DEPARTMENT OF DEVELOPMENT, 200 FIRS ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 236,300. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.									MAYO CLINIC
ROCHESTER, MN 55905 41-6011702 509(A)(2) 236,300. 0. systems MENTORKIDS KENTUCKY 2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. 031 BIG 000 BIG </td <td>MUNITY HEALTH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td></td>	MUNITY HEALTH							3	
MENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	MONITI IIEADIII				0	236 300	509(2)(2)		
2815 VEACH ROAD 61-1222299 509(A)(1) 6,500. 0. 031 BIG 1000000000000000000000000000000000000					0.	230,300.	505(R/(2)	41 0011/02	KOCHESTER, MA 55505
OWENSBORO, KY 42303 61-1222299 509(A)(1) 6,500. 0. sisters MERCY HEALTH FOUNDATION - LOURDES Image: Comparison of the sister sis									MENTORKIDS KENTUCKY
MERCY HEALTH FOUNDATION - LOURDES	BROTHER BIG	031 BIG BROTH							2815 VEACH ROAD
		SISTERS			0.	6,500.	509(A)(1)	61-1222299	OWENSBORO, KY 42303
									MERCY HEALTH FOUNDATION - LOUPDES
									PO BOX 7100
	PITAL (GENERAL)	E22 HOSPTTAT.			n	10 000	509(A)(1)	20-1072726	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEREDITH-DUNN LEARNING CENTER 3023 MELBOURNE AVE. LOUISVILLE, KY 40220	23-7339248	509(A)(2)	50,000.	0.			B EDUCATIONAL INSTITUTIONS
METRO UNITED WAY, INC. 334 E BROADWAY, PO BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	509(A)(1)	789,648.	0.			P30 CHILDREN'S AND YOUTH SERVICES
MIDWEST CHURCH OF CHRIST 2115 GARLAND AVE LOUISVILLE, KY 40211	61-0881647	RELIGIOUS ORGANI	15,000.	0.			X20 CHRISTIAN
MOLO VILLAGE CDC CO. P.O. BOX 2846 LOUISVILLE, KY 40201 MOREHEAD STATE UNIVERSITY	27-5347893	509(A)(1)	80,350.	0.			P20 HUMAN SERVICE ORGANIZATIONS
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 305 HOWELL-MCDOWELL BUILDING - MOR	61-1014029	170(C)(1)	12,750.	0.			B EDUCATIONAL INSTITUTIONS
MOTE MARINE LABORATORY 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	59-0756643	509(A)(1)	5,750.	0.			U99 SCIENCE & TECHNOLOGY RESEARCH INSTITUTES SERVICES N.E.C.*
MOVEMENT STRATEGY CENTER 1625 CLAY STREET, 6TH FLOOR OAKLAND, CA 94612	20-1037643	509(A)(1)	10,000.	0.			050 YOUTH DEVELOPMENT PROGRAMS
MUHAMMAD ALI MUSEUM AND EDUCATION CENTER INC 144 N SIXTH ST - LOUISVILLE, KY 40202	61-1323046	509(A)(1)	24,250.	0.			A23 CULTURAL/ETHNIC AWARENESS
MURRAY STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID/ SCHOLARSHIP, 500 SPARKS HALL - MURRAY, KY 4	61-6053844	509(A)(1)	29,654.	0.			B11 SINGLE ORGANIZATION SUPPORT

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NATIONAL AFRICAN AMERICAN MALE							
WELLNESS AGENCY - 2780 AIRPORT							
DRIVE, SUITE 333 - COLUMBUS, OH							E12 FUNDRAISING AND/OR
43219	45-4831268	509(A)(2)	50,000.	0.			FUND DISTRIBUTION
NATIONAL ALOPECIA AREATA							
FOUNDATION - 65 MITCHELL BLVD							E01 ALLIANCE/ADVOCACY
SUITE 200-B - SAN RAFAEL, CA 94903	94-2780249	509(A)(1)	25,000.	Ο.			ORGANIZATIONS
NATIONAL COMPASSION FUND							
1450 DUKE STREET							I01 ALLIANCE/ADVOCACY
ALEXANDRIA, VA 22314	30-0022798	509(A)(1)	46,500.	0.			ORGANIZATIONS
NATIONAL JUG BAND JUBILEE INC.							
PO BOX 2944							A6C MUSIC GROUPS BANDS
LOUISVILLE, KY 40201	43-2080698	509(A)(1)	6,500.	0.			ENSEMBLES
NATIONAL STEM CELL FOUNDATION INC.							
462 S. 4TH STREET, STE. 1230, ,							H40 SPECIFIC ORGAN
LOUISVILLE, KY 40202	83-0392250	509/31/11	40,650.	0.			RESEARCH
NATIONAL TRUST FOR HISTORIC	83-0392230	509(A)(1)	40,850.	υ.			RESEARCH
PRESERVATION IN THE US - 600 14TH							
STREET NW, SUITE 500 - WASHINGTON,							A80 HISTORICAL SOCIETIES
DC 20005	53-0210807	500/3//1/	45,000.	0.			
DC 20005	55-0210807	509(A)(I)	45,000.	υ.			AND RELATED ACTIVITIES
NATIONAL WILDLIFE FEDERATION							C60 ENVIRONMENTAL
ATTN: PHILANTHROPY, 11100 WILDLIFE							EDUCATION AND OUTDOOR
RESTON, VA 20190	53-0204616	509(A)(1)	250,000.	0.			SURVIVAL PROGRAMS
				- •			
NATIVITY ACADEMY AT ST. BONIFACE							
529 E. LIBERTY STREET							B24 PRIMARY/ELEMENTARY
LOUISVILLE, KY 40202	51-0450314	509(A)(1)	78,650.	Ο.			SCHOOL
NATURE CONSERVANCY			, ,				
ATTN: TREASURY, 4245 N. FAIRFAX							C60 ENVIRONMENTAL
DRIVE, SUITE 100 - ARLINGTON, VA							EDUCATION AND OUTDOOR
22203	53-0242652	509(A)(1)	30,000.	Ο.			SURVIVAL PROGRAMS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARETH HOMES FOUNDATION INC. 2000 NEWBURG RD LOUISVILLE, KY 40205	83-2123072	509(A)(3) TYPE I	8,425.	0.			X RELIGION SPIRITUAL DEVELOPMENT
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	509(A)(1)	85,120.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
NELSON COUNTY COMMUNITY CLINIC INC 300 WEST JOHN FITCH AVE. #200 - BARDSTOWN, KY 40004	20-4876401	509(A)(2)	75,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
NELSON COUNTY FISCAL COURT P.O. BOX 578, ONE COURT SQUARE BARDSTOWN, KY 40004	61-6000701	170(C)(1)	25,022.	0.			S COMMUNITY IMPROVEMENT CAPACITY BUILDING
NELSON COUNTY SCHOOLS COMMUNITY SUPPORT – 288 WILDCAT LANE – BARDSTOWN, KY 40004	20-2903210	509(A)(1)	51,200.	0.			B19 NONMONETARY SUPPORT N.E.C.*
NEUROPLASTICITY ALLIANCE 860 JOHNSON FERRY ROAD, SUITE 140- ATLANTA, GA 30342	84-5013908	509(A)(2)	20,000.	0.			E03 PROFESSIONAL SOCIETIES & ASSOCIATIONS
NEW ART PUBLICATIONS INC. AKA BOMB MAGAZINE, 80 HANSON PLACE BROOKLYN, NY 11217	13-3336695	509(A)(2)	35,000.	0.			A20 ARTS CULTURAL ORGANIZATIONS-MULTIPURPO
NEW PATHWAYS FOR CHILDREN INC. 3233 SHAW ROAD MELBER, KY 42069	61-1297776	509(A)(1)	80,000.	0.			P70 RESIDENTIAL CUSTODIA CARE (GROUP HOME)
NO MORE RED DOTS INC 2429 PORTLAND AVE. LOUISVILLE, KY 40212	83-1524454	509(A)(1)	187,500.	0.			199 CRIME LEGAL RELATED N.E.C.*

(a) Name and address of organization or government NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505 NORTHEAST CHRISTIAN CHURCH	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
7336 GRANBY STREET NORFOLK, VA 23505	54-0806413	509(A)(1)	10 000				
NORFOLK, VA 23505	54-0806413	509(A)(1)	10 000				
	54-0806413	509(A)(1)	10 000				B24 PRIMARY/ELEMENTARY
NORTHEAST CHRISTIAN CHURCH				0.			SCHOOL
9900 BROWNSBORO RD.							
LOUISVILLE, KY 40241	61-0941327	509(A)(1)	10,600.	0.			X20 CHRISTIAN
NORTHEAST YMCA - LOUISVILLE							
9400 MILL BROOK RD.							
LOUISVILLE, KY 40223	61-0444843	509(A)(2)	15,100.	0.			Р27 УМСА УЖСА УЖНА УМНА
NORTHERN KENTUCKY UNIVERSITY							
ACCOUNTS PAYABLE DEPT - AC611,							
5320 CAMPUS DR - HIGHLANDS							B EDUCATIONAL
HEIGHTS, KY 41099	61-1010545	170(C)(1)	6,750.	0.			INSTITUTIONS
NORTON HEALTHCARE FOUNDATION INC.							
DEPT 86140, PO BOX 950183							E11 SINGLE ORGANIZATION
LOUISVILLE, KY 40295	31-0914919	509(A)(1)	823,975.	0.			SUPPORT
NOULOU CHAMBER PLAYERS							
9915 FRINGE TREE COURT							
LOUISVILLE, KY 40241	81-3798238	509(A)(2)	22,058.	0.			A68 MUSIC
,,			,				
OHIO STATE UNIVERSITY AT LIMA							
OFFICE OF STUDENT FINANCIAL AID, 42							B43 UNIVERSITY OR
LIMA, OH 45804	31-6025986	170(C)(1)	7,500.	0.			TECHNOLOGICAL
OHIO VALLEY EDUCATIONAL FOUNDATION							
INC PO BOX 1249 - SHELBYVILLE,							B80 STUDENT SERVICES AND
ку 40066	61-1311091	509(A)(3) TYPE I	10,000.	0.			ORGANIZATIONS
OLDHAM COUNTY HISTORICAL SOCIETY							
INC 106 N. 2ND ST LAGRANGE,							A80 HISTORICAL SOCIETIES
KY 40031	61-1195581	509(A)(2)	10,000.	0.			AND RELATED ACTIVITIES

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OLDHAM COUNTY SCHOOLS							
6165 W HWY 146							B EDUCATIONAL
CRESTWOOD, KY 40014	61-6001306	170(C)(1)	6,000.	0.			INSTITUTIONS
ONE ELEUTHERA FOUNDATION OF THE US							S20
C/O LANE GLAZE, PO BOX 1302							COMMUNITY/NEIGHBORHOOD
CLEMSON, SC 29633	81-2956044	509(A)(1)	30,000.	0.			DEVELOPMENT IMPROVEMENT
ONE STORY INC.							
THE OLD AMERICAN CAN FACTORY, 232							
3RD STREET # A108 - BROOKLYN, NY							
11215	11-3639386	509(A)(1)	11,000.	0.			B99 EDUCATION N.E.C.*
OPERATION CARE INC.							
PO BOX 1393	C1 1011100	F00(3)(1)	20.000	0			P60 EMERGENCY ASSISTANCE
SHELBYVILLE, KY 40065	61-1211189	509(A)(I)	20,000.	0.			(FOOD CLOTHING CASH)
OPERATION PARENT INC.							
PO BOX 127							B EDUCATIONAL
BUCKNER, KY 40010	20-3857612	509(A)(1)	5,500.	0.			INSTITUTIONS
ORGANIC ASSOCIATION OF KENTUCKY							
PO BOX 22244							
LEXINGTON, KY 40522	27-1207146	509(A)(2)	75,000.	0.			K20 AGRICULTURAL PROGRAM
ORPHAN CARE ALLIANCE							
115 NORTH WATTERSON TRAIL STE 201							
LOUISVILLE, KY 40243	26-4549276	509(A)(1)	10,000.	0.			P31 ADOPTION
,							
OUR LADY OF LOURDES CHURCH							
508 BRECKENRIDGE LANE							X RELIGION SPIRITUAL
LOUISVILLE, KY 40207	61-6002467	RELIGIOUS ORGANI	22,000.	0.			DEVELOPMENT
OUT LOUD LOUISVILLE 900 S SHELBY STREET							A25 ARTS
LOUISVILLE, KY 40203	81-5187027		15,000.	0.			EDUCATION/SCHOOLS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVENEDODO, OUDIGEIN, OUUDOU							
OWENSBORO CHRISTIAN CHURCH 2818 NEW HARTFORD RD.							X RELIGION SPIRITUAL
OWENSBORO, KY 42303	61-0862202	RELIGIOUS ORGANI	10,000.	0.			DEVELOPMENT
OWENSBORO COMMUNITY AND TECHNICAL	01-0002202	REDIGIOUS ORGANI	10,000.	0.			DEVELOPMENT
COLLEGE FOUNDATION - 4800 NEW							
HARTFORD ROAD - OWENSBORO, KY							B EDUCATIONAL
42303	61-1109704	509/3//1/	21,011.	0.			INSTITUTIONS
42303	01-1109704	505(R/(1)	21,011.	0.			
OWENSBORO CONSOLIDATED CATHOLIC							
SCHOOL SYSTEM - 1524 W. PARRISH							B EDUCATIONAL
AVE OWENSBORO, KY 42301	62-1357472	509/3//1/	6,500.	0.			INSTITUTIONS
AVE OWENSBORO, RI 42501	02-133/4/2	505(R/(1)	0,500.	0.			
OWENSBORO SYMPHONY ORCHESTRA							
211 EAST 2ND STREET							
OWENSBORO, KY 42303	61-6055984	509(2)(1)	21,008.	0.			A69 SYMPHONY ORCHESTRAS
OWSLEY BROWN FRAZIER HISTORICAL	01 0000004	505(11)(1)	21,000.	••			
ARMS MUSEUM FOUNDATION INC DBA							
THE FRAZIER HISTORY MUSEUM, 829 W.							
MAIN ST LOUISVILLE, KY 40202	61-1378343	509(A)(1)	22,650.	0.			A54 HISTORY MUSEUMS
	01 1370343	505(R/(1)	22,030.	0.			KJ4 HIDIOKI MODEOMS
PARKLAND BUSINESS AND DEVELOPMENT							
ASSOCIATION - PO BOX 11182 -							A23 CULTURAL/ETHNIC
LOUISVILLE, KY 40251	85-3033544	509(A)(2)	34,850.	0.			AWARENESS
	00 0000011	505 (11) (2)	51,000.				
PASSIONIST NUNS							
ST. JOSEPH'S MONASTERY, 8564 CRISP							X RELIGION SPIRITUAL
WHITESVILLE, KY 42378	61-6027595	RELIGIOUS ORGANI	29,228.	0.			DEVELOPMENT
	01 002/555	KEDIGIOUD OKGANI	25,220.	0.			
PAWS WITH PURPOSE							
PO BOX 5458							P86 BLIND/VISUALLY
LOUISVILLE, KY 40255	20-0681397	509(A)(1)	9,000.	0.			IMPAIRED CENTERS SERVICE
	20 0001397	505 (A/(I/	5,000.	0.			IMININED CENTERS SERVICE
PAYNE HOLLOW ON THE OHIO INC							
PO BOX 292							P20 HUMAN SERVICE
PROSPECT, KY 40059	88-2798791	509(2)(1)	131,350.	0.			ORGANIZATIONS

