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132001 01-23-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public

Open to Public Inspection

| A | For the | 2011 calendar year, or tax year beginning and e | ending | | | | | | | |
|---------------------|-----------------------------|--|--------------|------------------------------|--------------------------------|--|--|--|--|--|
| В | Check if applicable | C Name of organization | _ | D Employer identific | cation number | | | | | |
| | Address Change | GREATER LOUISVILLE FOUNDATION, INC. | | | | | | | | |
| | Name change | Doing Business As | | 61-1 | 131064 | | | | | |
| | Initial | | Room/suite | E Telephone number | | | | | | |
| F | Termin- | | 5000 | t · |)625-0000 | | | | | |
| F | lated Amende | | 000 | G Gross receipts \$ 687,077. | | | | | | |
| _ | ⊒return ∏Applica tion | LOUISVILLE, KY 40202 | | H(a) Is this a group return | | | | | | |
| | pending | | | for affiliates? | Yes X No | | | | | |
| | | 614 WEST MAIN STR, SUITE 6000, LOUISVII | ле к | H(b) Are all affiliates inc | | | | | | |
| $\overline{\Gamma}$ | Tax-exe | mpt status X 501(c)(3) | | 1 | list (see instructions) | | | | | |
| | | WWW.GREATERLOUISVILLE.COM | ,, <u> </u> | H(c) Group exemption | | | | | | |
| | | organization: X Corporation Trust Association Other | I Year | | State of legal domicile: KY | | | | | |
| | | Summary | 12.700. | 01101111411011 | Otato of logal dollations, 202 | | | | | |
| | | riefly describe the organization's mission or most significant activities PROVI | IDE LE | ADERSHIP ON | | | | | | |
| Governance | 1 - | INITIATIVES THAT IMPACT THE SUCCESS OF OU | | | NTRIBUTE TO | | | | | |
| ı. | 2 | Check this box I if the organization discontinued its operations or dispos | | | | | | | | |
| Ve. | 3 1 | lumber of voting members of the governing body (Part VI, line 1a) | | 3 | 55 | | | | | |
| | 4 1 | lumber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 55 | | | | | |
| 1 eg | | otal number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 0 | | | | | |
| ite / | | otal number of volunteers (estimate if necessary) | | 6 | 225 | | | | | |
| Activities | ſ | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | | |
|) * | 1 | let unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | | | |
| ()—— | | | | Prior Year | Current Year | | | | | |
| 2 4 | 8 0 | Contributions and grants (Part VIII, line 1h) | | 1,482,598. | 677,538. | | | | | |
| 3 e | 9 F | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | | |
| Revenue | 10 1 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 4,877. | 1,979. | | | | | |
| ت م | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 7,560. | | | | | |
| | 1 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,487,475. | 687,077. | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 674,687. | 732,954. | | | | | |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | | |
| ģ | 15 5 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | | | | |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| ĝ | .∣b⊓ | otal fundraising expenses (Part IX, column (D), line 25) | _\c_ | | | | | | | |
| Û | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | /w/_ | 2,792. | 28,980. | | | | | |
| | 18 7 | otal expenses Add lines 13-17 (must equal Part IX, column (A) 100-25) | 16/ | 677,479. | 761,934. | | | | | |
| | 19 F | otal expenses Add lines 13-17 (must equal Part IX, column (A)=100-25) Revenue less expenses Subtract line 18 from line 12 | 18/ | 809,996. | <u>-74,857.</u> | | | | | |
| Net Assets or | 3 | المراكب المراك | B) | ginning of Current Year | End of Year | | | | | |
| Sets | § 20 1 | Total assets (Part X, line 16) | | 1,213,887. | 1,248,993. | | | | | |
| t As | 21 7 | Total liabilities (Part X, line 26) | | <u>48,523.</u> | 158,486. | | | | | |
| 2 | 22 1 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 | | 1,1 <u>65,</u> 364. | 1,090,507. | | | | | |
| | | Signature Block | <u>-</u> | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is | | | | | |
| tru | e, correct | , and complete. Declaration of preparer (other than officer is based on all information of wh | uch preparer | has any knowledge. | | | | | | |
| | - | I will to the them le | 10 | Data 1 | | | | | | |
| Sig | gn | Signature of officer | | Date / | 3/12- | | | | | |
| He | re | TRACEE TROUTT | | Ψ ι | 7/10 | | | | | |
| | | Type or print name and title | | Date Check | DTIN | | | | | |
| | [| Print/Type preparer's name Preparer's signature | 1 | ₁ | PTIN | | | | | |
| Pai | r | MICHAEL J. VOGEL MICHAEL J. VOGEL | ل ال | 05/24/12 self-employ | | | | | | |
| | · | Firm's name HARDING SHYMANSKI & CO, PSC | | Firm's EIN | 35-1346211 | | | | | |
| US | e Only | Firm's address 501 S. SECOND STREET, SUITE 200 | | | 00 504 4140 | | | | | |
| _ | <u></u> | LOUISVILLE, KY 40202 | | Prione no. 5 | 02-584-4142 X Yes No | | | | | |
| Ma | ıv tne IH | S discuss this return with the preparer shown above? (see instructions) | | | LX Yes | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2011)

Form 990 (2011)

Form 990 (2011) GREATER LOUISVILLE FOUNDATION, INC. 61-1131064 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X_ 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D. Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals Х 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Х

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

20a

20b

X

X

Х

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

1

| (2011) | | | Note. All Form 990 lilers are required to complete Schedule O | |
|---------------|--|------------|--|------------|
| | x | 38 | Note. All Form 990 filers are required to complete Schedule O | 38 |
| | | — — | | 36 |
| x | | 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | J1 |
| | <u> </u> | | | 37 |
| | X | 36 | If "Yes," complete Schedule R, Part V, line 2 | |
| | | | | 36 |
| X | | 35b | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | J |
| — | | 555 | | ooa b |
| X | | 35a | in res, complete schedule A, Parts II, III, IV, and V, line II ia Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 352 |
| | Х | 34 | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 5 7 |
| 1 | | | | 34 |
| х | | 33 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | <i>-</i> |
| | | | | 33 |
| х | | 32 | Schedule N, Part II | JŁ |
| | | | the state of the s | 32 |
| х | | 31 | If "Yes," complete Schedule N, Part I | J I |
| — | | | | 31 |
| х | | 30 | contributions? If "Yes," complete Schedule M | 50 |
| | | 25 | | 30 |
| $\frac{x}{x}$ | | 29 | | 29 |
| х | 1 | 28c | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | С |
| ┼ <u>^</u> | <u> </u> | ∠oD | b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | |
| X | \vdash | 28a 28b | a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | |
| Y | 1 | 290 | instructions for applicable filing thresholds, conditions, and exceptions) | _ |
| | 1 | | | 28 |
| <u> </u> | $\vdash \vdash$ | 27 | of any of these persons? If "Yes," complete Schedule L, Part III | 00 |
| v | | 0.7 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | |
| 1 | 1 | | | 27 |
| X | \vdash | 26 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | |
| v | l | | | 26 |
| X | | 25b | Schedule L, Part I | ~ |
| v | ĺ | OF. | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | |
| | ĺ | | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | D |
| +≏ | i | 25a | disqualified person during the year? If "Yes," complete Schedule L, Part I | L |
| x | ĺ | 25- | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | ∠⊃a |
| + | | 240 | | |
| - | | 24c 24d | any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | ,, |
| | | 24c | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | C |
| + | | 24b | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | |
| ┼^- | | | | h |
| x | | 24a | Schedule K. If "No", go to line 25 | |
| | | | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 240 |
| + | | 23 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 242 |
| | х | 23 | Schedule J | |
| | | | 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 | 23 |
| <u> </u> | | 22 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 00 |
| . | | 000 | | 22 |
| | X | 21 | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | |
| | l | | | 21 |
| No No | Yes | | | |
| _ | | | | |

