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Department of the Treasury

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.

Open to Public Inspection

OMB No 1545-0047

	or the	2011 calendar year, or tax year beginning $$	JUN 30, 2012
	eck if	C Name of organization	D Employer identification number
ap	plicable	LOUISVILLE FREE PUBLIC LIBRARY	2 Employer Identification Hamber
\neg	Addres	S DOUBLE A TAIC	
	change Name		61 0060361
	chang: Initial		61-0969361
	return	Number and street (or P.O. box if mail is not delivered to street address)	1 - · · · · · · · · · · · · · · · · · ·
	Termir	JUL TORK BIREEL	(502)574-1654
	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$ 1,421,315.
-	Applic tion	LOUISVILLE, KI 40203	H(a) Is this a group return
	pendir	F Name and address of principal officer MARY HUNT	for affiliates? Yes X No
		301 YORK STREET, LOUISVILLE, KY 40203	H(b) Are all affiliates included? Yes No
Ta	ax-exe	empt status: X 501(c)(3) 501(c) ()	527 If "No," attach a list (see instructions)
		e: LFPL.ORG/FOUNDATION	H(c) Group exemption number ▶
			Year of formation: 1980 M State of legal domicile: KY
	rt I	Summary	ear of formation. 1900 W otate of legal dofficie. 191
Т	_	Briefly describe the organization's mission or most significant activities ENHANCE	THE PROGRAMS AND
Activities & Governance		SERVICES OF THE LOUISVILLE FREE PUBLIC LIBRA	
<u> </u>		Check this box if the organization discontinued its operations or disposed of r	
ě			1 1
9		Number of voting members of the governing body (Part VI, line 1a)	3 33
ช์		Number of independent voting members of the governing body (Part VI, line 1b)	4 33
<u> </u>		Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5
₹	6	Total number of volunteers (estimate if necessary)	6 0
c	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
ightharpoonup	b	Net unrelated business taxable income from Form 990 Lifting 34	7ь О.
		RECEIVED	Prior Year Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,083,955. 1,146,485.
Kevenue		Program service revenue (Part VIII, line 2g)	0. 0.
Š		Program service revenue (Part VIII, line 2g) NAY 2 8 2013 NAY 2 8 2013	274,784. 274,830
-			
+		Total revenue - add lines 8 through 11 (must equal Part vill, column (A) line 12)	2,358,739. 1,421,315.
- 1		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,371,496. 1,189,376.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	262,654. 271,365.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
<u>.</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 252,301.	
<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,776. 154,077.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,740,926. 1,614,818.
		Revenue less expenses Subtract line 18 from line 12	<382,187.> <193,503.
S S			Beginning of Current Year End of Year
Balances	20	Total assets (Part X, line 16)	15,403,163. 14,889,572.
B		Total liabilities (Part X, line 16)	
.01		,	
51		Net assets or fund balances Subtract line 21 from line 20	10,795,190. 10,383,480.
		Signature Block	
Paı	rt II	Signature Block	ntements, and to the heat of multipopulation and helicit.
Pai Inder	r t ii r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	
Pai nder	r t ii r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.
Pai nder ue, d	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge. 5-15-13
Pai nder ue, c	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared in the signature of officer.	parer has any knowledge.
Pai nder ue, d	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare Signature of officer MARY HUNT, EXECUTIVE DIRECTOR	parer has any knowledge. 5-15-13
Pai nder ue, d	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared in the signature of officer.	parer has any knowledge. 5-15-13 Date
nder ue, o ign lere	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer of officer MARY HUNT, EXECUTIVE DIRECTOR	Date Check PTIN
nder ue, o ign lere	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare of officer MARY HUNT, EXECUTIVE DIRECTOR Type or print name and title	parer has any knowledge. 5-15-13 Date
nder ue, d ign ere	rt II r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer of officer Mary Hunt, Executive Director Type or print name and title	Date Date Date Date Date Date Date Date
nder ue, d sign lere	rt ii r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer of officer. MARY HUNT, EXECUTIVE DIRECTOR	Date Date
Pai Inder Tue, of Bign lere	rt ii r pena correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer of officer. MARY HUNT, EXECUTIVE DIRECTOR	Date 5-15-13 Date PTIN Self-employed P00075273 Firm's EIN 35-1515068
Paidnder rue, C Sign Here Paid Prepa	rt II r pena correc arer Only	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer of officer MARY HUNT, EXECUTIVE DIRECTOR	Date 5-15-13 Check PTIN Self-employed P00075273 Firm's EIN 35-1515068 Phone no. (812)945-2311
Paidere Caid See Control of the Caid See Control of th	rt II r pena correc arer Only	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer of officer MARY HUNT, EXECUTIVE DIRECTOR	Date 5-15-13 Date PTIN Self-employed P00075273 Firm's EIN 35-1515068