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PEACE EDUCATION PROGRAM INC.							
AKA PEACE ED, 318 W. KENTUCKY STREE	1						P30 CHILDREN'S AND YOUTH
LOUISVILLE, KY 40203	61-1220204	509(A)(1)	28,700.	0.			SERVICES
PETERSON-DUMESNIL HOUSE FOUNDATION							
301 S. PETERSON AVE.							A80 HISTORICAL SOCIETIES
LOUISVILLE, KY 40206	31-1036389	509(A)(2)	16,200.	0.			AND RELATED ACTIVITIES
PIARIST SCHOOL							
7279 STATE ROUTE 321, PO BOX 369							B EDUCATIONAL
HAGER HILL, KY 41222	61-1177865	RELIGIOUS ORGANI	17,500.	0.			INSTITUTIONS
PIKEVILLE MEDICAL CENTER			,				
FOUNDATION FOR QUALITY HEALTHCARE							
- PMC FOUNDATION, PO BOX 2515 -							E11 SINGLE ORGANIZATION
PIKEVILLE, KY 41502	47-2020718	509(A)(3) TYPE I	50,000.	0.			SUPPORT
PITT ACADEMY							
7515 WESTPORT ROAD							
LOUISVILLE, KY 40222	23-7066205	509(A)(2)	7,290.	0.			B94 PARENT TEACHER GROUP
PLAN AHEAD SMILES							
15 KELLEY DRIVE							E70 PUBLIC HEALTH
FLORENCE, KY 41042	81-4496239	509(A)(1)	30,000.	0.			PROGRAMS
PLANNED PARENTHOOD GREAT							
NORTHWEST, HAWAII, ALASKA,							E40 REPRODUCTIVE HEALTH
INDIANA, KENTUCKY – MS 313641, PO							CARE FACILITIES AND
BOX 3641 - SEATTLE, WA 98124	91-0686012	509(A)(2)	154,500.	0.			ALLIED SERVICES
PLANNED PARENTHOOD OF INDIANA AND							E40 REPRODUCTIVE HEALTH
KENTUCKY - ATTN: DEVELOPMENT, PO							CARE FACILITIES AND
BOX 397 - INDIANAPOLIS, IN 46206	13-1644147	509(A)(1)	35,265.	0.			ALLIED SERVICES
PLANNED PARENTHOOD SOUTH ATLANTIC							
100 S BOYLAN AVE							E42 FAMILY PLANNING
RALEIGH, NC 27603	56-1282557	509(2)(1)	16,101.	0.			CENTERS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAY COUSINS COLLECTIVE 2600 WEST BROADWAY SUITE 205 LOUISVILLE, KY 40211	82-2811602	509/31/11	76,950.	0.			B99 EDUCATION N.E.C.*
PORTLAND CHRISTIAN SCHOOL SYSTEM INC 8509 WESTPORT RD LOUISVILLE, KY 40242	20-2918651		17,425.	0.			B20 ELEMENTARY SECONDARY
PORTLAND MUSEUM 2308 PORTLAND AVENUE LOUISVILLE, KY 40212	23-7422794		34,766.	0.			A50 MUSEUMS & MUSEUM ACTIVITIES
PRESBYTERIAN CHURCH (U.S.A.), A CORPORATION - 100 WITHERSPOON STREET - LOUISVILLE, KY 40202	13-3462549	509(A)(1)	13,500.	0.			X21 PROTESTANT
PRESBYTERIAN HOMES & SERVICES OF KENTUCKY - PO BOX 18067 - LOUISVILLE, KY 40261	61-1078924	509(A)(2)	25,000.	0.			P75 SENIOR CONTINUING CARE COMMUNITIES
PRESENTATION ACADEMY 861 s. 4TH st. LOUISVILLE, KY 40203	61-0507080	509(A)(1)	14,354.	0.			B EDUCATIONAL INSTITUTIONS
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE - 2285 EXECUTIVE DR, SUITE 120 - LEXINGTON, KY 40505	61-1026214	509(A)(1)	12,350.	0.			B99 EDUCATION N.E.C.*
PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014	61-1275040	509(A)(1)	32,198.	0.			P50 PERSONAL SOCIAL SERVICES
PTA KENTUCKY CONGRESS - 15TH DISTRICT - 15TH DISTRICT PTA, PO BOX 35444 - LOUISVILLE, KY 40232-5444	61-1157139	509(A)(2)	9,685.	0.			B94 PARENT TEACHER GROU

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY							
FINANCIAL AID, SCHLEMAN HALL RM							
305, 475 STADIUM MALL DRIVE - WEST							B EDUCATIONAL
LAFAYETTE	35 - 6002041	170(C)(1)	10,500.	0.			INSTITUTIONS
PURDUE UNIVERSITY FORT WAYNE							
OFFICE OF THE BURSAR, 2101 E.							
COLISEUN BLVD FT. WAYNE, IN							B EDUCATIONAL
46805	35-6001673	170(C)(1)	7,500.	0.			INSTITUTIONS
RE:CENTER MINISTRIES							
733 EAST JEFFERSON ST.							
LOUISVILLE, KY 40202	61-1328488	509(A)(1)	16,650.	0.			X21 PROTESTANT
REBOUND INC.							
1535 W BROADWAY							L20 HOUSING DEVELOPMENT
LOUISVILLE, KY 40203	61-1150924	509(A)(1)	55,500.	0.			CONSTRUCTION MANAGEMENT
DED DIDD GLINIG ING							
RED BIRD CLINIC INC.							E30 HEALTH TREATMENT
53 QUEENDALE CENTER, SUITE #1	C1 0045454	E00(3)(1)	100.000	0			FACILITIES (PRIMARILY
BEVERLY, KY 40913	61-0945454	509(A)(I)	100,000.	0.			OUTPATIENT)
RED BIRD MISSION INC							
70 QUEENDALE CENTER							B20 ELEMENTARY SECONDARY
BEVERLY, KY 40913	61-0674373	509(A)(1)	25,000.	0.			ED
	01 00,10,0	505(11)(1)					
REVIVING URBAN NEIGHBORHOODS INC							
4539 OAK POINTE DR							P20 HUMAN SERVICE
LOUISVILLE, KY 40245	82-2132501	509(A)(1)	15,000.	0.			ORGANIZATIONS
,			,	- •			
RIVER FIELDS, INC.							
1201 STORY AVENUE SUITE 215							C34 LAND RESOURCES
LOUISVILLE, KY 40206	61-6032501	509(A)(1)	7,800.	0.			CONSERVATION
,			, ,				
RIVERPARK CENTER INC.							
101 DAVIESS ST							A11 SINGLE ORGANIZATION
OWENSBORO, KY 42303	61-1147328	509(A)(1)	17,903.	0.			SUPPORT

Schedule I (Form 990) LOUISVILLE, IN Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa		31-0997017 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE THE FARNSLEY-MOREMEN							
LANDING INC 7410 MOORMAN ROAD -							A80 HISTORICAL SOCIETIES
LOUISVILLE, KY 40272	61-1243762	509(A)(1)	6,000.	0.			AND RELATED ACTIVITIES
ROLLINS COLLEGE							
PO BOX 850001, DEPT 9921							B40 HIGHER ED
ORLANDO, FL 32885	59-0624440	509(A)(1)	425,000.	0.			INSTITUTIONS
RONALD MCDONALD HOUSE CHARITIES OF			, -				
KENTUCKIANA, INC 550 SOUTH							
FIRST STREET - LOUISVILLE, KY							L99 OTHER HOUSING SHELTE
40202	31-1053467	509(A)(1)	14,000.	0.			N.E.C.*
ROSE COMMUNITY FOUNDATION							
4500 CHERRY CREEK DRIVE SOUTH, STE	•						
DENVER, CO 80246	84-0920862	509(A)(1)	105,272.	0.			T31 COMMUNITY FOUNDATIONS
DOWNDY DOWNDAWTON OF DOWNDY							
ROTARY FOUNDATION OF ROTARY							Q11 SINGLE ORGANIZATION
INTERNATIONAL - 14280 COLLECTIONS CENTER DR CHICAGO, IL 60693	36-3245072	509(2)(1)	225,000.	0.			SUPPORT
CENTER DR CHICAGO, 11 00095	50-5245072	509(R/(1/	225,000.	0.			SUFFORT
ROTARY FUND OF LOUISVILLE INC.							S80 COMMUNITY SERVICE
657 S HURSTBOURNE PKWY, SUITE D226							CLUBS (KIWANIS LIONS
LOUISVILLE, KY 40222	61-6029858	509(A)(1)	28,950.	0.			JAYCEES ETC.)
RUTGERS UNIVERSITY							
4 HUNTINGTON ST.							B EDUCATIONAL
NEW BRUNSWICK, NJ 08901	23-7318742	509(A)(1)	7,500.	0.			INSTITUTIONS
SACRED HEART SCHOOLS INC.							
3115 LEXINGTON RD	61-1181710	509/3//1/		0			B EDUCATIONAL INSTITUTIONS
LOUISVILLE, KY 40206	01-1101/10	509(A)(I)	52,454.	0.			TU21110110N2
SAINT ANN CATHOLIC CHURCH							
475 9TH AVENUE SOUTH							
NAPLES, FL 34102	27-1988145	RELIGIOUS ORGANI	25,000.	0.			X20 CHRISTIAN

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY- OWENSBORO							
215 SOUTH EWING RD., PO BOX 943 OWENSBORO, KY 42302-2943	58-0660607	509(A)(1)	6,400.	0.			P24 SALVATION ARMY
SAMARITAN'S PURSE							
PO BOX 3000 BOONE, NC 28607	58-1437002	509(A)(1)	17,875.	0.			X20 CHRISTIAN
SAN JOAQUIN A PLUS 6731 HERNDON PL							
STOCKTON, CA 95219	51-0536117	509(A)(1)	10,000.	0.			S30 ECONOMIC DEVELOPMENT
SANTA FE COMMUNITY FOUNDATION P.O. BOX 1827							
SANTA FE, NM 87504-1827	85-0303044	509(A)(1)	6,000.	0.			T31 COMMUNITY FOUNDATIONS
SAVING SUNNY INC. 2607 WILBURLOOK LN.							D20 ANIMAL PROTECTION AND WELFARE (INCLUDES HUMANE
LOUISVILLE, KY 40220	35-2379448	509(A)(1)	9,776.	0.			SOCIETIES AND SPCAS)
SECOND PRESBYTERIAN CHURCH 3701 OLD BROWNSBORO ROAD							
LOUISVILLE, KY 40207	61-0466721	RELIGIOUS ORGANI	58,276.	0.			X20 CHRISTIAN
SECOND STRIDE INC. 7204 HWY 329							D20 ANIMAL PROTECTION AND WELFARE (INCLUDES HUMANE
CRESTWOOD, KY 40014	20-2947614	509(A)(1)	8,250.	0.			SOCIETIES AND SPCAS)
SEVEN COUNTIES SERVICES ATTN: REYLENE ROBINSON, 10401 LINN							
STATION ROAD SUITE 100 -	24 0000555		12.120				F30 MENTAL HEALTH
LOUISVILLE, KY 4	31-0939757	5U9(A)(1)	13,130.	0.			TREATMENT
SHAKER VILLAGE OF PLEASANT HILL 3501 LEXINGTON ROAD							
HARRODSBURG, KY 40330-8846	61-0592561	509(A)(2)	216,476.	Ο.			A54 HISTORY MUSEUMS