Form 990 (2011) GREATER LOUISVILLE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | | | | | | |
|---|---|----------------------------|------------|--|---------------------------------|--|--|--|--|--|--|
| | | | | Yes | No | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | la 2 | | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | ıь <u>О</u> | | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | ortable gaming | ľ | | | | | | | | |
| | (gambling) winnings to prize winners? | 1 | 1c | _X_ | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | | 2a 0 | i | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ? | 2b | | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | <u>X</u> | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b_ | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | | 4a | | X | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| b If "Yes," enter the name of the foreign country | | | | | | | | | | | |
| E 0 | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac | counts | 5a | | <u> </u> | | | | | | |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | on? | 5b | | $\frac{\mathbf{x}}{\mathbf{x}}$ | | | | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | OII. | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | organization solicit | - 00 | | | | | | | | |
| - Cu | any contributions that were not tax deductible? | organization contin | 6a | | Х | | | | | | |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or gifts | | | | | | | | | |
| | were not tax deductible? | J | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi | ces provided to the payor? | 7a | | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | required | | | | | | | | | |
| | to file Form 8282? | 1 | 7c | _ | _X_ | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor | | 7e | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | | 7f | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | 7 <u>g</u> | | | | | | | | |
| h | | | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | | | | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at an | y tille during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | | 9a | | | | | | | | |
| a h | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | - | | | | | | | | |
| а | | 0a | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | 0b |] | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | | | | | | | | |
| а | Gross income from members or shareholders | 1a |] | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them) | 1b | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | 041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 2b | 1 | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | <u> </u> | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | |] | | | | | | | |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | | | | | | | | | |
| | 9 | 3b | - | | | | | | | | |
| | | 3c | - | | v | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 0 | 14a | | X | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | 14b | 990 | (2011) | | | | | | |

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

| | Check if Schedule O contains a response to any question in this Part VI | | | | | X | | | | | | | |
|------------|--|-----------|-----------------------|----------|-------------|-------------|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | | | |
| | | 1 | 1 | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 5.5 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 55 | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ıp wıth | any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | X | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direc | t supervision | | | | | | | | | | |
| | of officers, directors, or 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 | 990 wa | is filed? | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6_ | | X | | | | | | | |
| 7a | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | | | |
| | more members of the governing body? | | | _7a | | X | | | | | | | |
| b | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | | | |
| | persons other than the governing body? | | | | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ear by th | e following: | | | | | | | | | | |
| а | The governing body? | | | 8a | X | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | <u> </u> | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | ached : | at the | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | _ | X | | | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal i | Revenu | e Code) | | | <u> </u> | | | | | | | |
| | | | | | Yes | No | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | | | | | |
| b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | 1 | ٠,, | | | | | | | | |
| 12a | • | | a . • | 12a | X | | | | | | | | |
| þ | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | | 12b | X | | | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | Yes," d | escnbe | | | | | | | | | | |
| | in Schedule O how this was done | | | 12c | X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | - | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | <u> </u> | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and appro | | naepenaent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | 7 | | | v | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | | | | | | | | |
| b | Other officers or key employees of the organization | | | 15b | ^ | 1 | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | omost: | with a | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | ement v | vitti a | 160 | | x | | | | | | | |
| _ | taxable entity during the year? | ate de | narticipation | 16a | <u> </u> | ├ ^ | | | | | | | |
| þ | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of the organization of the procedure requiring the organization to evaluate the organization of the organizat | | | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | ainzauc | 115 | 16b | | | | | | | | | |
| 500 | exempt status with respect to such arrangements? | | | TIOD | 1 | | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed ►KY | | | | | _ | | | | | | | |
| 17 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | T (Sec | tion 501(c)(3)s only) | availal | ole | | | | | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | 1 1000 | aon oo nogoja oniy) | aranai | | | | | | | | | |
| | Own website Another's website X Upon request | | | | | | | | | | | | |
| 40 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, | conflict | of interest policy a | nd fina | ncial | | | | | | | | |
| 19 | | | o. intorout policy, a | | | | | | | | | | |
| ^ | statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books | and rec | cords of the organiz | ation· ■ | > | | | | | | | | |
| 20 | CHRISTY CORUM - 502-625-0054 | ٠٠٠٠ ١٥١ | .s. as or and organiz | | | | | | | | | | |
| | 614 WEST MAIN STREET, SUITE 6000, LOUISVILLE, KY | 402 | 202 | | | - | | | | | | | |
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| Form | 990 | (2011) |

GREATER LOUISVILLE FOUNDATION, INC.