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Form 990 (2011) FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	 -
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,5
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011)

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Form 990 (2011) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

				<u></u>
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200	<u> </u>	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				<u>-</u> _
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1]	,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	0044
		⊢orm	990 ((2011)

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Form	990 (2011) FOUNDATION, INC. 61-0969	361	F	age 5
Pai				
	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			
b	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable 1b 0		<u> </u>	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ļ	
	filed for the calendar year ending with or within the year covered by this return		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	<u></u>	X
b	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 authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			,,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		+
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		+
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
Q	Note. See the instructions for additional information the organization must report on Schedule O	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			200	(2011)

Form 990 (2011)

FOUNDATION, INC.

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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					LX.			
Sec	tion A. Governing Body and Management				T				
		ı	1 2		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	3	<u>3</u>					
	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.		3	,	İ	ĺ			
þ	Enter the number of voting members included in line 1a, above, who are independent	1b		긕					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np witi	any otner			37			
_	officer, director, trustee, or key employee?			2	-	X			
3	Did the organization delegate control over management duties customarily performed by or under t	ne aire	ect supervision	1 _		\ .			
	of officers, directors, or trustees, or key employees to a management company or other person?	000	(1.10	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X			
6	Did the organization have members or stockholders?			_6		X			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCK	loiders, or			v			
_	persons other than the governing body?		ha fallaaa	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by	ne tollowing:		.				
а	The governing body?			8a	X				
	Each committee with authority to act on behalf of the governing body?			_8b	X	-			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eacnec	at the	9		Х			
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal	Doyon	us Codo l	<u> </u>	 	_			
Jec	tion b. Foncies (mis Section B requests information about policies not required by the internal	neven	te Code.)		Yes	No			
102	Did the organization have local chapters, branches, or affiliates?			10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such	chante	rs affiliates	100		1			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	опарт	ro, armatoo,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv bei	ore filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-,		1					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give re	se to co	nflicts?	12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			1.2					
·	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	Х	ĺ			
15	Did the process for determining compensation of the following persons include a review and appro	val by	ındependent		1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	•						
а	The organization's CEO, Executive Director, or top management official			15a	x				
	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatı	on's						
	exempt status with respect to such arrangements?			16b	<u></u>	<u> </u>			
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►KY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Se	ction 501(c)(3)s only	avaıla	ble				
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request								
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial									
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiz	ation.	-				
	MARY HUNT, EXECUTIVE DIRECTOR - (502)574-1654								
	SOLVORK STREET GOLLSVILLE KY 40707								

Form 990 (2011) FOUNDATION, INC.