SHAMROCK FOUNDATION INC. PO BOX 24033 LOUISVILLE, KY 40224 SHARA'S HOPE, INC. 4949 OLD BROWNSBORO RD, STE 249, LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS 1155 WEST MAIN, ,	61-1244026 82-3536868 61-6001356		8,070. 90,000.	0.		D ANIMAL RELATED P80 SERVICES TO PROMOTE
LOUISVILLE, KY 40224 SHARA'S HOPE, INC. 4949 OLD BROWNSBORO RD, STE 249, LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS	82-3536868					P80 SERVICES TO PROMOTE
SHARA'S HOPE, INC. 4949 OLD BROWNSBORO RD, STE 249, LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS	82-3536868					P80 SERVICES TO PROMOTE
4949 OLD BROWNSBORO RD, STE 249, LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS		509(A)(1)	90,000.	0.		
4949 OLD BROWNSBORO RD, STE 249, LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS		509(A)(1)	90,000.	0.		
LOUISVILLE, KY 40222 SHELBY COUNTY SCHOOLS		509(A)(1)	90,000.	0.		THE INDEPENDENCE OF
	61-6001356					SPECIFIC POPULATIONS
	61-6001356		1			
1155 WEST MAIN, ,	61-6001356	1				
	61-6001356					B EDUCATIONAL
SHELBYVILLE, KY 40065		170(C)(1)	6,000.	0.		INSTITUTIONS
SHELBY REGIONAL ARTS COUNCIL INC						
PO BOX 1261						A40 VISUAL ARTS
SHELBYVILLE, KY 40066	27-4719986	509(A)(1)	7,284.	0.		ORGANIZATIONS
SHELBYVILLE/SHELBY COUNTY BOARD OF						
PARKS & RECREATION - 717 BURKS	38-3818270	170(C)(1)	45,519.	0.		N RECREATION SPORTS LEISURE ATHLETICS
BRANCH RD SHELBYVILLE, KY 40065	30-3010270	1/0(C)(1)	45,519.	0.		DEISORE AINDEIICS
SHOWING UP FOR RACIAL JUSTICE						
EDUCATION FUND, INC - PO BOX 1053						R99 CIVIL RIGHTS SOCIAL
- BUFFALO, NY 14205	82-2309274	509(A)(1)	45,000.	0.		ACTION & ADVOCACY N.E.C.
SHRINER'S HOSPITAL FOR CHILDREN						
ATTN: PROCESSING CENTER, PO BOX 947 ATLANTA, GA 30394	36-2193608	509/3)/1)	17,228.	0.		B EDUCATIONAL INSTITUTIONS
AILANIA, GA 50594	30-2193000	509(A)(1)	17,228.	0.		
SIDE BY SIDE STUDIO						
2528 FRANKFORT AVE.						A90 ARTS SERVICE
LOUISVILLE, KY 40206	47-1843740	509(A)(2)	54,200.	0.		ACTIVITIES/ ORGANIZATION
GIEDEN GLUE FOUNDATION						
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250						C99 ENVIRONMENTAL QUALIT PROTECTION AND
OAKLAND, CA 94612	94-6069890	509(2)(1)	10,000.	0.		BEAUTIFICATION N.E.C.*

(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	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SIGNS & WONDERS MINISTRIES INC.							
PO BOX 19041							X RELIGION SPIRITUAL
LOUISVILLE, KY 40259	26-1345716	RELIGIOUS ORGANI	6,000.	0.			DEVELOPMENT
SIMMONS COLLEGE OF KENTUCKY							
DFFICE OF DEVELOPMENT, 1000 S 4TH S	3						B43 UNIVERSITY OR
LOUISVILLE, KY 40203	20-5289168	509(A)(1)	123,150.	0.			TECHNOLOGICAL
SISTER VISITOR CENTER							
2235 W MARKET ST							X RELIGION SPIRITUAL
LOUISVILLE, KY 40212	61-1239600	509(A)(1)	19,226.	0.			DEVELOPMENT
SISTERS FOR LIFE EDUCATION FUND							
INC - P.O. BOX 32534 - LOUISVILLE,	22.4.0.64.2.0.2		4.0.000				
KY 40232	33-1061393	509(A)(1)	10,000.	0.			R62 RIGHT TO LIFE
SMITH COLLEGE							
SMITH COLLEGE GIFT ACCOUNTING,							
STODDARD ANNEX, 23 ELM STREET -							B43 UNIVERSITY OR
NORTHAMPTON,	04-1843040	509(A)(1)	10,000.	0.			TECHNOLOGICAL
SMOKETOWN FAMILY WELLNESS CENTER							
760 S HANCOCK ST SUITE B100							E32 AMBULATORY HEALTH
LOUISVILLE, KY 40203	47-4155748	509(A)(1)	127,950.	0.			CENTER COMMUNITY CLINIC
SOCIETY OF ST VINCENT DE PAUL							
DIOCESAN COUNCIL OF OWENSBORO INC							P99 HUMAN
- PO BOX 1203 - OWENSBORO, KY							SERVICES-MULTIPURPOSE
12302	80-0538128	509(A)(1)	6,250.	0.			OTHER N.E.C.*
SOS INTERNATIONAL INC.							O INTERNATIONAL FOREIG
1500 ARLINGTON AVE							AFFAIRS AND NATIONAL
LOUISVILLE, KY 40206	27-2624272	509(A)(2)	11,650.	0.			SECURITY
			,,				
SOUTH LOUISVILLE COMMUNITY							
AINISTRIES INC 415 1/2 W.							
ASHLAND AVE - LOUISVILLE, KY 40214	31-0891259	509(A)(1)	17,000.	Ο.			X20 CHRISTIAN

Schedule I (Form 990) LOUISVILLE, IN							31-0997017 Pag
Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTHEAST CHRISTIAN CHURCH							
20 BLANKENBAKER PKWY							
LOUISVILLE, KY 40243	61-0850307	509(A)(1)	73,000.	0.			X20 CHRISTIAN
10015VIIIII, KI 40245	01 0030307	505(11)(1)	,3,000.	••			
SOUTHEAST EDUCATION FOUNDATION							
DVANCEMENT OFFICE, 700 COLLEGE RD							B40 HIGHER ED
CUMBERLAND, KY 40823	31-1021118	509(A)(1)	10,000.	0.			INSTITUTIONS
SOUTHERN APPALACHIAN HIGHLANDS							
CONSERVANCY - 372 MERRIMON AVENUE							C34 LAND RESOURCES
- ASHEVILLE, NC 28801	62-1098890	509(A)(1)	15,000.	0.			CONSERVATION
,			,				
SOUTHERN BAPTIST THEOLOGICAL							
SEMINARY - 2825 LEXINGTON ROAD -							B EDUCATIONAL
LOUISVILLE, KY 40206-9945	61-0500919	509(A)(1)	10,000.	0.			INSTITUTIONS
·							
SOWING SEEDS WITH FAITH							
C/O DA'MARRION FLEMING, P.O. BOX 16							X RELIGION SPIRITUAL
LOUISVILLE, KY 40256	81-4862518	509(A)(2)	75,000.	0.			DEVELOPMENT
SPALDING UNIVERSITY							
OFFICE OF ADVANCEMENT &							
PHILANTHROPY, 845 S. THIRD ST							B43 UNIVERSITY OR
OUISVILLE, KY 4020	61 - 0444780	509(A)(1)	229,869.	0.			TECHNOLOGICAL
SPARC HOPE							
1921 BRINLEY AVE STE 101							
OUISVILLE, KY 40243	32-0049180	509(A)(1)	14,900.	0.			P40 FAMILY SERVICES
SPEED ART MUSEUM							
035 SOUTH THIRD STREET							
OUISVILLE, KY 40208	61-0444823	509(A)(1)	665,588.	0.			A51 ART MUSEUMS
PONSOR 4 SUCCESS INC							
219 WEST JEFFERSON STREET #205							P20 HUMAN SERVICE
LOUISVILLE, KY 40203	81-4780035	509(A)(1)	40,500.	Ο.			ORGANIZATIONS

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ST. AUGUSTINE SCHOOL							
236 SOUTH SPALDING AVE.							
LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANI	5,066.	0.			X22 ROMAN CATHOLIC
ST. FRANCIS IN THE FIELDS							
EPISCOPAL CHURCH - 6710 WOLF PEN							
BRANCH ROAD - HARRODS CREEK, KY							X RELIGION SPIRITUAL
40027	61-0444805	RELIGIOUS ORGANI	12,000.	0.			DEVELOPMENT
ST. FRANCIS XAVIER CATHOLIC CHURCH 155 STRINGER LANE							
MT. WASHINGTON, KY 40047	61-0952560	RELIGIOUS ORGANI	6,000.	0.			X20 CHRISTIAN
MI: WASHINGTON, KI 40047	01 0552500	KELIGIOUD OKGANI	0,000.				
ST. JAMES EPISCOPAL CHURCH							
401 LAGRANGE ROAD, P.O. BOX 433							X RELIGION SPIRITUAL
PEWEE VALLEY, KY 40056	61-1041508	RELIGIOUS ORGANI	11,491.	0.			DEVELOPMENT
ST. JOHN CENTER							
700 EAST MUHAMMAD ALI BOULEVARD							L41 TEMPORARY SHELTER FOR
LOUISVILLE, KY 40202-3614	61-1135907	509(A)(1)	25,059.	0.			THE HOMELESS
ST. JOSEPH CHILDREN'S HOME							P73 GROUP HOME (LONG-TERI
2823 FRANKFORT AVENUE	61-0475286	509/3//1)	30,650.	0.			PRIMARILY ASSISTED LIVING)
LOUISVILLE, KY 40206	01-0475280	509(R/(1)	30,030.	0.			
ST. JOSEPH'S CATHOLIC SCHOOL							
905 HIGH ST.							B EDUCATIONAL
MACON, GA 31201	58-1047228	509(A)(1)	8,000.	0.			INSTITUTIONS
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	509(A)(1)	63,928.	0.			G98 PEDIATRICS
ST. MARGARET MARY CATHOLIC							
COMMUNITY - 7813 SHELBYVILLE ROAD	C1 0447047		11 540				X RELIGION SPIRITUAL
- LOUISVILLE, KY 40222	61-0447247	509(A)(1)	11,542.	0.			DEVELOPMENT

(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	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ST. MARY OF THE WOODS PARISH INC.							
10534 MAIN CROSS STREET							B24 PRIMARY/ELEMENTARY
WHITESVILLE, KY 42378	61-0645071	RELIGIOUS ORGANI	9,000.	0.			SCHOOL
ST. MATTHEWS EPISCOPAL CHURCH							
330 N. HUBBARDS LANE							X RELIGION SPIRITUAL
LOUISVILLE, KY 40207	61-0476701	RELIGIOUS ORGANI	90,815.	0.			DEVELOPMENT
ST. MICHAEL ORTHODOX CHURCH							
3701 SAINT MICHAEL CHURCH DR.							X RELIGION SPIRITUAL
LOUISVILLE, KY 40222	61-0605104	RELIGIOUS ORGANI	13,000.	0.			DEVELOPMENT
ST. PAUL UNITED METHODIST CHURCH							
2000 DOUGLAS BLVD.							X RELIGION SPIRITUAL
LOUISVILLE, KY 40205	61-0444817	RELIGIOUS ORGANI	165,000.	0.			DEVELOPMENT
ST. VINCENT DE PAUL SOCIETY	01 011101,		100,000.				
COUNCIL OF LOUISVILLE - ATTN:							
ACCOUNTING DEPT., P.O. BOX 17126 -							P85 HOMELESS
LOUISVILLE, KY 40217-0126	61-0727110	509(A)(1)	181,771.	0.			SERVICES/CENTERS
,			,				
ST. WILLIAM CHURCH							
1226 W. OAK STREET							X RELIGION SPIRITUAL
LOUISVILLE, KY 40210	61-0447247	RELIGIOUS ORGANI	7,700.	0.			DEVELOPMENT
ST. XAVIER HIGH SCHOOL							
1609 POPLAR LEVEL ROAD							
LOUISVILLE, KY 40217	61-0447247	509(A)(1)	186,171.	0.			B25 SECONDARY/HIGH SCHOO
STAGEONE: THE LOUISVILLE			, -				
CHILDREN'S THEATRE - AKA STAGEONE							
FAMILY THEATRE, 315 W MARKET ST,							
SUITE 2S - LOUISVILLE, KY 40202	61-0466715	509(A)(1)	15,000.	0.			A65 THEATER
STEPHEN SILLER TUNNEL TO TOWERS							
FOUNDATION - 2361 HYLAN BLVD, , -							B82 SCHOLARSHIPS STUDENT
						1	