61-1131064

Page 7

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

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) Name and Title | (B) Average hours per week | box | not ci | Posi heck r ss per d a di | nore son i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|---|--------------------------------|--|------------------------------------|---------------|--|--|--|--|--|
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) GREG FISCHER | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | ļ | | 0. | 0. | 0. |
| (2) JONATHAN S BLUE | 1 00 | l | | | | | 1 | | ^ | |
| BOARD MEMBER | 1.00 | X | | | | ▙ | ļ | 0. | 0. | 0. |
| (3) JEFF BRINGARDNER | 4 00 | | | ,, | | | | | • | |
| CHAIRMAN-ELECT | 4.00 | X | | Х | | | - | 0. | 0. | 0. |
| (4) DAVE CALZI | 1 00 | ,, | | | | | 1 | | • | _ |
| BOARD MEMBER | 1.00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| (5) PAUL COSTEL | 1 00 | ٦, | | | | | ļ | 0. | 0. | _ |
| BOARD MEMBER | 1.00 | X | | - | | ┢ | ┢ | U • | <u> </u> | 0. |
| (6) CHARLES P DENNY | 1 00 | . | | | | | | 0. | 0. | _ |
| BOARD MEMBER | 1.00 | X | - | \vdash | | ├ | ├ | | | 0. |
| (7) JOHN H HAWKINS, JR | 4.00 | v | | x | | | | 0. | 0. | 0. |
| TREASURER | 4.00 | ^ | | Λ | | ├- | | 0. | | 0. |
| (8) KENNEDY HELM, III | 1.00 | v | | | | | ļ | 0. | 0. | _0. |
| BOARD MEMBER | 1.00 | ^ | | | - | | ┢ | | <u> </u> | |
| (9) ALICE HOUSTON | 1.00 | v | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (10) DAN JONES | 1.00 | ^ | | | \vdash | | | | | |
| BOARD MEMBER | 1.00 | x | - | | | | | 0. | 0. | _0. |
| (11) TIERRA KAVANAUGH TURNER | 1.00 | 1 | | | | | | | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 5,338. | 0. |
| (12) ROBERT LEKITES | | | | | | | | | 07.000 | <u> </u> |
| CHAIRMAN-PAST | 4.00 | $ \mathbf{x} $ | l | x | | | | 0. | 0. | 0. |
| (13) JENNIFER MACKIN | | | | | | | | | | |
| BOARD MEMBER | 1.00 | \mathbf{x} | | | | | | 0. | 0. | 0. |
| (14) MARY PAT REGAN | | | | | | | | | | |
| CHAIRMAN | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (15) BILL SAMUELS, JR | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | L | L | | | | 0. | 0. | 0. |
| (16) DEBBIE S SCOPPECHIO | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | L | | | | | 0. | 0. | 0. |
| (17) EVELYN STRANGE | | | | | 1 | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

| Section A. Officers, Directors, | | mple | oyee | | | High | eșt | | l . | —-т | | | |
|--|--------------------------|---------------------|----------------------|---------|--|------------------------------|--------|------------------------------|-------------------------|------------------|---------|----------------------------|-------------|
| (A) | (B) Average | } | | • | C) sition | 1 | | (D) | (E) | 1 | _ | (F) | |
| Name and title | hours per | | not c | heck | more | than | | Reportable compensation | Reportable compensation | n | | itimate nount | |
| | week | offi | | | | or/trus | | from | from related | | | other | |
| | (describe | ector | | | | | 1 | the | organizations | | | pensa | |
| | hours for related | ap 10 | 22 | | 1 | ated | | organization | (W-2/1099-MIS | (C) | | om th | |
| | organizations | trustee or director | trust | | ₂₂ | npens | ļ | (W-2/1099-MISC) | | - 1 | _ | anızat d relat | |
| | ın Schedule | dualt | nstitutional trustee | _ | Key employee | st cor | 1 25 | | | | | anızatı | |
| | 0) | Individual | Institu | Officer | Key er | Highest compensated employee | Form | | | | | | |
| (18) PAUL W THOMPSON | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | ├- | - | | 0. | | 0. | | | 0. |
| (19) SCOTT TRAGER | 1 00 | ٠, | | | | İ | | | | | | | ^ |
| BOARD MEMBER | 1.00 | X | ├— | | | | | 0. | | 0. | | | 0. |
| (20) PAUL VARGA | 1 00 | v | | | İ | | ļ | 0. | | 0. | | | Λ |
| BOARD MEMBER | 1.00 | ^ | ╁ | - | ├ | + | | 0. | | | | | 0. |
| (21) STEPHEN A WILLIAMS BOARD MEMBER | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| (22) HAROLD WORKMAN | 1.00 | 12 | t — | | | - | | | | - | | | <u> </u> |
| BOARD MEMBER | 1.00 | x | | | | | 1 | 0. | | 0. | | | 0. |
| (23) DAN BARBERCHECK | 1 2.00 | | † · · · | | | | 1- | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| (24) MARTY BONICK | | <u> </u> | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| (25) DAVID M BOWLING | | | | | | |] | | | 1 | | | |
| BOARD MEMBER | 1.00 | X | <u> </u> | _ | _ | | | 0. | | 0. | | | 0. |
| (26) JAMES P CAMPBELL | | | | İ | | | | _ | | _ | | | _ |
| BOARD MEMBER | 1.00 | X | | | <u> </u> | <u> </u> | | 0. | | 0. | | | 0. |
| 1b Sub-total | | | | | | | | 0. | 5,33 | | | 1 0 | 0. |
| c Total from continuation sheets to Part | VII, Section A | | | | | | | 0. | 303,41 308,74 | | | $\frac{1}{1}, \frac{9}{9}$ | |
| d Total (add lines 1b and 1c) | | | | | bau | <u>ح</u> | | | | | | 1,9 | 90. |
| Total number of individuals (including bu compensation from the organization | t not iimitea to ti | iose | liste | eo a | DOV | e) w | no r | eceived more than \$100 | ,000 or reportable | 3 | | | 0 |
| compensation from the organization | | | _ | - | | | | | <u> </u> | | | Yes | No |
| 3 Did the organization list any former offic | er, director, or tr | uste | e, ke | y ei | mplo | oyee | , or | highest compensated e | mployee on | Ī | | | |
| line 1a? If "Yes," complete Schedule J fo | | | , | • | • | • | | | | | 3 | j | X |
| 4 For any individual listed on line 1a, is the | sum of reportab | ole c | omp | ens | atioi | n an | d ot | her compensation from | the organization | | | | |
| and related organizations greater than \$ | 150,000 <i>າ If</i> "Yes | , " cc | mple | ete . | Sch | edul | e J | for such individual | | ļ | 4 | X | |
| 5 Did any person listed on line 1a receive of | or accrue compe | nsat | tion f | rom | any | y uni | relat | ted organization or indiv | idual for services | { | | | |
| rendered to the organization? If "Yes," c | omplete Schedu | le J | for s | uch | per | son | | | | | 5 | L | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest | | | | | | | | | | pensa | ation 1 | irom | |
| the organization Report compensation f | or the calendar y | /ear | endi | ng v | with | or w | /ithii | | year | | | | |
| (A) Name and busine | ss address | N | ONI | F. | | | | (B) Description of s | services | С | | C) Insatio | on |
| | | | <u> </u> | | | | | | | | | | |
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| 2 Total number of independent contractor | s (includina but i | not I | ımıte | d to | the | se li | sted | d above) who received r | nore than | | | | |
| | - , | • • | | | | " | | , | | | | | |

\$100,000 of compensation from the organization

132009 01-23-12 Statement of Revenue

(D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from tax under sections 512, exempt function business revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 677,538. similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$_ 677,538 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,979. 1,979. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See 7,560. Part IV, line 19 а b Less direct expenses b 7,560. 7,560. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue Total, Add lines 11a-11d 687,077. 7,560 0. 1,979. 12 Total revenue See instructions.

Form 990 (2011)

GREATER LOUISVILLE FOUNDATION, INC.