61-0969361

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

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

Check this box if neither the organization	on nor any related	orga	nıza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average	(do				l ≀than ∈	one	Reportable	Reportable	Estimated
	hours per					is bot		compensation	compensation	amount of
	week (describe			<u> </u>		1	,	from the	from related	other
	hours for	direct				,		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2, 1000 11.100)	organization
	organizations	Trus!	nal tru		oyee	ош о	ı	`		and related
	ın Schedule	Individual trustee or director	institutional trustee	Officer	вшр	Highest compensated employee	Former			organizations
	O)	르	Inst	#	Key	풀를	<u> </u>			
(1) PAUL W. THOMPSON									_	
CHAIR	1.00	X		X		<u> </u>		0.	0.	0.
(2) STEPHEN GAULT	4 00								_	
VICE CHAIR	1.00	X		X	-			0.	0.	0.
(3) DEBRA MURPHY	4 00	l								
VICE CHAIR	1.00	X		X	-			0.	0.	0.
(4) CRAIG BUTHOD	1 00									•
SECRETARY	1.00	X		X				0.	0.	0.
(5) H. SCOTT DAVIS, JR.	1 00	٦,		3,						0
TREASURER	1.00	X		X	<u> </u>	├		0.	0.	0.
(6) MONTY BOYD	1.00	₹.								0
DIRECTOR -	1.00	X		<u> </u>	-			0.	0.	0.
(7) J. MCCAULEY BROWN	1.00	x			ĺ			0.	0	0
DIRECTOR	1.00	^	-	 -	├			0.	0.	0.
(8) PEDRO BRYANT	1.00	x	İ					0.	0.	0.
DIRECTOR (9) CHARLES DENNY	1.00	^	-					0.	<u> </u>	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) WALLACE DUNBAR	1.00	-						•		<u> </u>
DIRECTOR	1.00	x			-			0.	0.	0.
(11) JASON FALLS	2,00									0.
DIRECTOR	1.00	X						0.	0.	0.
(12) C. EDWARD GLASSCOCK		T-	ļ							
DIRECTOR	1.00	X						0.	0.	0.
(13) PAM GREENWELL										
DIRECTOR	1.00	X						0.	0.	0.
(14) W. FRANK HARSHAW										-
DIRECTOR	1.00	X			1			0.	0.	0.
(15) ROBERTA HENDERSON										
DIRECTOR	1.00	X						0.		0.
(16) WILLIAM HOLLANDER										
DIRECTOR	1.00	X						0.	0.	0.
(17) CANDACE JAWORSKI										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.

Form 990 (2011) FOUNDATION, INC.

Part VII Section A. Officers, Directors, Tru		nplo	oyee			High	est	i l					
(A)	(B)			((-			(D)	(E)	- 1		(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable			tımate	
	hours per week					is bot or/trus		compensation	compensation from related	ן י		nount o other)t
	(describe						Γ	from the	organizations			pensa	tion
	hours for	direc				, ,		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			ınsate		(W-2/1099-MISC)	(, , =, , , , , , , , , , , , , , , , ,	-		anızatı	
	organizations	trus	nal tru		oyee	omp.				1	an	d relate	∍d
	in Schedule	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatıo	ons
	O)	를	<u>s</u>	5	ě	₹5	Ē						
(18) ALFRED JOSEPH III	1.00	x						0.		ο.			0.
DIRECTOR	1.00	^			┢	┢				•			
(19) BENTON KEITH	1.00	x						0.		0.			0.
DIRECTOR MOCKING	1.00	<u> </u>	 	<u> </u>						•			.
(20) STEVE MOCKUS	1.00	x						0.		0.			0.
DIRECTOR (21) MICHAEL MOUNTJOY	1.00	1								•			.
, ,	1.00	x						0.		0.			0.
DIRECTOR (22) STEPHEN MULLINS	1.00					 				•			<u> </u>
DIRECTOR	1.00	X						0.		0.			0.
(23) TOM PARTRIDGE	1.00			 	<u> </u>	╁		<u> </u>					
DIRECTOR	1.00	x						0.		0.			0.
(24) PATTY PAYETTE	1.00									-			
DIRECTOR	1.00	x						0.		0.			0.
(25) STEVE POE			T	<u> </u>						-			
DIRECTOR	1.00	X	İ					0.		0.			0.
(26) DOT RIDINGS				T					,				
DIRECTOR	1.00	$ \mathbf{x} $						0.		0.			0.
1b Sub-total						▶		0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							91,050.		0.			0.
d Total (add lines 1b and 1c)						▶		91,050.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	,000 of reportable	€			
compensation from the organization													0
										ſ		Yes	No
3 Did the organization list any former officer			e, ke	ey er	npk	oyee	, or	highest compensated e	mployee on				77
line 1a? If "Yes," complete Schedule J for s									M		3		<u> X</u>
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-						tne organization		4		х
									idual for services				
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	,						Çiai	led organization or maiv	idual for services		5		х
Section B. Independent Contractors	ipiete ocijeda.	<u> </u>	<u>, </u>	4011	po,	00,,							
Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of com	pens	ation	from	
the organization Report compensation for													
(A)								(B)		_		C)	_
Name and business	address	N	ON.	E				Description of s	services		ompe	nsatio	<u>п</u>
					-				-				
O Tabel aumbor of redesendant automateur	(noludina h		ımı+-	vd +=	. the		otos	d above) who received =	ooro than				
2 Total number of independent contractors (\$100,000 of compensation from the organ		iot I		-u (O	, u IC	0	عن و (above, who received h	IOIE UIAII				