Schedule I (Form 990) LOUISVILLE, INC. . .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING COLLEGE							
OFFICE OF ADVANCEMENT & ALUMNI							
RELATIONS, 16 STERLING DR	0.2 0105500	500/31/11		0			B42 UNDERGRADUATE COLLEG
CRAFTSBURY COMMO	03-0197728	509(A)(I)	20,000.	0.			(4-YEAR)
SUMMIT ACADEMY OF GREATER							
LOUISVILLE INC 11508 MAIN							B20 ELEMENTARY SECONDARY
STREET - LOUISVILLE, KY 40243	61-1214457	509(A)(1)	35,549.	0.			ED
SURGERY ON SUNDAY							
PO BOX 4757							E HEALTH-GENERAL &
LOUISVILLE, KY 40204	46-3660906	509(2)(1)	5,250.	0.			REHABILITATIVE
	40 3000300	505(11)(1)	5,250.				
SWEET BRIAR INSTITUTE							
DEVELOPMENT OFFICE, PO BOX 1057							B42 UNDERGRADUATE COLLEG
SWEET BRIAR, VA 24595	54-0534105	509(A)(1)	5,275.	0.			(4-YEAR)
SWEET EVENING BREEZE							L40 LOW-COST TEMPORARY
801 BARRET AVENUE, SUITE 211							HOUSING (INCLUDES YOUTH
LOUISVILLE, KY 40204	83-4047022	509(A)(1)	75,000.	0.			HOSTELS)
,,,							
TEACH KENTUCKY							
907 BARRET AVE							B03 PROFESSIONAL
LOUISVILLE, KY 40204	20-4009920	509(A)(1)	13,000.	0.			SOCIETIES & ASSOCIATIONS
TEXAS TECH UNIVERSITY							
STUDENT FINANCIAL AID &							
SCHOLARSHIPS, P.O. BOX 45011 -	75 (042042		7 500	0			B40 HIGHER ED
LUBBOCK, TX 79409	75-6043842	509(A)(I)	7,500.	0.			INSTITUTIONS
THE BACKSIDE LEARNING CENTER							
3131 S. 2ND ST. #389							B EDUCATIONAL
LOUISVILLE, KY 40208	37-1803514	509(A)(1)	13,150.	0.			INSTITUTIONS
THE BRINTON MUSEUM							
PO BOX 460							A50 MUSEUMS & MUSEUM
BIG HORN, WY 82833	45-3588359	509(A)(2)	35,000.	0.			ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARSON CENTER FOR THE PERFORMING ARTS - 100 KENTUCKY AVENUE - PADUCAH, KY 42003	61-1293428	509(A)(1)	1,500,000.	0.			A61 PERFORMING ARTS CENTERS
THE CENTER FOR THE STUDY OF THE PRESIDENCY AND CONGRESS - 601 13TH ST. NW SUITE 1050N - WASHINGTON, DC 20005	26-1558519	509(A)(1)	6,500.	0.			Q05 RESEARCH INSTITUTES AND/OR PUBLIC POLICY ANALYSIS
THE CHILDREN'S INITIATIVE INC. 15 CHADWICK ST. PORTLAND, ME 04102	20-5106747	509(A)(1)	25,500.	0.			Q12 FUNDRAISING AND/OR FUND DISTRIBUTION
THE ENGLISH SPEAKING UNION - KENTUCKY BRANCH - 9907 WINGED FOOT DR LOUISVILLE, KY 40223	61-6053477	509(A)(2)	30,000.	0.			P HUMAN SERVICES
THE HOPE BUSS INC 3131 S 2ND ST, SUITE 352 LOUISVILLE, KY 40208	83-2485907	509(A)(1)	18,000.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY - PO BOX 7247-0477 - PHILADELPHIA, PA 19170	35-0472300	FOR PROFIT	11,540.	0.			LIFE INSURANCE POLICY PREMIUMS
THE MORTON CENTER INC. 1028 BARRETT AVE. LOUISVILLE, KY 40204	31-1068020	509(A)(2)	8,200.	0.			F22 ALCOHOL DRUG ABUSE (TREATMENT ONLY)
THE NATURE CONSERVANCY - KENTUCKY CHAPTER - 114 WOODLAND AVE - LEXINGTON, KY 40502	53-0242652	509(A)(1)	258,155.	0.			C99 ENVIRONMENTAL QUALIT PROTECTION AND BEAUTIFICATION N.E.C.*
THE PARKLANDS OF FLOYD'S FORK 471 W. MAIN ST #202 LOUISVILLE, KY 40202	20-1780317	509(A)(1)	285,950.	0.			N32 PARKS AND PLAYGROUND

Schedule I (Form 990) LOUISVILLE, IN Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	31-0997017 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - LOUISVILLE							
AREA COMMAND - 911 S. BROOK ST -							
LOUISVILLE, KY 40203	58-0660607	509(A)(1)	30,170.	0.			P24 SALVATION ARMY
THE TEMPLE-CONGREGATION ADATH			,				
ISRAEL BRITH SHOLOM - ATTN: CRAIG							
GOLDSTEIN, 5101 U.S. HIGHWAY 42 -							X RELIGION SPIRITUAL
LOUISVILLE, KY 40241	61-0918772	509(A)(1)	42,625.	0.			DEVELOPMENT
THEODORE ROOSEVELT CONSERVATION			· ·				
PARTNERSHIP, INC 529 14TH							C30 NATURAL RESOURCE
STREET NW, SUITE 500 - WASHINGTON,							CONSERVATION AND
DC 20045	04-3706385	509(A)(1)	13,727.	Ο.			PROTECTION
THIRTEENTH EPISCOPAL DISTRICT OF							
THE AME CHURCH - 413 VERITAS							
STREET - NASHVILLE, TN 37211	53-0204696	RELIGIOUS ORGANI	36,289.	0.			X20 CHRISTIAN
TIDES CENTER							
P.O. BOX 889385							W02 MANAGEMENT &
LOS ANGELES, CA 90088-9385	94-3213100	509(A)(1)	100,000.	0.			TECHNICAL ASSISTANCE
TIP IT FORWARD 1347 S 3RD ST STE 208							E60 HEALTH SUPPORT
	82-5289590	509/3//1/	26,396.	0.			SERVICES
LOUISVILLE, KY 40208	02-3209390	505(R)(1)	20,390.	0.			SERVICES
TOKEN III CLUB INC							
3439 BRECKENRIDGE LANE							N60 AMATEUR SPORTS CLUBS
LOUISVILLE, KY 40220	31-0994066	509(2)(1)	10,000.	0.			LEAGUES
	51 0554000	505(11)(1)	10,000.	••			
TOWN BRANCH PARK, INC.							
249 EAST MAIN STREET, SUITE 400							
LEXINGTON, KY 40507	83-4621324	509(A)(1)	10,001,000.	0.			N32 PARKS AND PLAYGROUND
· ·			, , ,				
TREESLOUISVILLE							
PO BOX 5816							C ENVIRONMENTAL QUALITY
LOUISVILLE, KY 40255	47-3739795	509(A)(1)	20,600.	Ο.			PROTECTION BEAUTIFICATIO

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENHOLM STATE COMMUNITY COLLEGE							
OFFICE OF FINANCIAL AID, PO BOX 10	D						
MONTGOMERY, AL 36108	68-0525744	509(A)(2)	6,000.	0.			B41 COMMUNITY/JR. COLLEGE
TRI AN FOUNDATION INC.							
1701 GILGAL ROAD							A80 HISTORICAL SOCIETIES
TURNERS STATION, KY 40075	46-4183826	509(A)(1)	350,000.	0.			AND RELATED ACTIVITIES
TRILOGY SCHOLARSHIP FOUNDATION							
303 NORTH HURSTBOURNE PKWY							B EDUCATIONAL
LOUISVILLE, KY 40222	20-5755082	509(A)(1)	45,000.	0.			INSTITUTIONS
TRINE UNIVERSITY							
ONE UNIVERSITY AVENUE							B43 UNIVERSITY OR
ANGOLA, IN 46703	35-0715530	509(A)(1)	7,500.	٥.			TECHNOLOGICAL
TRINITY HIGH SCHOOL							
4011 SHELBYVILLE ROAD							B11 SINGLE ORGANIZATION
LOUISVILLE, KY 40207	61-1256093	RELIGIOUS ORGANI	34,135.	٥.			SUPPORT
TRINITY HIGH SCHOOL FOUNDATION							
INC 4011 SHELBYVILLE RD							B11 SINGLE ORGANIZATION
LOUISVILLE, KY 40207	31-1105966	509(A)(1)	43,300.	0.			SUPPORT
TRIPLE TWELVE MINISTRIES INC							
DBA ACCESS JUSTICE, PO BOX 9585							
LOUISVILLE, KY 40209	46-5767383	509(A)(2)	25,750.	٥.			180 LEGAL SERVICES
TROOPER ISLAND INC.							
PO BOX 473							I21 DELINQUENCY
ALBANY, KY 42602	61-6038389	509(A)(1)	15,000.	0.			PREVENTION
TRUSTEES OF PRINCETON UNIVERSITY							
ANNUAL GIVING, PO BOX 5357							B43 UNIVERSITY OR
PRINCETON, NJ 08543-5357	21-0634501	509(A)(1)	5,100.	0.			TECHNOLOGICAL

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWISTED PINK							
8016 VINECREST AVENUE #2							
LOUISVILLE, KY 40222	47-1140389	509(A)(2)	15,300.	0.			T30 PUBLIC FOUNDATIONS
UNITED CRESCENT HILL MINISTRIES 150 S. STATE STREET							P20 HUMAN SERVICE
LOUISVILLE, KY 40206	51-0166794	509(A)(1)	19,289.	0.			ORGANIZATIONS
UNITED WAY OF HOPKINS COUNTY INC PO BOX 366	61-0732633	E00(3)(1)	17 070	0.			T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES
MADISONVILLE, KY 42431	01-0732033	509(A)(1)	17,078.	0.			COMMUNITY FUNDS)
UNIVERSITY OF ALABAMA DIVISION OF ADVANCEMENT, BOX 870101 TUSCALOOSA, AL 35487-0101	63-6001138	509(A)(1)	7,000.	0.			B43 UNIVERSITY OR TECHNOLOGICAL
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - UAB DEPT OF MEDICINE BDB477, 1530 3RD AVENUE SOUTH -	62.0640100	500(3)(0)	10.000				E60 HEALTH SUPPORT
BIRMINGHAM, AL 35294-0012	63-0649108	509(A)(2)	10,000.	0.			SERVICES
UNIVERSITY OF ARKANSAS FOUNDATION 535 RESEARCH CENTER BLVD. #120 FAYETTEVILLE, AR 72701	71-6056774	509(A)(1)	40,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
UNIVERSITY OF CINCINNATI STUDENT FINANCIAL AID OFFICE, P.O.							
BOX 210125 - CINCINNATI, OH							B EDUCATIONAL
45221-0125	31-0896555	170(C)(1)	8,700.	0.			INSTITUTIONS
UNIVERSITY OF ILLINOIS URBANA -							
CHAMPAIGN - OFFICE OF STUDENT							
FINANCIAL AID, 620 E. JOHN STREET							B EDUCATIONAL
- CHAMPAIGN, IL 61820	37-6006007	509(A)(1)	7,000.	0.			INSTITUTIONS
UNIVERSITY OF INDIANAPOLIS							
OFFICE OF STUDENT BILLING AND							
PAYMENT, 1400 E. HANNA AVE							B43 UNIVERSITY OR
INDIANAPOLIS, IN	35-0868107	509(A)(1)	7,500.	Ο.			TECHNOLOGICAL

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATION							
P.O. BOX 4550							B11 SINGLE ORGANIZATION
IOWA CITY, IA 52244-4550	42-0796760	509(A)(1)	258,962.	0.			SUPPORT
UNIVERSITY OF KENTUCKY							
UK PHILANTHROPY, PO BOX 23552							B40 HIGHER ED
LEXINGTON, KY 40523	61-6001218	170(C)(1)	5,634,075.	Ο.			INSTITUTIONS
UNIVERSITY OF KENTUCKY							
FINANCIAL AID OFFICE, 128							
FUNKHOUSER BUILDING - LEXINGTON,							B43 UNIVERSITY OR
KY 40506-0054	61-6001218	509(A)(1)	244,624.	٥.			TECHNOLOGICAL
UNIVERSITY OF LOUISVILLE							
STUDENT FINANCIAL AID OFFICE,							
HOUCHENS BLDG ROOM 110 -							B EDUCATIONAL
LOUISVILLE, KY 40292	61-1014882	170(C)(1)	653,278.	٥.			INSTITUTIONS
UNIVERSITY OF LOUISVILLE ATHLETIC							
ASSOCIATION INC ATHLETIC DEPT.							
SAC BLDG, 2100 S. FLOYD STREET -							B EDUCATIONAL
LOUISVILLE, KY 40208	31-1106941	509(A)(3) TYPE I	100,000.	0.			INSTITUTIONS
UNIVERSITY OF LOUISVILLE							
FOUNDATION, INC 215 CENTRAL AVE							B11 SINGLE ORGANIZATION
UNIT 212 - LOUISVILLE, KY 40208	23-7078461	509(A)(1)	4,845,840.	0.			SUPPORT
UNIVERSITY OF MICHIGAN-DEARBORN			1,010,010.	••			
UNIVERSITY CENTER, RICHARD DR							
#1183, ATTN:FINANCIAL AID OFFICE -							B EDUCATIONAL
DEARBORN, M	38-6006309	509(A)(1)	8,750.	Ο.			INSTITUTIONS
UNIVERSITY OF PIKEVILLE			-,••				
STUDENT FINANCIAL SERVICES,							
ADMINISTRATION BLDG RM 002 -							B EDUCATIONAL
PIKEVILLE, KY 41501	61-0444788	509(A)(1)	6,000.	0.			INSTITUTIONS
UNIVERSITY OF SOUTHERN CALIFORNIA							
UNIVERSITY PARK CAMPUS, ADM 160 MC							B43 UNIVERSITY OR
SHITTERDITE THE COMPLED, ADD IOU MC						1	