61-1131064

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and title Position Reportable Estimated Average Reportable hours (check all that apply) compensation amount of compensation per from from related other week the organizations compensation employee (W-2/1099-MISC) ndividual trustee or director organization from the (W-2/1099-MISC) organization lighest compensated institutional trustee and related organizations (ey employee Former (27) CHRIS CARMICLE 1.00 x 0. 0. 0. BOARD MEMBER (28) LYNN COOPER 1.00 X 0 0 0. BOARD MEMBER (29) JOHN CROCKETT 0. 4.00 X X 0. 0. SECRETARY (30) KEVIN FLANERY 1.00 x 0 0 0. BOARD MEMBER (31) JOHN GANT 0. 0. 0. 1.00 X BOARD MEMBER (32) ARNOLD GARSON 1.00 X 0 0 0. BOARD MEMBER (33) MILTON R HASKINS, JR 1.00 x 0. 0 0. BOARD MEMBER (34) DENIS P HEISHMAN 0. 0 0 1.00 X BOARD MEMBER (35) JENNIFER R HUGHES 0. 0. 0. 1.00 | X BOARD MEMBER (36) DONALD J KELLY 0. 1.00 X 0 . 0. BOARD MEMBER (37) JOSEPHINE Y LEGNER 0. 0. 0. 1.00 X BOARD MEMBER (38) JEFFREY A MCKENZIE 0. 0. 1.00 X 3,163. BOARD MEMBER (39) DIANE MEDLEY, CPA 1.00 X 0. 0. 0. BOARD MEMBER (40) TOM MONAHAM 0. 0 1.00 X 0 BOARD MEMBER (41) NICOLE PALMER 0 0. 1.00 X 0. BOARD MEMBER (42) TOM PARTRIDGE 0. 0 0 1.00 X BOARD MEMBER (43) JOSEPH PUSATERI 1.00 X 0. 0 0. BOARD MEMBER (44) KENDRICK R RIGGS 0. 0 0. 1.00 X BOARD MEMBER (45) TONII RIZZO 0. 6,963 0. 1.00 X BOARD MEMBER (46) JAMES CLAY SMITH 1.00 X 0 0 0. BOARD MEMBER Total to Part VII, Section A, line 1c

| Part VII Section A. Officers, Director | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|--|---------------------------------|--------------------------------|--|-----------------|-------------------|----------|--------------|---|--|--|
| Name and title | Average hours per week | Individual trustee or director | | | that Key employee | | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| (47) DENISE SPALDING | 1 00 | | | | | | | | 0 | 0 |
| BOARD MEMBER | 1.00 | X | | | | | _ | 0. | 0. | 0 |
| (48) TODD SPENCER | 1 00 | | | | | | | | 0 | |
| BOARD MEMBER | 1.00 | X | | | | | _ | 0. | 0. | 0 |
| (49) KERRY STEMLER | 1 00 | , | | | | | [| _ | ^ | _ |
| BOARD MEMBER | 1.00 | X | | | \vdash | | - | 0. | 0. | 0 |
| (50) ANNA TATMAN | 1 1 00 | 3.7 | | ŀ | | | | 0. | 0. | 0 |
| BOARD MEMBER | 1.00 | X | | | | | - | 0. | U • | |
| (51) SUSAN STOUT TAMME | 1.00 | v | | | | | | 0. | 0. | _0 |
| SOARD MEMBER | | ^ | | | \vdash | 1 | | U . | <u> </u> | - 0 |
| (52) MICHEAL WHITE | 1.00 | y | | | | | | 0. | 0. | 0 |
| BOARD MEMBER | 1.00 | ^ | | | t - | \vdash | | | <u> </u> | |
| (53) DOUG WHYTE | 1.00 | x | | | | | | 0. | 0. | 0 |
| BOARD MEMBER (54) DAVID WOMBWELL | | ** | | | \vdash | \vdash | - | | | |
| BOARD MEMBER | 1.00 | X | l | | | | | 0. | 3,163. | o |
| (55) KAREN WUNDERLIN | | <u></u> | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0 |
| (56) JOSEPH F. REAGAN | | | | | | | | | | |
| PRESIDENT/CEO | 5.00 | | | X | | | <u>L</u> | 0. | 290,121. | 11,990 |
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. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | | |
|--------|--|-----------------------|------------------------------|---|--|--|--|--|--|--|--|--|
| | 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 governments and | | | | | | | | | | | |
| | organizations in the United States. See Part IV, line 21 | 732,954. | 732,954. | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | - | | | | | | | | | |
| | the United States. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | | | | |
| | United States See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | - | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | | |
| | section 401(k) and section 403(b) employer contributions) | | | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | | |
| a | | | - | | | | | | | | | |
| b | _ - | | | | | | | | | | | |
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| e | | | | | | | | | | | | |
| f g | Investment management fees Other | 75. | 75. | | | | | | | | | |
| 12 | Advertising and promotion | | , , , , , , | | | | | | | | | |
| 13 | Office expenses | | | | | | | | | | | |
| 14 | Information technology | | | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | | |
| 16 | Occupancy | | ***** | | | | | | | | | |
| 17 | Travel | | | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | | |
| 20 | Interest | | | | | | | | | | | |
| 21 | Payments to affiliates | | | | <u></u> | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | | | |
| 23 | Insurance | | | | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | | |
| а | B.E.A.M. EXPENSE | 25,571. | 25,571. | | | | | | | | | |
| b | MISCELLANEOUS | 3,334. | 3,334. | | ·-· | | | | | | | |
| С | | | | | | | | | | | | |
| d | | | | <u> </u> | | | | | | | | |
| е | | | | | | | | | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 761,934. | 761,934. | ٠ 0 ٠ | 0. | | | | | | | |
| 26 | Joint costs Complete this line only if the organization | | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | <u> </u> | <u> </u> | | | | | | | |

Form 990 (2011) GREATER LOUISVILLE FOUNDATION, INC. 61-1131064 Page 11 Part X **Balance Sheet** (B) (A) Beginning of year End of year 238,937. 477,063. Cash - non-interest-bearing 474,950. 2 <u>321,930.</u> 2 Savings and temporary cash investments 450,000. 450,000. 3 Pledges and grants receivable, net 3 50,000. 0. Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 1,213,887 1,248,993 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 48,523 158,486. 25 Schedule D 48,523. 158,486. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 380,048. 387,579. Unrestricted net assets 27 <u>785,316.</u> 28 702,928. Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34.

> 1,248,993. Form **990** (2011)

> 1,090,507.

30

31

32

1,165,364.