Schedule I (Form 990) LOUISVILLE, IN							31-0997017 Page
Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA							
ADVANCEMENT SERVICES, PO BOX 37963							B EDUCATIONAL
BOONE, IA 50037	54-6001796	509(A)(1)	2,031,500.	0.			INSTITUTIONS
UNIVERSITY OF WISCONSIN FOUNDATION							
U.S. BANK LOCKBOX, BOX 78807							B11 SINGLE ORGANIZATION
MILWAUKEE, WI 53278-0807	39-0743975	509(A)(1)	75,500.	0.			SUPPORT
		505(11)(1)	, , , , , , , , , , , , , , , , , , , ,				
UOFL HEALTH, INC.							
C/O UOFL FOUNDATION, PO BOX 772050							
CHICAGO, IL 60677	84-3125292	509(A)(3) TYPE I	150,000.	Ο.			E22 HOSPITAL (GENERAL)
USA CARES INC							
11760 COMMONWEALTH DRIVE							L01 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40299	05 - 0588761	509(A)(1)	47,050.	0.			ORGANIZATIONS
VANDERBILT UNIVERSITY							
OFFICE OF FINANCIAL AID, PMB							
407810, 2309 WEST END AVE							B40 HIGHER ED
NASHVILLE, TN 3724	62-0476822	509(A)(1)	7,600.	0.			INSTITUTIONS
VIRGIN UNITE USA							
65 BLEECKER ST 6TH FLOOR							
NEW YORK, NY 10012	20-3963486	509/3)/1)	122,000.	0.			T30 PUBLIC FOUNDATIONS
NEW TORK, NI 10012	20-3903400	509(A)(1)	122,000.	υ.			130 POBLIC FOUNDATIONS
VIRGINIA CHANCE SCHOOL INC							B21 KINDERGARTEN NURSERY
4200 LIME KILN LANE							SCHOOLS PRESCHOOL EARLY
LOUISVILLE, KY 40222-5999	61-0549871	509(2)(1)	198,100.	0.			ADMISSIONS
	01 0010071	303(11)(1)	190,100.				B28 SPECIAL ED
VISUALLY IMPAIRED PRESCHOOL							INSTITUTIONS/ SCHOOLS FO
SERVICES INC - 1906 GOLDSMITH LANE							VISUALLY OR HEARING
- LOUISVILLE, KY 40218	61-1061973	509(A)(1)	16,900.	0.			IMPAIRED LEARNING
VOLUNTEERS OF AMERICA MID-STATES		(/ (/	_0,000.				
AKA VOLUNTEERS OF AMERICA OF							
KENTUCKY, 570 S FOURTH ST #100 -							
LOUISVILLE, KY	61-0480950	509(A)(1)	69,589.	0.			P26 VOLUNTEERS OF AMERIC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WABASH GENERAL HOSPITAL FOUNDATION 1418 COLLEGE DRIVE MOUNT CARMEL, IL 62863	37-1071901	509(A)(3) TYPE I	10,000.	0.			E11 SINGLE ORGANIZATION SUPPORT
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST., DEVELOPMENT LEXINGTON, VA 24450	54-0505977	509(A)(1)	7,250.	0.			B42 UNDERGRADUATE COLLEGN (4-YEAR)
WATER WITH BLESSINGS 1902 CAMPUS PLACE, STE 11 LOUISVILLE, KY 40299	37-1639872	509(A)(1)	9,050.	0.			M99 OTHER PUBLIC SAFETY DISASTER PREPAREDNESS ANI RELIEF N.E.C.*
WATERFRONT BOTANICAL GARDENS PO BOX 5056 LOUISVILLE, KY 40255	61-1297238	509(A)(1)	214,965.	0.			C40 BOTANICAL HORTICULTURAL AND LANDSCAPE SERVICES
WATERFRONT DEVELOPMENT CORPORATION 129 RIVER RD. LOUISVILLE, KY 40202	37-1642204	170(C)(1)	516,777.	0.			N RECREATION SPORTS LEISURE ATHLETICS
WATERSTEP AKA: EDGE OUTREACH INC, 625 MYRTLE LOUISVILLE, KY 40208	61-1262016	509(A)(1)	87,837.	0.			M20 DISASTER PREPAREDNES: AND RELIEF SERVICE
WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 40257	61-0667139	509(A)(1)	44,855.	0.			P20 HUMAN SERVICE ORGANIZATIONS
WELLSPRING INC. P.O. BOX 1927 LOUISVILLE, KY 40201	31-1020023	509(A)(2)	132,192.	0.			F33 GROUP HOME RESIDENTIAL TREATMENT FACILITY-MENTAL HEALTH RELATED
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	509(A)(1)	279,700.	0.			B24 PRIMARY/ELEMENTARY SCHOOL

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST TENNESSEE ANNUAL CONFERENCE							
OF THE AME CHURCH - 600 N 4TH							
STREET - MEMPHIS, TN 38107	53-0204696	RELIGIOUS ORGANI	18,144.	0.			X20 CHRISTIAN
WESTERN KENTUCKY BOTANICAL GARDEN							C41 BOTANICAL GARDENS
P.O. BOX 22562							ARBORETA AND BOTANICAL
OWENSBORO, KY 42304-2562	61-1251188	509(A)(1)	107,000.	0.			ORGANIZATIONS
WESTERN KENTUCKY UNIVERSITY							
1906 COLLEGE HEIGHTS BLVD #11018,							
ATTN: STUDENT FINANCIAL AID -							B EDUCATIONAL
BOWLING GREE	61-6055628	509(A)(1)	95,545.	0.			INSTITUTIONS
WHAC CRITCADE FOR CHILDREN INC							
WHAS CRUSADE FOR CHILDREN INC. 520 W. CHESTNUT ST.							P30 CHILDREN'S AND YOUTH
LOUISVILLE, KY 40202	23-7075524	509(A)(1)	27,867.	0.			SERVICES
WHITNEYSTRONG INC							
3044 BARDSTOWN RD., #125							R01 ALLIANCE/ADVOCACY
LOUISVILLE, KY 40205	83-1941981	509(A)(1)	33,000.	0.			ORGANIZATIONS
WILDERNESS LOUISVILLE							C99 ENVIRONMENTAL QUALIT
PO BOX 456	46 2546014		000 100	0			PROTECTION AND
FAIRDALE, KY 40118	46-3746914	509(A)(1)	203,100.	0.			BEAUTIFICATION N.E.C.*
WILTSHIRE PANTRY INC.							
1310 E. BRECKINRIDGE STREET							FOR PROFIT - EXPENSES
LOUISVILLE, KY 40204	61-1149935	FOR PROFIT	8,207.	0.			ONLY
· · · · ·			,				
WOODBERRY FOREST SCHOOL							
402 WOODBERRY STATION							
WOODBERRY FOREST, VA 22989	54-0519590	509(A)(1)	25,000.	0.			B25 SECONDARY/HIGH SCHOO
WORLD FOOD PROGRAM USA							Q30 INTERNATIONAL
PO BOX 96316							DEVELOPMENT RELIEF
WASHINGTON, DC 20090-6316	13-3843435	509(A)(1)	8,000.	0.			SERVICES
	T2 2042422	~~~~	0,000.	U.			

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION							Q30 INTERNATIONAL
PO BOX 9716							- DEVELOPMENT RELIEF
FEDERAL WAY, WA 98063-9716	95-1922279	509(A)(1)	125,400.	0.			SERVICES
WOUNDED WARRIOR PROJECT							
PO BOX 758516							W30 MILITARY/VETERANS'
TOPEKA, KS 66675-8517	20-2370934	509(A)(1)	5,850.	0.			ORGANIZATIONS
YEW DELL INC.							C30 NATURAL RESOURCE
6220 OLD LAGRANGE ROAD							CONSERVATION AND
CRESTWOOD, KY 40014	61-1390688	509(A)(1)	397,300.	0.			PROTECTION
YMCA OF GREATER LOUISVILLE	_						
ATTN: DEVELOPMENT, 545 SOUTH 2ND ST							
LOUISVILLE, KY 40202	61-0444843	509(A)(2)	78,127.	0.			P27 YMCA YWCA YWHA YMHA
YMCA OF GREATER LOUISVILLE							
CHESTNUT STREET BRANCH - 930 WEST							
CHESTNUT ST LOUISVILLE, KY							
40203	61-0444843	509(A)(2)	16,170.	0.			P27 YMCA YWCA YWHA YMHA
YOU DECIDE KENTUCKY INC.							
119 EVERGREEN RD., #43482							
LOUISVILLE, KY 40243	86-1973146	509(A)(1)	10,000.	٥.			B99 EDUCATION N.E.C.*
YOUNG ADULT DEVELOPMENT IN ACTION,							
INC. AKA YOUTHBUILD - AKA							
YOUTHBUILD, PO BOX 638 -							P30 CHILDREN'S AND YOUTH
LOUISVILLE, KY 40201	61-1374470	509(A)(1)	181,550.	0.			SERVICES
YOUNG AUTHORS GREENHOUSE							
2509 PORTLAND AVENUE							B90 EDUCATIONAL SERVICES
	00 0070250	500(3)(1)	20.950	0			
LOUISVILLE, KY 40212 YOUTH GOLF COALITION INC.	82-2878352	505(A)(I)	30,950.	0.			AND SCHOOLS-OTHER
DBA THE FIRST TEE OF LOUISVILLE,							NEA COLE (COUNTRY CLUDG
460 NORTHWESTERN PKWY -	20 0077570	509/3//1/	13 100	^			N6A GOLF (COUNTRY CLUBS
LOUISVILLE, KY 4021	20-0977578	509(A)(I)	13,100.	0.			USE N50)

THE COMMUNITY FOUNDATION OF

Schedule I (Form 990) 2022

LOUISVILLE, INC.

31-0997017

Page 2

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

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

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

PART I, LINE 2:

THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM THAT THE RECIPIENT

ORGANIZATIONS ARE IN GOOD STANDING PRIOR TO MAKING THE DONATION. WHEN THE

DONATION IS SENT THE FOLLOWING INFORMATION IS PROVIDED TO EACH GRANT

RECIPIENT:

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

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

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

Schedule I (Form 990) LOUISVI
Part IV Supplemental Information

PURCHASED AT AUCTION). YOUR ORGANIZATION ALSO CERTIFIES IT CONTINUES TO BE

LOUISVILLE, INC.

PUBLICLY SUPPORTED AND EXEMPT UNDER IRS CODE SECTION 501(C)(3). AS A FORCE

FOR GOOD, THE COMMUNITY FOUNDATION OF LOUISVILLE IS PROUD TO SUPPORT THE

WORK OF YOUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRANT,

PLEASE CONTACT US AT 502-585-4649 OR GRANTS@CFLOUISVILLE.ORG."

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

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

SERVICE.

SCHEDULE J	Compensation Information	1	OMB No. 1545	5-0047
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			202	2
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		202	
Department of the Treasury	Attach to Form 990.		Open to P	
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspect	
Name of the organization		Employer id		number
	LOUISVILLE, INC.	31-09	97017	
Part I Question	s Regarding Compensation			
			Y	es No
	iate box(es) if the organization provided any of the following to or for a person listed on Form s	990,		
	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or				
Travel for cor				
	cation and gross-up payments			
Discretionary	spending account Personal services (such as maid, chauffeu	r, chef)		
	on line 1a are checked, did the organization follow a written policy regarding payment or			
	provision of all of the expenses described above? If "No," complete Part III to explain		1b	
•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_
•				
	ny, of the following the organization used to establish the compensation of the organization's			
	ector. Check all that apply. Do not check any boxes for methods used by a related organization	n to		
'	ation of the CEO/Executive Director, but explain in Part III.			
X Compensatio				
	compensation consultant			
X Form 990 of o	ther organizations	ommittee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	elated organization:			x
	ce payment or change-of-control payment?			X
•	ceive payment from a supplemental nonqualified retirement plan?			_
	ceive payment from an equity-based compensation arrangement?		4c	X
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only as ation 504				
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	_		
· · · · · · · · · · · · · · · · · · ·	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I		
contingent on the			F -	x
A nu volate d average			. <u>5a</u>	X
	zation?		. <u>5</u> b	^
	or 5b, describe in Part III.	_		
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I		
contingent on the	6			x
a ine organization?			. <u>6a</u>	X
	zation?		. <u>6b</u>	
	or 6b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v
	nes 5 and 6? If "Yes," describe in Part III		. 7	X
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	e		Ţ
			8	X
	lid the organization also follow the rebuttable presumption procedure described in			
Degulations costia	n 53.4958-6(c)?		. 9	

LOUISVILLE, INC.

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

31-0997017

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RONALD GALLO	(i)	311,423.	0.	0.	8,536.	687.	320,646.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW L. BACON	(i)	199,939.	0.	0.	5,782.	12,997.	218,718.	0.
EXECUTIVE VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALYSSA MANNING	(i)	142,174.	0.	٥.	4,239.	7,597.	154,010.	0.
PRESIDENT OF FELIX E. MARTIN JR. FOU	(ii)	0.	0.	0.	0.	Ο.	0.	0.
(4) HEATHER CASH	(i)	136,257.	0.	0.	4,217.	9,649.	150,123.	0.
SENIOR VP, PHILANTHROPIC SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page **2**

LOUISVILLE, INC.

Schedule J (Form 990) 2022

Page **3**

Part III Supplemental Information

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

SCHEDULE M (Form 990)

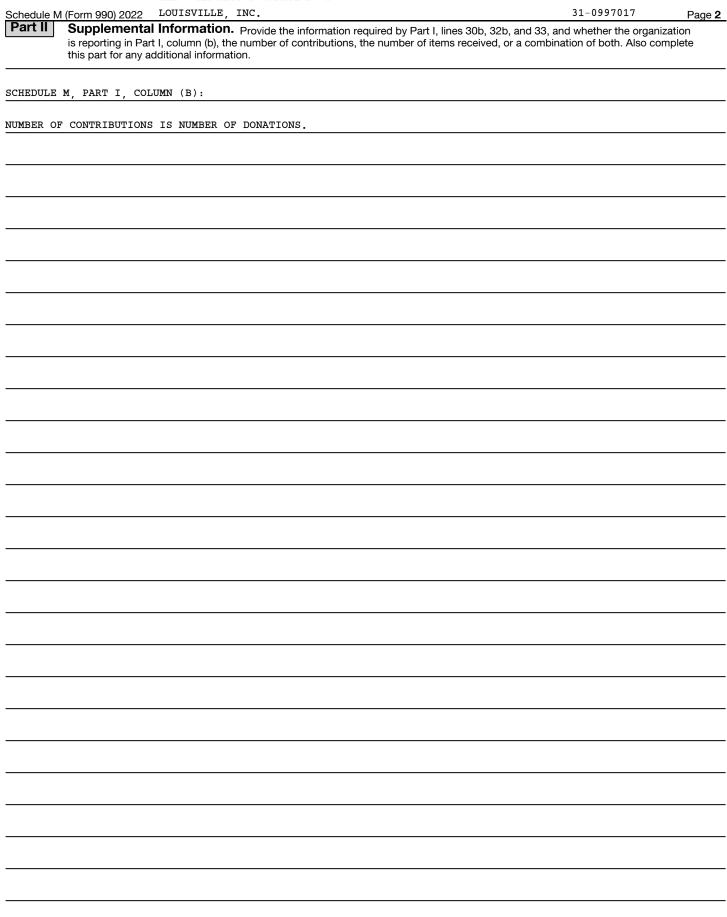
Noncash Contributions

OMB No. 1545-0047

nternal F		Complete if the or	ganizations	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	2022
	ent of the Treasury Revenue Service	Go to www.ii	s.gov/Form	Attach to Form 9 990 for instruction	990. 1s and the latest informatio	n.	Open to Public Inspection
lame	of the organiza		-				yer identification num
	g	LOUISVILLE, INC.		-			31-0997017
Part		of Property					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determining a contribution amounts
1 /	Art - Works of a	art					
		reasures					
3 /	Art - Fractional	interests					
		lications					
5 (Clothing and he	ousehold goods					
6 (Cars and other	vehicles					
		es					
		perty					
		blicly traded	Х	161	27,937,832.	FMV	
10 S	Securities - Clo	sely held stock					
11 8	Securities - Par	tnership, LLC, or					
t	trust interests		Х	2	1,900,000.	FMV	
12 S	Securities - Mis	cellaneous					
13 (Qualified conse	ervation contribution -					
H	Historic structu	ires					
14 (Qualified conse	ervation contribution - Other					
15 F	Real estate - Re	esidential					
		ommercial					
		her					
		lical supplies					
		cts					
		mens					
		urtifacts					
	Other ()					
26 (Other ()					
27 (Other ()					
28 (Other (

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

THE COMMUNITY F	OUNDATION OF
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SCHEDULE O	Supplemental Information to Form 990 or 990-	- F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on	-LZ	2022
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization		Employer	identification number
	LOUISVILLE, INC.	31-09	97017
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
AND OPEN OPPORTUNI	TY FOR ALL.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
A DRAFT OF THE RET	URN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER		
INTERNAL MANAGEMEN	T HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A		
DRAFT IS PROVIDED	TO THE FINANCE COMMITTEE FOR REVIEW AND A COPY IS		
PROVIDED TO THE EN	TIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED		
THE FINAL DRAFT OF	THE RETURN IS PREPARED AND SIGNED BY THE CHIEF FINANCIAL		
OFFICER.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
EACH BOARD MEMBER,	VOLUNTEER AND STAFF MEMBER IS REQUESTED TO PROVIDE		
ANNUALLY TO THE PR	ESIDENT OF THE FOUNDATION A LIST OF OFFICES AND		
DIRECTORSHIPS HE O	R SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND		
TO IDENTIFY HIS OR	HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.		
BOARD MEMBERS, VOL	UNTEERS AND STAFF MEMBERS SHOULD ALSO DISCLOSE A CONFLICT		
OF INTEREST:			
- PRIOR TO VOTING	ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.		
- PRIOR TO ENTERIN	G INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY		
COMMITTEE;			
- AS SOON AS POSSI	BLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST		
IN ANY OTHER CONTE	XT.		

DISCLOSURE SHOULD BE MADE TO THE BOARD CHAIR, PRESIDENT OF THE FOUNDATION,

Schedule O (Form 990) 2022	Page 2
Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.	Employer identification number 31-0997017
OR IN THE CASE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE. THE	
MINUTES OF THE MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE,	
AND THAT THE INTERESTED PARTY ABSTAINED FROM VOTING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS A HUMAN RESOURCES COMMITTEE THAT ANNUALLY REVIEWS	
INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE COMPENSATION	
FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND OFFICERS'	
COMPENSATION IS THEN APPROVED BY THE HUMAN RESOURCES COMMITTEE.	
COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE HUMAN RESOURCES COMMITTEE	
AND BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
THE COMMUNITY FOUNDATION OF LOUISVILLE IS AUDITED AS PART OF THE	
COMMUNITY FOUNDATION OF LOUISVILLE COMBINED GROUP. THE COMMUNITY	
FOUNDATION OF LOUISVILLE IS INCLUDED IN THE COMMUNITY FOUNDATION OF	
LOUISVILLE COMBINED FINANCIAL STATEMENTS.	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF THE	

FINANCIAL STATMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR FOR

THE COMBINED GROUP.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047
Name of the organizat	ion THE COMMUNITY FOUNDAT LOUISVILLE, INC.	ION OF			E	Employer ide 31-099	entification number
Part I Identificati	on of Disregarded Entities. Complete	if the organization answered "Yes"	on Form 990, Part IV, line 33.		I	51 099	
	(a)	(b)	(c)	(d)	(e)		(f)
	ress, and EIN (if applicable) disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	s Dii	rect controlling entity

of disregarded entity		foreign country)		entity
	-			
	-			
	-			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
DEPOSITORY - 31-1140889, 325 W. MAIN STREET,	FACILITATE INDIVIDUAL				FOUNDATION OF		
SUITE 1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.	x	
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
CORPORATE DEPOSITORY - 61-1100993, 325 W.	FACILITATE INDIVIDUAL				FOUNDATION OF		
MAIN STREET, SUITE 1110, LOUISVILLE, KY	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.	x	
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 I	LOUISVILLE, INC.	x	
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 I	LOUISVILLE, INC.	x	

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

SEE PART VII FOR CONTINUATIONS

LOUISVILLE, INC.

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	(f) Direct controlling entity	Section 5 contr organi:	rolled
				501(c)(3))		Yes	No
LOUISVILLE PRESERVATION FUND, INC	TYPE I SUPPORTING				COMMUNITY		
46-2871014, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE I	LOUISVILLE, INC.	x	
· · · ·					,		
	—						
	_						
	-1						
				1		1	
	\neg						

Schedule R (Form 990) 2022 LOUISVILLE, INC.

organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ו)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo allocat	tions?	amount in box	managir partner	^{or} Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	
											+
											+

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	contr enti	ity?
		country)		,				Yes	No

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

31-0997017

Page 2

THE COMMUNITY FOUNDATION OF

LOUISVILLE, INC. Schedule R (Form 990) 2022

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	a		Х
		b	х	
с	Gift, grant, or capital contribution from related organization(s)	c	х	
		d		Х
е	Loans or loan guarantees by related organization(s)	е		X
f	Dividends from related organization(s)	lf		Х
		g		Х
		h		Х
		1i		Х
		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	k		Х
		11		Х
		m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n	Х	
		о	х	
р	Reimbursement paid to related organization(s) for expenses	p		Х
q		q	Х	
r	Other transfer of cash or property to related organization(s)	Ir		X
S		s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	с	2,889,000.	FMV
(2) COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	с	6,475,676.	FMV
(3) COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	В	274,493.	FMV
(4) COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	В	537,161.	FMV
(5) FELIX E. MARTIN FOUNDATION	0	275,970.	FMV
(6) FELIX E. MARTIN FOUNDATION	Q	88,000.	FMV

THE COMMUNITY FOUNDATION OF

Schedule R (Form 990) 2022 LOUISVILLE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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)	(b)	(c)		(6	<u>۱</u>	(f)	(g)	6	ו)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a Are a partners 501(c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General	Percentage	
of entity	i innary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	tior alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership	
,		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)			
			,	100								<u> </u>	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LOUISVILLE, INC. Part VII Supplemental Information

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 DEPOSITORY

EIN: 61-1100993

325 W. MAIN STREET, SUITE 1110

LOUISVILLE, KY 40202

Form 8879-TE	***** THIS	RS NOT A FILEABLE CO RS e-file Signatu for a Tax Ex	ire Authorizatior	ן ו	OMB No. 1545-0047
			• •		
	For calendar year 2022, c		, 2022, and ending JUN 3	<u>, 20</u> <u>23</u>	2022
Department of the Treasury			Keep for your records.		LVLL
Internal Revenue Service	G NITY FOUNDATION	•	TE for the latest information	I. EIN or SSN	
LOUISVILL		OF			97017
Name and title of officer or pe	· ·	ATTHEW I. BACON		51 05	57017
Name and the of officer of pe		SENIOR VICE PRESIDENT	& ሮፑር		
Part I Type of	Return and Retu				
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. Fo	or all other forms, enter whole he return being filed with this	enter the applicable amount, if e dollars only. If you check the form was blank, then leave line return, then enter -0- on the a	box on line 1a, 2a, a 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere	b Total revenue, if any (For	m 990, Part VIII, column (A), lir	ne 12)	1b
2a Form 990-EZ che		b Total revenue, if any (For	m 990-EZ, line 9)		
3a Form 1120-POL			., line 22)		
4a Form 990-PF che			t income (Form 990-PF, Part V		4b
5a Form 8868 check	here	b Balance due (Form 8868,	line 3c)		5b
6a Form 990-T chec			rt III, line 4)		
7a Form 4720 check			t III, line 1)		
8a Form 5227 check	here	b FMV of assets at end of	tax year (Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form 5330, Part	II, line 19)		9b
10a Form 8038-CP ct			nt requested (Form 8038-CP,		10b
Part II Declarat	tion and Signatu	re Authorization of Off	icer or Person Subject	to Tax	
complete. I further declare intermediate service provia acknowledgement of rece of any refund. If applicable entry to the financial institu- financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only	that the amount in P der, transmitter, or ele- ipt or reason for rejec- a, I authorize the U.S. ution account indicate it the entry to this acco- prior to the payment ce confidential informa-	art I above is the amount sho ectronic return originator (ERC tion of the transmission, (b) t Treasury and its designated f ed in the tax preparation softv ount. To revoke a payment, I (settlement) date. I also authorition necessary to answer in ature for the electronic return	the best of my knowledge an wn on the copy of the electror between the return to the IRS he reason for any delay in pro- Financial Agent to initiate an el vare for payment of the federa must contact the U.S. Treasu prize the financial institutions i uiries and resolve issues relate and, if applicable, the consent	hic return. I consent and to receive from cessing the return o lectronic funds without l taxes owed on this ry Financial Agent a nvolved in the proce- ed to the payment. I	to allow my the IRS (a) an r refund, and (c) the date drawal (direct debit) r return, and the t 1-888-353-4537 no sssing of the electronic have selected a withdrawal.
		ERO firm name			Enter five numbers, but
with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating ch disclosure consent sc person subject to tax indicated within this re	arities as part of the IRS Fed/ reen. with respect to the entity, I w	have indicated within this retu State program, I also authorize ill enter my PIN as my signatu n is being filed with a state age re consent screen.	e the aforementione re on the tax year 20	d ERO to enter my PIN 022 electronically filed
Signature of officer or person subje	ct to tax **** THI	S IS NOT A FILEABLE CO	DPY ****	Date	9
Part III Certifica	tion and Authen	tication			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	6103120443 Do not enter		
-			2022 electronically filed return odernized e-File (MeF) Informat		
ERO's signature			Date		
			orm - See Instructions		
			RS Unless Requested	10 DO SO	0070 75
LHA For Privacy Act and	d Paperwork Reduct	ion Act Notice, see instructi	ons.		Form 8879-TE (2022)

Form 88/9-1C (2022)

Form	990-Т	Exe	empt Organization Business Income Tax Retuin (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047
		For calenda	r year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023		2022
Depart Interna	tment of the Treasury al Revenue Service	Do n	Go to www.irs.gov/Form990T for instructions and the latest information. ot enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		me of organization (Check box if name changed and see instructions.) E COMMUNITY FOUNDATION OF	DEmp	loyer identification number
B Ex	kempt under section	Print LO	UISVILLE, INC.		31-0997017
X] 501(c)(3)] 408(e) 220(e)		mber, street, and room or suite no. If a P.O. box, see instructions. 5 W MAIN ST., 1110		p exemption number instructions)
	408A 530(a) 529(a) 529A		y or town, state or province, country, and ZIP or foreign postal code UISVILLE, KY 40202	F	Check box if
		C Book v	value of all assets at end of year		an amended return.
G	Check organization	ype 🛛	K 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H (Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organizatio	n filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
JE	Enter the number of	attached S	Schedules A (Form 990-T)		1
			rporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? entifying number of the parent corporation.		Yes X No
	The books are in car	0 01	TTHEW L BACON Telephone number	502-58	35-4649
Pa	rt I Total Unr	elated B	usiness Taxable Income		
1			axable income computed from all unrelated trades or businesses (see	1	0.
2	,				
3	Add lines 1 and 2				
4			instructions for limitation rules)		0.
5		•	able income before net operating losses. Subtract line 4 from line 3		
6			oss. See instructions		0.
7			axable income before specific deduction and section 199A deduction.		
-	Subtract line 6 fro			7	
8	Specific deduction		\$1,000, but see instructions for exceptions)		1,000.
9			tion. See instructions		
10	Total deductions.	Add lines			1,000.
11	Unrelated busine	ss taxable	income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		• · ·	. 11	0.
Pa	rt II Tax Com	putation			
1	Organizations tax	able as co	prporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust rates	s. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	: 🗌 -	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	tructions			
4	Other tax amounts	. See instr	uctions	. 4	
5	Alternative minimu	m tax (trus	sts only)	. 5	
6	Tax on noncompl	iant facilit	y income. See instructions	. 6	
7	Total. Add lines 3	through 6	to line 1 or 2, whichever applies	. 7	0.
LHA	For Paperwork F	eduction	Act Notice, see instructions.		Form 990-T (2022)

Form 9	90-T (2022)		P	age 2
Part	III Tax and Payments			
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d1e	э		
2	Subtract line 1e from Part II, line 7	:		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement) 3			
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	Ļ		Ο.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	i l		٥.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9	1		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid10	3		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11	1		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryov	/er		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, lin	ne 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL carryo	over		
	523000 \$	25,416.		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that					wledge	e and belief, it is true,
Here		SENIOR VICE PRESIDENT & CFO			May the IRS discuss this return with the preparer shown below (see		
	Signature of officer	Date	Title		instru	uctions)? X Yes No	
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN
Paid					self- employ	ed	
Preparer	AMY DOSIK						P00890743
Use Only	Firm's name CHERRY BEKAERT AD	VISORY LLC			Firm's EIN		88-2730877
,		STREET STE 2100					
	Firm's address LOUISVILLE, KY	40202			Phone no.	888	8-587-1719

FORM 990-T	PRE-2018	3 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	18,076.	0.	18,076.	18,076.
06/30/18	2,604.	0.	2,604.	2,604.
NOL CARRYOV	YER AVAILABLE THIS Y	ZEAR	20,680.	20,680.