213,887.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

| | 990 (2011) GREATER LOUISVILLE FOUNDATION, INC. | 61-11: | <u>31064</u> | Pag | ge 12 |
|----|--|-----------|--------------|------------|------------|
| Pa | rt XI Reconciliation of Net Assets | | • | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>77.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 763 | <u>1,9</u> | <u>34.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -74 | <u>57.</u> | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,16 | <u>5,3</u> | 64. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | <u>0.</u> |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,090 | 0,5 | <u>07.</u> |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | l |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0 |) | | | l |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | 1 |
| | 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 in Sche | dule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued | on a | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | gle Audıt | ĺ | | |
| | Act and OMB Circular A·133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form ! | 990 (| (2011) |

SCHEDULE A

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2011

Open to Public Inspection

Name of the organization

Employer identification number

| Dort | Possor 4 | | ity Status (All account | | | | | | <u> </u> | <u>-1171</u> | 004 | | | |
|-------------|---|------------------------|---|--------------|----------------|------------|--------------|-------------------------|---------------|--------------|----------|-----|--|--|
| Part I | | | ity Status (All organiz | | | | | ructions | | | | | | |
| | | | because it is: (For lines 1 | | | | | | | | | | | |
| 1 🖳 | | | s, or association of churc | | | ction 170 | (b)(1)(A)(i) | • | | | | | | |
| 2 | | | '0(b)(1)(A)(ii). (Attach Sc | • | | | | | | | | | | |
| 3 🖳 | • | • | tal service organization of | | | | | | | | | | | |
| 4 📖 | | _ | operated in conjunction | with a hos | pital descr | ibed in se | ction 170 | (b)(1)(A)(ii | i). Enter th | e hospital | 's nam | e, | | |
| | city, and state | | | | | | | | | | | | | |
| 5 📖 | - | • | benefit of a college or ur | niversity ov | wned or op | erated by | a governr | nental uni | described | ın r | | | | |
| . \square | | (b)(1)(A)(iv). (Comple | • | | | | | | | | | | | |
| 6 🖳 | • | • | ent or governmental unit | | | | | | | | | _ | | |
| 7 X | • | • | eives a substantial part | of its supp | ort from a | governme | ental unit o | r from the | generai pi | ublic desc | ribea ii | 1 | | |
| | • | b)(1)(A)(vi). (Comple | · | (O l - 4 - | D-4 !! \ | | | | | | | | | |
| 8 | · · | | section 170(b)(1)(A)(vi). | | | | h | | | | | fra | | |
| 9 | - | | eives: (1) more than 33 1 | | | | | | | | | | | |
| | activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 40 | See section 509(a)(2). (Complete Part III) An ergopyration ergopyration and experted exclusively to test for public safety. See section 509(a)(4) | | | | | | | | | | | | | |
| 10 | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | | | |
| " | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that | | | | | | | | | | | | | |
| | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | | |
| | a Type I b Type II c Type III · Chher | | | | | | | | | | | | | |
| e 🗀 | • • | | at the organization is not | | | • | • | more disc | | | | n | | |
| •— | | | han one or more publicly | | | | | | | | | | | |
| f | | _ | tten determination from t | | | | | | . ,, , | | | | | |
| · | = | ganization, check th | | | • | | | | | | | | | |
| g | | • | organization accepted ar | ny gift or c | ontribution | from any | of the follo | owing per | sons? | | | | | |
| J | | | lirectly controls, either al | | | | | | | | Yes | No | | |
| | the gove | erning body of the s | upported organization? | | | | | | | 11g(i) | | | | |
| | (ii) A family | member of a person | n described in (i) above? | • | | | | | | 11g(ii) | | | | |
| | (iii) A 35% d | controlled entity of a | person described in (i) o | or (II) abov | e? | | 11g(iii) | | | | | | | |
| h | Provide the fo | ollowing information | about the supported or | ganızatıon | (s) | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | | organization | | | (vi) ls organization | the | (vii) An | nount o | f | | |
| | anization | | organization (described on lines 1-9 | | sted in your | | tion in col. | (i) organiz | ed in the [| sup | port | | | |
| | | | above or IRC section | | document? | | r support? | U.S | | | | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | | |
| | | | | | | | | | 1 | | | | | |
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| - | | | | 1 | | | | - | | | | | | |
| Total | | | | | | 1 | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 GREATER LOUISVILLE FOUNDATION, INC. 61-1131064 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | - | | | | |
|------|---|------------------------|-----------------------|---------------------------|---------------------------|---|--------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 544,020. | 320,975. | 377,465. | 1,482,598. | 677,538. | 3,402,596. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | zation'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 | 544,020. | 320,975. | 377,465. | 1,482,598, | 677,538. | 3,402,596. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | , | | |
| | supported organization) included | | İ | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | j | | | | j | |
| | column (f) | | | | | | 2,045,540, |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,357,056, |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 544,020. | 320,975. | 377,465. | 1,482,598, | 677,538. | 3,402,596, |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 6,545. | 60,437. | 8,015. | 4,877. | 1,979. | 81,853. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | <u> </u> | 1 | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | 750. | 15,426. | | | 7,560. | <u>23,736.</u> |
| 11 | Total support. Add lines 7 through 10 | | | | | | 3,508,185. |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | o here | | | | | ▶ |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | , | |
| 14 | Public support percentage for 2011 (| line 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | 38.68 % |
| 15 | Public support percentage from 2010 |) Schedule A, Part | II, line 14 | | | 15 | 40.41 % |
| 16a | 33 1/3% support test - 2011. If the o | organization did no | ot check the box o | n line 13, and line 1 | 14 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | | • | | | | \triangleright X |
| t | 33 1/3% support test - 2010. If the | organization did no | ot check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | t - 2011. If the org | anization did not d | check a box on line | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explaın ın Pa | rt IV how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | ition qualifies as a | publicly supported | dorganization | | ▶□ |
| t | 10% -facts-and-circumstances tes | t - 2010. If the org | anization did not d | check a box on line | 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | he "facts-and-circu | ımstances" test, cl | heck this box and | stop here. Explair | n in Part IV how the | |
| | organization meets the "facts-and-circ | cumstances" test | The organization of | qualifies as a public | cly supported orga | anızatıon | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | and see instructions | <u>, ▶</u> |
| | | | | | Sobo | dule A (Form 990 | or 000 E7\ 2011 |

Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Se | ction A. Public Support | | | | | | | |
|------|--|-------------------|-----------------------|------------------------|--|--------------|----------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 20 | 011 (f) | Total |
| | 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 | | | | | | ľ | |
| 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 | | ļ | | | | | |
| _ | the organization without charge | | | | | <u> </u> | | |
| | Total. Add lines 1 through 5 | | | ļ | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that | ı | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | 1 | | 1 | | | |
| | amount on line 13 for the year | | | | <u> </u> | | | |
| C | Add lines 7a and 7b | | | | | | | |
| | Public support (Subtract line 7c from line 6) | | l | | <u> </u> | <u> </u> | | |
| Se | ction B. Total Support | | , | | | , | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 20 | 011 (f) | Total |
| 9 | Amounts from line 6 | | | | | Ļ | | |
| 10a | Gross income from interest, | 1 | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | İ | İ | ł | |
| | and income from similar sources | | | | | | | |
| Ł | Unrelated business taxable income | | | | |] | | |
| | (less section 511 taxes) from businesses | | | | | 1 | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | | | | Τ | | |
| 11 | Net income from unrelated business | | | | | | | |
| | activities not included in line 10b, | Į | |] | | | 1 | |
| | whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain | | | | | 1 | | |
| | or loss from the sale of capital | | | | | | 1 | |
| 13 | assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) | | | | <u> </u> | | | |
| | First five years. If the Form 990 is for | the organization' | s first second the | rd, fourth, or fifth t | ax vear as a section | on 501(c)(3 | 3) organization | |
| | check this box and stop here | o organization | Sinon, occorra, triii | , 1001, Of 111111 | , 5 4. 40 4 55511 | 55 (6)(6 | , | |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | | | | | |
| | Public support percentage for 2011 (I | | | column (fl) | | 15 | - | % |
| | Public support percentage from 2010 | | • | | | 16 | | % |
| | ction D. Computation of Inves | | | | | | - | |
| | Investment income percentage for 20 | | | | | 17 | | % |
| | Investment income percentage from 2 | | | ., 10, 00:01:11 (1)) | | 18 | | / % |
| | a 33 1/3% support tests - 2011. If the | | | on line 14 and lin | e 15 is more than | | and line 17 is no | |
| 19 | | | | | | | ATIG IIII E 17 IS HO | ~ ▶ □ |
| | more than 33 1/3%, check this box a | | | | | | 3 1/3% and | |
| • | 33 1/3% support tests - 2010. If the | | | | | | | |
| ^~ | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | DOX ON line 14, 19 | a, or 190, check t | ilis box and see in | STUCTIONS | | |

SCHEDULE D

.' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

GREATER LOUISVILLE FOUNDATION, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 61 - 1131064 \end{array}$

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|--|---|
| | organization answered "Yes" to Form 990, Part IV, line | e 6 | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | d funds |
| | are the organization's property, subject to the organization's | _ | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | sed only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose co | onferring |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, Pai | rt IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply) | |
| | Preservation of land for public use (e.g., recreation or e | | orically important land area |
| | Protection of natural habitat | Preservation of a certific | ed historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | f a conservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | е |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the o | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | <u></u> , |
| | violations, and enforcement of the conservation easements | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | , and enforcing conservation easements dur | ring the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during the | he year 🕨 \$ |
| 8 | Does each conservation easement reported on line 2(d) about | ve satisfy the requirements of section 170(h |)(4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | L Yes L No |
| 9 | In Part XIV, describe how the organization reports conservat | ion easements in its revenue and expense s | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes th | ne organization's accounting for |
| | conservation easements | | |
| Pa | t III Organizations Maintaining Collections of | | her Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtherand | ce of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descr | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of publ | ic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financial (| gain, provide |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) relating to these items | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| | | LOUISVILL | | | | | | | 31064 | | <u>ge 2</u> |
|---------|--|------------------------|--------------|-----------------|---------------------|-------------|------------------------|--------------|--------------|-------------|-------------|
| Par | t III Organizations Maintaining C | ollections of A | rt, Histo | orical Tr | easures, | or Oth | <u>er Simi</u> | lar Asse | ts (contin | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, check | any of the | following th | at are a s | ignificant | use of its | collection | items | i |
| | (check all that apply) | | | | | | | | | | |
| а | Public exhibition | C | յ 🔲 և | oan or excl | hange progi | rams | | | | | |
| b | Scholarly research | • | • 🗀 o | ther | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | in how the | y further th | ne organizat | ion's exe | mpt purp | ose in Pa | rt XIV. | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, hist | torical treas | sures, or oth | ner sımıla | r assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | <u></u> _ | No |
| Par | t IV Escrow and Custodial Arran | | ete if the d | organizatio | n answered | "Yes" to | Form 990 | 0, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for c | ontribution | s or other a | ssets not | included | | _ | | |
| | on Form 990, Part X? | | | | | | | L_ | _ Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing ta | ıble | | | | <u> </u> | | | |
| | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | 1c | <u> </u> | | | |
| d | Additions during the year | | | | | | _1d | | _ | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | ļ | | | |
| | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | L_ | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIV | | | | | | | <u>_</u> | | | |
| Par | t V Endowment Funds. Complete r | - | | | | | | | T | — | |
| | _ | (a) Current year | (b) Pri | or year | (c) Two yea | ars back | (d) Three | years back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | - | | | | | | ┼ | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | 1 | | |
| | and programs | | | | | | | | + | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | <u> </u> | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | | , column (a | i)) held as | | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | | |
| þ | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should be a sh | • | | | | 1.6 | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation that | are neid a | nd administ | erea tor | tne organ | ization | Г | - | |
| | by Company of the Com | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | -+ | |
| | (ii) related organizations | - 1 | 0 - L - 4. | de DO | | | | | 3a(ii) | -+ | |
| D | If "Yes" to 3a(ii), are the related organizations | • | | | | | | | 3b | | |
| Par | Describe in Part XIV the intended uses of the | | | | | | | | - | | — |
| 1 4 | | | | | or other | (0) (| | od | (d) Book | | |
| | Description of property | (a) Cost or o | I . | | or other (other) | 1 | ccumulat preciation | | (u) DOOK | . value | |
| | Land | 24010 (1114631 | | | | 1 | | · | | | |
| _ | | | | | | | | - | | | |
| b | Buildings Leasehold improvements | | | | | † | | | | | |
| ن بہ | • | - | + | | | + | | | | | |
| | ' ' | | | - | | 1 | | | | | |
| | Other 1. Add lines 1a through 1e (Column (d) must e | agual Form 990 Par | t X colum | n (B) line 1 | 10(c)) | 1 | | | | | 0. |
| | <u></u> | again on o oo, rai | . ry coluin | <u>(), ()</u> | -1-// | | | | | | <u> </u> |