SCHEDULE A (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for

Inte	ernal Revenue Service	Do not enter SSN numbers on this form as it may be made public it your organization is a 501(c)(3)							501(c)(3) Organizations Only			
A	Name of the organization LOUISVILLE ,	_{on} THE COMMUNITY FO INC.	OUNDATION	OF		в	Employer ident 31-099701		on numb	er		
с	Unrelated business	activity code (see instruct	tions)	523000		D	Sequence:	1	of	1		

INVESTMENT IN PASS-THROUGH ENTITIES F Describe the unrelated trade or business

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 2	5	-4,523.		-4,523.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
<u>13</u>	Total. Combine lines 3 through 12	13	-4,523.		-4,523.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return	8b			
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	-4,523.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-4,523.		
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	ile A (Form 990-T) 2022

	ule A (Form 990-T) 2022					Pa	age 2
Part	III Cost of Goods Sold Enter method	od of inventory valuat	ion				
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line	2		8		1
9	Do the rules of section 263A (with respect to property pr					Yes	No
Part					rty)		
1	Description of property (property street address, city, sta	te, ZIP code). Check	if a dual-use. See inst	ructions.			
	в						
	c 🗌						
	D						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c columns A t	hrough D. Enter here	and on Part I, line 6, c	olumn (A)			0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through D. Enter		line 6, column (B)				0.
Part	V Unrelated Debt-Financed Income (see	e instructions)					
1	Description of debt-financed property (street address, cit	y, state, ZIP code). C	heck if a dual-use. See	e instructions.			
	A						
	В						
	c						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	rt I, line 7, column (A)				0.
	_						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and	d on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line 1						0.

Sched	ule A (Form 990-T) 2022	itico De	walting and D	nto from	n Control		aonization					Page 3
Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents fror	n Control		-	,	ee instruct			
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4 income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the aniza-	e connected with		
(1)									<u>g</u> , eeee			
(2)												
(3)												
(4)												
			No	1	Controlled O	-	ons					
7				otal of specif yments mad		10. Part of that is inconstruction of the controlling gross	luded	in the zation's		conr	uctions directly lected with in column 10	
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and or	n Part I,	Ent	er her	imns 6 and 11. e and on Part I, , column (B) 0 .
Part			of a Section 50	1(c)(7), (nization _{(s}	ee inst	ructions)			
	1. Desc	cription of i	income		2. Amou incon		3. Deduction directly conno- (attach state)	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4) Totals					Add amou column 2 here and ou line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B) 0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	a Income	see in	I structions)			
1	Description of exploite							000 11				
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con						-	. ,				
										3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line	12			<u></u>				7		

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals o	n a consolidated basis	3.	
	A				
	В				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the c	corresponding column.			
		A	В	с	D
2	Gross advertising income			v	
-	Add columns A through D. Enter here and on	-			0.
•	Add coldmins A through D. Enter here and on				
а З	Direct advertising costs by periodical				
	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on	Part I, line TT, column (B)			••
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a, column	s total or zero here an	d on	
D I .	Part II, line 13				0.
Part 3	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	I I	
				3. Percentage	4. Compensation
	1. Name	2. Title	9	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					0.
Part 3	XI Supplemental Information (see	e instructions)			

Schedule A	(Form 99	0-T) 202	22	

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
YEARLING FUND II LP - ORDINARY BUSINESS INCOME (LOSS) YEARLING FUND II LP - OTHER INCOME (LOSS)	-4,502. -21.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,523.

990-T SCH .	A POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	13,159.	0.	13,159.	13,159.
06/30/20	4,824.	0.	4,824.	4,824.
06/30/21	7,340.	0.	7,340.	7,340.
06/30/22	93.	0.	93.	93.
NOL CARRYO	VER AVAILABLE THIS Y	EAR	25,416.	25,416.

0065	R	eturn of U.S. Perso Certain Foreigr	ns With	Respect to		OMB	No. 1545-1668
Form OODJ		Attach to you	r tax return.	-			
	Go t	o www.irs.gov/Form8865 for inst					2022
Department of the Treasury Internal Revenue Service		Information furnished for the f beginning JUL 1	• •	and ending JUN 30	2023	Attac	hment ence No. 865
Name of person filing this r	eturn	Degining ood i	, 2022,	Ĵ.	iler's identifica		
THE COMMUNITY F					31-099701		
LOUISVILLE, INC							
Filer's address (if you aren'		r tax return)	A Category o	f filer (see Categories of Filers	in the instructions	and check app	licable box(es)):
	0	,	1 1	2	3 X	4	
			B Filer's tax y beginning	^{/ear} JUL 1	2022 , and end	ing JUN 3	30 2023
C Filer's share of liabilities	: Nonrecourse \$	Qualified nonred	course financii	ng \$	Other	\$	
D If filer is a member of a	consolidated group but n	ot the parent, enter the following ir	nformation abo	out the parent:			
Name				EIN			
Address							
E Check if any excepted s	pecified foreign financial a	assets are reported on this form. S	ee instructions	3			
F Information about certain	in other partners (see ins	tructions)					
(1) Name		(2) Address		(3) Identification number		Check applica	ble box(es)
		(2) Address		(o) Identification number	Category 1	Category 2	Constructive owner
G1 Name and address of fo		//			2(a) EIN	,	•
GOLUB CAPITAL PART	NERS INTERNATION	AL 14,				0-00000	-
L.P.	THE GERMAN					rence ID nu	IIIDEI
C/O MAPLES CORPORA					GCPI14		
GRAND CAYMAN, CAYM	IAN ISLANDS KYI-I	104			CAYMAN		se laws organized
Date of	Principal place	Principal business	, Principal bus	siness F	unctional	Excha	ange rate
4 organization 5 c 04/01/2022 CAY	rincipal place of business MAN ISLANDS	6 activity code number 7 523900	activity		urrency	8b (see ii	nstructions)
H Provide the following in							1.000000
		nt (if any) in the United States	2 Check if th	ne foreign partnership mus	st file:		
	and a second				8804 X	Form 10	65
				enter where Form 1065 is	filed:		
			E-FILE				
3 Name and address of fo	reign partnership's agent	in country of organization, if any	4 Name and a partnership,	ddress of person(s) with custor and the location of such books	dy of the books and and records, if dif	d records of th ferent	e foreign
• • •	• • •	pay or accrue any interest or roya					
allowed under section	267A? See instructions					Yes	X No
		d deductions				\$	
		, as defined in Regulations section	1.721(c)-1(b)	(14)?		Yes	X No
	cations made by the forei	• • • • • • • • • • • • • • • • • • • •				Yes	X No
		Return of U.S. Persons With Respe	-	-			0
		this return. See instructions			T T C		0
		v of the country in which it's organ					
	• •	rtnership, or an interest indirectly t	•	• •			
	•	B(d)-1(b)(4) or part of a combined	•	•			V N
1.1503(d)-1(b)(4)(II)?	' If "No," skip question 10	b		- die Demister		Yes	X No
		parate unit have a dual consolidate					
		a requiremente		~		Yes	No
	meet both of the followin						
		ear were less than \$250,000. t the end of the tax year was less th	han ¢1 million	>			
•	te Schedules L, M-1, and	•	παπφτΠΠΠΟΠ	•]		Yes	No
		http:///www.comment.com/comment/com	ictione)			Form 8865 (2022)
LIN I OF THEADY ALL AND		ior notico, soo ine separate institu					

Form 8865 (2	2022)	THE COM	MUNITY FOUNDATION	OF LO	DUISVILLE,						31-	-099701	.7		Page 2
resp b Ente	pect to any er the amo	y transactio ount of gro	8865 claiming a foreign-der on with the foreign partners ss receipts derived from all ion of foreign-derived dedu	hip? If " sales of	Yes," complete lines 1 general property to t	12b, 12 the fore	c, and 12d. Se ign partnershi	e instruction p that the file	s r			□ Y	es	X] No
		•	ss receipts derived from all ion of FDDEI		intangible property t		• •								
d Ente	er the amo		ss receipts derived from all	services	s provided to the fore	ign par	tnership that t	he filer incluc	led in						
13 Ente	 its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership 														
14 At a									Y	es	X	No			
Sign Here Only if You're Filing This Form Separately and Not With Your	correct, a		rjury, I declare that I have examir e. Declaration of preparer (other t												
Tax Return.	_		eneral partner or limited liability of									PTIN	Da	te	
Paid Print/Type preparer's name Preparer's sig Preparer			rer's signature			Date	Check i i self-employed								
Use Firm's name									Firm	's EIN					
Only	Firm's a	ddress _							Phor	ne no.					
Schedule		box b	ructive Ownership of , enter the name, add st you constructively of Owns a direct interest	ress, a	nd U.S. taxpayer	r iden [.] b	tification nu	•	ny) of	the	perso	•			Check if direct partner
Schedule	e A-1	Certa	in Partners of Foreig	n Part	mership (see in:	struct	tions)								
		Name			Add	ress			ŀ	dentific	ation n	umber (if ar	іу)		Check if foreign person
														-+	
Schedule	e A-2	Foreid	n Partners of Section	on 721	(c) Partnership	(see	instruction	s)						I	
Name of fore partner	oreign Address				Country of organization (if any)	(000	U.S. tax identification (if an	bayer n number		if relate transfe		Per Capital		je interes Pr	st ofits
					(ii any)		(11 21)	y)	1				%		
													-70 %		<u>%</u> %
Does the par	tnershin h	I ave any of	her foreign person as a dire	oct nartn	er?				<u> </u>			Yes	/0	X	No 70
Schedule		Affilia	tion Schedule. List a cite to the second sec	all part	nerships (foreign	or do	omestic) in v	which the 1	foreig	n pa	rtner		ins		
		Name			Add	ress				EIN any)			al ordir ome or		Check ir foreign partner- ship
			1					1							1

Form 8	865	(2022)
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SCHEDULE O (Form 8865)
(Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	Attach	to Form 886	5. See the	Instructions	for Form 8865.
--	--------	-------------	------------	--------------	----------------

Department of the Tre Internal Revenue Serv	asury ice		► Go	to www.irs.gov/Form	8865 for instructions			ation.					
Name of transfero				JNDATION OF				Filer's ident		ımber			
Name of four income			E, INC.					31-099					<u> </u>
Name of foreign p	artnership			AL PARTNERS INTE	RNATIONAL 14,		EIN (if any)) numi	er (se	ee instr)
		L.P					00-0000		GCPI14		-		
				rship (as defined in Regu				IS	l		Yes	X	
,	0			lied to avoid the recognit	0 1		1 2		l		Yes		No
				onsidered or anticipated to defined in Regulations s					[<u>г</u> ,	Yes	X	No
				ction 6038B							103		NU
Type of property	(a) Date trans) e of	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis		e) y period	(f) Section 704 allocation me				(g) ecogniz ransfer	ed
Cash	12/09/2	22		1,600,000.									
Stock, notes													
receivable and payable,													
and other													
securities													
										_			
Inventory													
-													
-										-			
Tangible property										-			
used in trade										-			
or business													
Intangible													
property described in													
section													
197(f)(9) Intangible										_			
property, other													
than intangible property													
described in										-			
section 197(f)(9)										-			
Other										-			
property										1			
										1			
Totals				1,600,000.									
3 Enter the tr	ansferor's	percent	age interest	in the partnership: (a) Be	fore the transfer	1.0500	%	(b) After	the tran	sfer		.31	00 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	Part II Dispositions Reportable Under Section 6038B												
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner						
Part III Is any	transfer reported c	on this schedule su	bject to gain recog	nition under section 90		f)(5)(F)? ►	Yes X No						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 10-2021