Schedule D (Form 990) 2011

(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

| | dule D (Form 990) 2011 GREATER LOUISVILLE FOUNDAT: | | | | 131064 | Page 4 |
|------------|---|-----------------------|----------------|----------|-----------------|---------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to | Audited Finar | ncial State | ement | S | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | _ | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | | | |
| 4 | Net unrealized gains (losses) on investments | | 4 | | | |
| 5 | Donated services and use of facilities | | 5 | | | |
| 6 | Investment expenses | | 6 | | | |
| 7 | Prior period adjustments | | 7 | | | |
| 8 | Other (Describe in Part XIV) | | 8 | | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | d 9 | 10 | | | |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | | | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | | |
| | Net unrealized gains on investments | 2a | | | | |
| a | Donated services and use of facilities | 2b | | 1 | | |
| b | | | | 1 | | |
| C. | Recoveries of prior year grants | 2c | | 1 | | |
| d | Other (Describe in Part XIV) | 2d | | 1 | | |
| е | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1.1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 4 | | |
| b | Other (Describe in Part XIV) | 4b | | - | | |
| С | Add lines 4a and 4b | | | 4c | | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | | |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statem | ents with Exp | enses per | | <u>n</u> | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | 1 1 | | |
| а | Donated services and use of facilities | 2a | | - 1 | | |
| b | Prior year adjustments | 2b | | 4 | | |
| C | Other losses | _2c | | 4 | | |
| d | Other (Describe in Part XIV) | 2d | | - | | |
| е | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |] | | |
| b | Other (Describe in Part XIV) | 4b | | _ | | |
| С | Add lines 4a and 4b | | | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | | |
| Pa | t XIV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I | II, lines 1a and 4, F | Part IV, lines | 1b and 2 | b, Part V, line | 4, Part |
| | e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp | | | | | |
| | ORGANIZATIONS ARE EXEMPT FROM INCOME TAX | | | | | E |
| | | | | | | |
| TN | TERNAL REVENUE CODE AND A SIMILAR PROVISIO | N OF STAT | E LAW. | IOH | WEVER, | THE |
| | | | | | | |
| OR | SANIZATIONS ARE SUBJECT TO FEDERAL INCOME | TAX ON AN | Y UNRE | LATEI | D BUSIN | ESS |
| <u> </u> | | | | | | |
| тΔ | KABLE INCOME. | | | | | |
| 117 | WADDE INCOME: | | | | | |
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| BAT N. 1 | NAGEMENT EVALUATED THE ORGANIZATIONS UNCER | ጥልፐክ ጥልሄ | ₽⊖≲⊤ѿт | אכ פאר | AND | |
| MA | MAGEMENT EVALUATED THE OXGANIZATIONS UNCER | TUTH IVV | TODITI | <u> </u> | 11111 | |
| 00 | NOT TINED MUAM MUE ODCANTZAMIONO UAD MAVEN N | ע דוואוריבים ייזא | TN ጥልሃ | D∪G. | τͲτ∩κισ | ጥዋልጥ |
| <u></u> O. | NCLUDED THAT THE ORGANIZATIONS HAD TAKEN N | O ONCERTA | TIA TAV | <u> </u> | TITOMO | ****** |
| D 27 | OUTDE ADTROMUENTE MA MITE AANDTHE ETWANATAL | CHAMEMEN | m C | | | |
| KE(| QUIRE ADJUSTMENT TO THE COMBINED FINANCIAL | DINITUEN | 10. | | | |

Schedule D (Form 990) 2011

| Schedule D (Form 990) 2011 GREATER LOUISV: Part XIV Supplemental Information (continued) | ILLE FOUNDATION, | INC. 61-11 | L31064 Page 5 |
|---|-------------------|---------------|---------------|
| Part XIV Supplemental Information (continued) | | | |
| | | | |
| | | | |
| THE ORGANIZATIONS ARE SUBJECT TO I | NCOME TAX EXAMINA | TIONS FOR THE | IR U.S. |
| | OF TIME | OD ACCECOMENT | OF |
| FEDERAL INCOME TAXES. THE STATUTE | OF LIMITATIONS F | OK ASSESSMENT | OF |
| FEDERAL INCOME TAXES EXPIRED WITH | RESPECT TO TAX RE | TURNS THROUGH | 2007. |
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2011 Open to Public

OMB No 1545-0047

Open to Public Inspection

2 Employer identification number 61-1131064 (h) Purpose of grant IDUCATION ASSISTANCE or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any DEVELOPMENT recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (below if applicable cash grant or government cash assistance or government cash assistance cash grant assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 677 954 55,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. FOUNDATION 501(C)(6) 501(C)(3) Enter total number of other organizations listed in the line 1 table GREATER LOUISVILLE 61-0434089 31-0997017 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 325 WEST MAIN STREET SUITE 1110 COMMERCE, INC. - 614 WEST MAIN STREET - LOUISVILLE, KY 40202 LOUISVILLE AREA CHAMBER OF THE COMMUNITY FOUNDATION LOUISVILLE, KY 40202 Name of the organization Part PartII

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

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

132102 01-27-12

Page 2

61-1131064

GREATER LOUISVILLE FOUNDATION, INC.

Schedule I (Form 990) (2011)

Part III

SCHEDULE J . (Form 990)

Compensation Information

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

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

GREATER LOUISVILLE FOUNDATION, INC.

Employer identification number

61-1131064

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | ĺ |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | 1 |
| | First-class or charter travel Housing allowance or residence for personal use | | | ĺ |
| | Travel for companions Payments for business use of personal residence | | | ĺ |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | 1 |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director Explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | ĺ |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | į | | |
| | organization or a related organization. | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | : | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III | | Ì | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | 1 | } |
| | contingent on the net earnings of | ļ | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | x |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| - | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | ļ | x |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53 4958-6(c)? | 9 | | 1 |

INC.

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| | | (B) Breakdown of W-2 | W-2 and/or 1099-MIS | and/or 1099-MISC compensation | (0) | (D) | (E) | (F) |
|--------------------|----------|--------------------------|-------------------------------------|-------------------------------------|--|------------------------|--------------------------------|---|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | Retirement and other deferred compensation | Nontaxable benefits | Total of columns (B)(i)-(D) | Compensation reported as deferred in prior Form 990 |
| | (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 JOSEPH F. REAGAN |) E | 274,60 | | 15,512. | 6,900. | 5,090. | 302,111. | |
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SCHEDULE O *(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GREATER LOUISVILLE FOUNDATION, INC.

Employer identification number 61~1131064

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PROSPERITY OF OUR ENTIRE COMMUNITY. FORM 990, PART VI, SECTION A, LINE 2: MOST MEMBERS OF THE CHAMBER'S BOARD ARE ALSO OFFICERS AND DIRECTORS OF OTHER BUSINESSES IN THE LOUISVILLE AREA, AND THEREFORE HAVE BUSINESS AND BOARD RELATIONSHIPS WITH ONE ANOTHER. TRANSACTIONS OCCUR IN THE ORDINARY COURSE OF BUSINESS BETWEEN THESE ORGANIZATIONS AND THE CHAMBER. FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE FINANCE COMMITTEE REVIEW A DRAFT OF THE FORM 990 DURING A COMMITTEE MEETING. ALL BOARD MEMBERS ARE DIRECTED TO A RESTRICTED WEBSITE THAT THE ORGANIZATION HAS CREATED THAT CONTAINS A DRAFT OF THE FORM 990 FOR THEIR REVIEW. THE TAX RETURN PREPARER IS THEN NOTIFIED WITH ANY FOLLOW-UP QUESTIONS OR WITH APPROVAL OF THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: A LETTER IS SENT ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES REQUESTING DISCLOSURE OF ANY INTERESTS THAT COULD BE A CONFLICT OF INTEREST. THE REPLIES ARE REVIEWED AND ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE FOR ALL EMPLOYEES SIGN AN ACKNOWLEDGEMENT OF RECEIVING THE APPROPRIATE ACTION. CONFLICT OF INTEREST POLICY, WHICH IS INCLUDED IN THE EMPLOYEE HANDBOOK. SUPERVISORS ANNUALLY REVIEW THIS POLICY WITH THEIR EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE ONLY COMPENSATION REPORTED ON THIS RETURN IS FROM A RELATED ORGANIZATION. THE ORGANIZATION HAS A WAGE AND Schedule O (Form 990 or 990-EZ) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

| Schedule O (Form 990 or 990-EZ) (2011) Name of the organization GREATER LOUISVILLE FOUNDATION, INC. | Page 2 Employer identification number 61-1131064 |
|---|--|
| SALARY PLAN IN PLACE FOR ALL EMPLOYEES THAT IS BENCHMARKE | D ANNUALLY WITH |
| OTHER COMPANIES LOCALLY AND IN THE REGION. ADDITIONALLY, | THE PRESIDENT/CEO |
| SALARY IS BENCHMARKED WITH OTHER CHAMBERS IN THE COUNTRY | THAT ARE IN OUR |
| SAME REVENUE TIER. | |
| THE OFFICE OF THE CHAIR CONDUCTED A COMPENSATION REVIEW A | ND APPROVED THE |
| SALARY OF THE PRESIDENT/CEO IN 2011. THE PRESIDENT/CEO A | ND VP OF HUMAN |
| RESOURCES CONDUCTED A COMPENSATION REVIEW OF THE ORGANIZA | TION'S OFFICERS |
| AND KEY EMPLOYEES AND APPROVED THEIR SALARIES IN 2011. | |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S | WEBSITE CONTAINS |
| A SECTION ON GOVERNANCE, DESCRIBES THE GOVERNING BODY, LI | STS THE DIRECTORS |
| AND OFFICERS AND PROVIDES THE PUBLIC THE OPPORTUNITY TO R | EQUEST COPIES OF |
| THE FINANCIAL STATEMENTS AND OTHER DOCUMENTS. | |
| 990, PART XII, LINE 2C | |
| THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR. | |
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SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 61-1131064

GREATER LOUISVILLE FOUNDATION, INC. ► Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | |
|---|--|--|------------------------|---------------------------|-------------------------------|---|
| | | | | | | |
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| | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year) | ations (Complete if the organization a | if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | art IV, line 34 becaus | e it had one or more | | 1 |
| | | | - | 3 | 3 | |

| organizations during the tax year) | | | | | | | 1 |
|--|----------------------|--------------------------|-------------|--------------------|--------|---------------------------|-------|
| (a) | (a) | (2) | (g) | (e) | E | (g) Section 512(b)(13) | hY13) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direc | controlle | (P |
| of related organization | | foreign country) | section | status (if section | entity | entity? | |
| | | | | 501(c)(3)) | | Yes | No |
| LOUISVILLE AREA CHAMBER OF COMMERCE INC, - | | | | | | | |
| 61-0434089, 614 WEST MAIN STREET, | | | | | | | ! |
| | ECONOMIC DEVELOPMENT | KENTUCKY | 501(C)(6) | N/A | N/A | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproportionate atle allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (j) (k) General or Percentage managing ownership partner? Yes No |
|---|---|--------------------------------------|-------------------------------|---|-------------------------------|--|--|---|------------------------------|--|
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | ganizations Taxable a rporation or trust durin | is a Corpo | oration or Trust (Co | omplete if the organi | zation answered "Yes | s" to Form 990, Pa | ırt IV, line 34 | because it had or | e or mor | e related |
| (a) Name, address, and EIN of related organization | Zc | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (C corp. S corp. or trust) | Share of total income | (g) total Share of end-of-year assets | | (h) Percentage ownership |
| | | | | | | | | | | |
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Yes No

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

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

| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ons with one or more r | elated organizations listed | ın Parts II·IV? | |
|--|----------------------------------|-----------------------------|---|----------------------------|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | > | | | \dashv |
| Gift, grant, or capital contribution to related organization(s) | | | | th X |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c × |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d × |
| e Loans or loan guarantees by related organization(s) | | | | Te X |
| f Sale of assets to related organization(s) | | | | × = |
| g Purchase of assets from related organization(s) | | | | |
| | | | | Th X |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | ;= X |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | 1j X |
| k Performance of services or membership or fundraising solicitations for related organization(s) | ganization(s) | | | * |
| Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lets, or other assets with related organization(s) | ganization(s) ation(s) | | | = # × |
| n Sharing of paid employees with related organization(s) | | | | - |
| Reimbursement paid to related organization(s) for expenses | | | | 10 X |
| p Reimbursement paid by related organization(s) for expenses | | | | Tp X |
| n Other transfer of cash or property to related organization(s) | | | | × |
| - 1 | | | | + × |
| 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 | who must complete t | ns line, including covered | relationships and transaction thresholds | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | |
| (1) LOUISVILLE AREA CHAMBER OF COMMERCE, INC. | В | 677,954.FMV | FMV | |
| (2) LOUISVILLE AREA CHAMBER OF COMMERCE, INC. | Ħ | 158,486.FMV | FMV | |
| (6) | | | | |
| (4) | | | | |
| (5) | | | | |
| (9) | | | | |
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Schedule R (Form 990) 2011 GREATER LOUISVILLE FOUNDATION, INC.

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

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

| (k) Percentage ping ownership | | | | | |
|--|--|-------|------|-------|--|
| (j) General or managing partner? Yes NO | | | | - | |
| (h) (i) (j) (k) Dispropor- Dispr | | | | | |
| (h) Disproportonate allocations? Yes No | | | | | |
| (g) Share of end-of-year assets | | | | | |
| (f) Share of total income | | | | | |
| (e) Are all partners sec 501(c)(3) 008 7 | | W.AX. | | | |
| (e) Avail Predominant income partiers sec (related, unrelated, 5010(9) 9052 under section 512-514) Yes No | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | |
| (b) Primary activity | | | | | |
| (a) Name, address, and EIN of entity | | | | | |

Schedule R (Form 990) 2011

| Schedule R | (Form 990) 2011 Supplemental In | GREATER | LOUISVILLE | FOUNDATION, | _INC. | 61-1131064 | Page 5 |
|------------|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------|---|--------|
| Part VII | Supplemental In | formation | | | | | |
| | Complete this part to | provide additional inf | formation for response | es to questions on Sche | dule R (see instru | ctions) | |
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