SCHEDU (Form 88) (December 2) Department of th Internal Revenue	8865) Under Section 721(c) of the Treasury enue Service ► Attach to Form 8865. See the Instructions for Form 8865. ► Go to www.irs.gov/Form8865 for instructions and the latest information.												OMB No. 1	545-1668			
Name of perso LOUISVILL	•	8865 THE COM	MUNITY FO												er's identific 0997017	cation numb	er
Name of partr GOLUB CAP	•	NERS INTERNATIC	DNAL 14,						X	Successor partnership	EIN (i 00-	f any) 0 0 0 0 0 0 0 0			erence ID nur I14LP	nber (see instri	uctions)
	ITAL PART	NERS INTERNATIC	,							Successor U.S. transferor	Filing	year: (see inst Tax year of ga	-		ntribution	X Annual	reporting
Part I	Section	721(c) Property		í í								1					
1. Tax year c contributic		2. pription of property	3. Recovery period	4. Section 197(f)(9) property	5. Effectively connected income property	Fa	6. (air market value	On the date of co (b) Basis	ontribu	ution (c) Built-in ga	iin	(a) Acceleration (including partial acceleration event)	(b) Termina		7. Events (c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer
1																	
2																	
3																	
4																	
4a		art I additional nt(s), if any															
Do the t		rship rules of Regula														🗌 Yes	X No
Part I, line number	Remai	ining Built-in Gain, Remedial Income, and Gain (a) (b) gaining built-in gain at eginning of tax year Remaining built-in gain at end of tax year					Recognition (see instructions) (c) Remedial income allocated to U.S. transferor			dı	(d) Gain recognized due to acceleration event				(e) Gain recognized due to section 367 transfer		
1 2																	
3																	
4																	
Total*																	

* Total must include any amounts included on an attached statement. See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule G (Form 8865) (Rev. 12-2021)

Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions) Part III 2. Gain 1. Income 3. Deduction 4. Loss (a) (b) (c) (a) (b) (c) (a) (b) (c) (a) (b) (c) Part I, U.S. Related domestic Related foreign line transferor partners partners transferor partners partners transferor partners partners transferor partners partners number 1 % % % % % % % % % % % % 2 % % % % % % % % % % % % 3 % % % % % % % % % % % % 4 0⁄6 0⁄6 % 0/ 0% % 0/ % % % % % Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property (see instructions) Part IV 1. Income **2.** Gain 3. Deduction 4. Loss Part I. (a) (b) (a) (b) (a) (b) (a) (b) line Book Тах Book Тах Book Тах Book Тах number 1 2 3 4 Part V Additional Information (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. Yes No 1 During the tax year, did an acceleration event or partial acceleration event (as described in Regulations section 1.721(c)-4 or Regulations section 1 1.721(c)-5(d)) occur with respect to one or more section 721(c) properties? 2 2 During the tax year, did a termination event (as described in Regulations section 1.721(c)-5(b)) occur with respect to one or more section 721(c) properties? 3 3 During the tax year, did a successor event (as described in Regulations section 1.721(c)-5(c)) occur with respect to one or more section 721(c) properties? 4 4 During the tax year. was there a tax disposition of a portion of an interest in the partnership (as described in Regulations section 1.721(c)-5(f))? 5 During the tax vear, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in 5 Regulations section 1.721(c)-5(e))? 6a Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b 6a Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? 6b b 7a Was a copy of the waiver of treaty benefits (as described in Regulations section 1.721(c)-6(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b 7a b With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? 7b See Regulations section 1.721-6(b)(3)(vi) Part VI Supplemental Information (see instructions)

SCHEDULE	Н
(E 000C)	

(Form	8865)
(Novembe	er 2018)

Department of the Treasury Internal Revenue Service

Acceleration Events and Exceptions Reporting Relating to Gain Deferral Method Under Section 721(c)

OMB No. 1545-1668

► Attach to Form 8865. See the Instructions for Form 8865.

Internal Revenue Se	ervice Figure Go to www.i	rs.gov/Form	8865 for instr	ructions	and the latest	t informat	tion.			
	filing Form 8865 ITY FOUNDATION OF		F		ntifying number		·			
Name of partner GOLUB CAPIT	ship FAL PARTNERS INTERNATIONAL 14	ŀ,	X Success partners		EIN (if any) 00-00000	000	Reference ID numb GCPI14LP	oer (see ins	truction	is)
Name of U.S. tra	ansferor (see instructions)		Success	sor	Filing year:	(see instru	ictions)			
	TAL PARTNERS INTERNATIONAL 14	,	U.S. trai	X Annu	ual rep	orting				
	cceleration Event (see instruc	tions)								
(a) Schedule G, Part I, line number	(b) Description of event		(c) Date of event		(d) Gain recognized	P	(e) Partnership's adjustn to section 721(c) property tax basis		Pa acce	(f) artial leration vent
										<u> </u>
Part II T	ermination Event (see instruct	ions)								
(a) Schedule G, Part I, line number			(b) Descriptio of event	n				(c) Date of event		
(a) Schedule G, Part I, line number	uccessor Event (see instructio (b) Description of event			ip, lower-tie	(d) yer identification nur r partnership, upper ation (as applicable)	-tier partne				
			event			•	, , , ,			
			-							
Part IV Ta	axable Disposition of a Portio	n of an In	terest in Pa	artners	ship Event	(see ins	structions)			
	(a) Description of event	(b) Date of event	(c) Percen of partne interest di	itage ership	(d) Percentage of partnership interest retaine	»	(e Aggregate built-in gain a partnership int	remaining attributed to		
Part V S	ection 367 Transfer Event (se	e instructi	ons)							
(a) Schedule G, Part I, line number	(a) (b) nedule G, Description Part I, of			rec	(d) Gain cognized	Ν	(e) Name, address, and of foreign tra corporation (as a	nsferee	any)	
Part VI S	upplemental Information (see	instructio	ns)	1						
	· · · · · · · · · · · · · · · · · · ·									

Return of U.S. Persons With Respect to Certain Foreign Partnerships									OMB No. 1545-1668			
Form OOUJ		Atta	ach to you	r tax return.	-					n		
	Go	to www.irs.gov/Form88				on.			2022	2		
Department of the Treasury Internal Revenue Service		Information furnishe	JUL 1	• •		30	2023	Attac	hment ence No.	365		
Name of person filing this re	eturn	beginning	UOL I	, 2022,	, and ending JUN		, 2023 s identificat					
THE COMMUNITY F							1-099701					
LOUISVILLE, INC								-				
Filer's address (if you aren't		ur tax return)		A Category o	of filer (see Categories of	Filers in the	e instructions a	and check app	licable box	(es)):		
		,		1 1	2	3	X	4				
				B Filer's tax y beginning	year JUL 1	, 202	22 , and end	ing JUN	30 .	2023		
C Filer's share of liabilities	Nonrecourse \$	Qualit	fied nonre	course financir	ng \$		Other	\$				
D If filer is a member of a	consolidated group but	not the parent, enter the f	ollowing in	nformation abo	out the parent:							
Name						EIN						
Address												
E Check if any excepted sp	ecified foreign financia	assets are reported on th	nis form. S	ee instructions	3							
F Information about certai	n other partners (see in	structions)										
(1) Name		(2) Addres	99		(3) Identification nu	Imher		Check applica				
	33		(o) lucitatication ne		Category 1	Category 2	Construct	ive owner				
								(if any i)				
G1 Name and address of for	5 1 1						2(a) EIN	(11 any) D – 0 0 0 0 0 0	0			
AG DLI IV ANNEX, L	· ^P ·							rence ID nu				
ONE NEXUS WAY							GCPI14		IIIDOI			
GRAND CAYMAN, CAYM	AN ISLANDS KY1-	9005						under who	se laws or	roanized		
							CAYMAN :			gamzou		
4 Date of organization 5 o	rincipal place f business	6 Principal busin activity code r	ness	Principal bus	siness 8	a Funct		8b Excha	ange rate	e)		
	MAN ISLANDS	523900	I	NVESTMENTS		SD	ncy	(300)	1.00	,		
H Provide the following in	formation for the foreig	n partnership's tax year:			·							
1 Name, address, and ider	ntification number of ag	ent (if any) in the United S	States	2 Check if th	ne foreign partnershi	o must fil	e:					
				Fo	orm 1042	Form 88	04 X	Form 100	65			
				Service Ce	enter where Form 10	65 is filed	:					
				E-FILE	ddress of person(s) with	custody of	the books and	I records of th	e foreign			
3 Name and address of fo	reign partnership's agei	nt in country of organization	on, if any	4 partnership,	and the location of such	books and	records, if dif	ferent	eibreigh			
E Duning the tourney di	al the fourther worth such				ha daduatian is nat							
		p pay or accrue any intere	-	-				Yes	X	No		
lf "Ves " enter the total	amount of the disallow	ed deductions						¢				
		p, as defined in Regulatio						Ψ Yes	X	No		
	ations made by the fore							Yes	X			
	-	Return of U.S. Persons V										
		to this return. See instruc		-	-				0			
		w of the country in which					LLC					
10 a Does the filer have an	interest in the foreign p	artnership, or an interest	indirectly	through the fo	reign partnership, th	at's a						
separate unit under Re	egulations section 1.150	03(d)-1(b)(4) or part of a	combined	separate unit ı	under Regulations se	ction						
1.1503(d)-1(b)(4)(ii)?	If "No," skip question 1	0b						Yes	X	No		
b If "Yes," does the sepa	rate unit or combined s	eparate unit have a dual c	onsolidate	d loss, as defi	ned in Regulations					-		
section 1.1503(d)-1(b)(5)(ii) ?							Yes		No		
11 Does this partnership	meet both of the follow	ing requirements?			J							
		year were less than \$250		. .	•					7		
	•	at the end of the tax year	was less t	han \$1 million.	• [Yes		No		
	e Schedules L, M-1, an	d M-2.			J					F (0000)		

 $\mathsf{LHA} \quad \text{For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.}$

Form 8865 (2022)

Form 8865 (2	2022)	THE COM	MUNITY FOUNDATION	OF LO	DUISVILLE,						31-	-099701	.7		Page 2
resp b Ente	pect to any er the amo	y transactio ount of gro	8865 claiming a foreign-der on with the foreign partners ss receipts derived from all ion of foreign-derived dedu	hip? If " sales of	Yes," complete lines 1 general property to t	12b, 12 the fore	c, and 12d. Se ign partnershi	e instruction p that the file	s r			□ Y	es	X] No
		•	ss receipts derived from all ion of FDDEI		intangible property t		• •								
d Ente	er the amo		ss receipts derived from all	services	s provided to the fore	ign par	tnership that t	he filer incluc	led in						
13 Ente	er the num	nber of fore	eign partners subject to sec ceiving a distribution from t	tion 864	(c)(8) as a result of t	ransfer	ring all or a po	ortion of an in	iterest	in					
14 At a	any time d	uring the ta	ax year were any transfers l tions section 1.707-8?	between	the partnership and it	ts partr	ners subject to	the disclosu	re			Y	es	X	No
Sign Here Only if You're Filing This Form Separately and Not With Your	correct, a		rjury, I declare that I have examir e. Declaration of preparer (other t												
Tax Return.	_		eneral partner or limited liability of										Da	te	
Paid Preparer		e preparer's name Preparer's signature Date Check if self-employed PTIN													
Use	Eirmie nome														
Only															
Schedule		box b	ructive Ownership of , enter the name, add st you constructively of Owns a direct interest	ress, a	nd U.S. taxpayer	r iden [.] b	tification nu	•	ny) of	the	perso	•			Check if direct partner
Schedule	e A-1	Certa	in Partners of Foreig	n Part	nership (see in	struct	tions)								
		Name			Add	ress			ŀ	dentific	ation n	umber (if ar	іу)		Check if foreign person
														-+	
Schedule	e A-2	Foreid	n Partners of Section	on 721	(c) Partnership	(see	instruction	s)						I	
Name of fore partner			Address		Country of organization (if any)	(000	U.S. tax identification (if an	bayer n number		if relate transfe		Per Capital		je interes Pr	st ofits
					(ii aiiy)		(11 21)	y)	1				%		
													-70 %		<u>%</u>
Does the par	tnershin h	I ave any of	her foreign person as a dire	oct nartn	er?							Yes	/0	X	No 70
Schedule		Affilia	tion Schedule. List a cite to the second sec	all part	nerships (foreign	or do	omestic) in v	which the 1	foreig	n pa	rtner		ins		
		Name			Add	ress				EIN any)			al ordir ome or		Check ir foreign partner- ship
			1					1							1

Form 8	865	(2022)
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(Form	8865)
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SCHEDULE O

(Rev. October 2021)

Department of the Treasury

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

Attach to Form 8865. See the Instructions for Form 8865. Go to www.irs.gov/Form8865 for instructions and the latest information

Internal Revenue Serv	rice				and the lat					
Name of transfero	THE COMMU	JNITY FOU	NDATION OF				Filer's identi	fying nun	nber	
	LOUISVILI	E, INC.					31-099	7017		
Name of foreign p	artnership AG	DLI IV A	NNEX, L.P.			EIN (if any)		Referen	ce ID number (see instr)	
						00 - 0000	000	GCPI14	LG	
b If "Yes," wa2 Was any in time therea	s the gain deferral tangible property t fter, a platform co	method app ransferred c ntribution as	rship (as defined in Regu lied to avoid the recogniti onsidered or anticipated t defined in Regulations so	on of gain upon the cont o be, at the time of the ti	ribution of pr ansfer or at a	operty? iny		[Yes X No Yes No Yes X No	
Part I Tr	ansfers Reportab	le Under Se	ction 6038B							
(a)(b)(c)(d)(e)Type of propertyDate of transferDescription of propertyFair market value on date of transferCost or other basisRecovery per basis							(f) Section 704 allocation me			
Cash	07/01/22		5,200,000.							
Stock, notes receivable and payable, and other securities										
Inventory										
Tangible property used in trade or business										
Intangible property described in section 197(f)(9)										
Intangible property, other than intangible property described in section 197(f)(9)										
Other property										
Totals			5,200,000.							
3 Enter the tr	ansferor's percent	age interest	in the partnership: (a) Be	fore the transfer	.0000	%	(b) After	the trans	fer .3211 %	

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	Part II Dispositions Reportable Under Section 6038B												
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner						
Part III Is any	transfer reported o	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(f)(5)(F)? ►	Yes X No						
	14. For Deserved, Deduction Act Nation and the Instructions for Form 0005												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021