Form 990 (2011) FOUND	ATION, INC	•							61-096	9361
Part VII Section A. Officers, Director		mplo	yee			ligh	est			/F\
(A) Name and title	(B)			(C				(D) Reportable	(E)	(F) Estimated
Name and title	Average hours	Position (check all that apply)					Jv۱	compensation	Reportable compensation	amount of
	per	101	(oncore as that apply)					from	from related	other
	week					yee ye		the	organizations	compensation
		sctor				ed to		organization	(W-2/1099-MISC)	from the
		Ę,	بو			ated e		(W-2/1099-MISC)	1	organization
		ıstee	truste		9.	bens				and related
		ual fri	ional		ploye	t co m				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT SCHALOW			-							
DIRECTOR	1.00	X						0.	0.	0
(28) NICHOLAS SIMON										
DIRECTOR	1.00	X						0.	0.	0
(29) ANNE SPAES										
DIRECTOR	1.00	X						0.	0.	0
(30) TAD THOMAS										
DIRECTOR	1.00	X						0.	0.	0
(31) JEFF ULIGIAN										
DIRECTOR	1.00	X						0.	0.	0
(32) MELANIE M. WARREN										
DIRECTOR	1.00	X						0.	0.	0
(33) ORME WILSON										
DIRECTOR	1.00	X					l	0.	0.	0
(34) MARY HUNT			_							
EXECUTIVE DIRECTOR	40.00			X				91,050.	0.	0
								-		
				l						
	-									
						ŀ				
				\Box			<u> </u>	······································		
			1							
						\vdash				
	<u> </u>	-								
Total to Part VII, Section A, line 1c								91,050.		

LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION, INC. 61-0969361 Page 9 Form 990 (2011) Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue ibutions, Gifts, Grants ther Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 1,146,485. similar amounts not included above 105,982. g Noncash contributions included in lines 1a-1f \$,146,485. h Total, Add lines 1a-1f Business Code Program Service 2 a _____ f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 274,830. other similar amounts) 274,830. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) 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 \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses b 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 b c Net income or (loss) from sales of inventory

Business Code

421,315.

0.

11 a

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions.

Miscellaneous Revenue

FOUNDATION, INC.

61-0969361 Page 10

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 responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,189,376.	1,189,376.		
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,	01 050		15 026	75 116
	trustees, and key employees	91,052.		15,936.	75,116
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	112 220		F2 CF1	F0 CC0
7	Other salaries and wages	113,320.		53,651.	59,669
8	Pension plan accruals and contributions (include	22 142		11 005	01 050
	section 401(k) and section 403(b) employer contributions)	33,143.		11,285.	21,858
9	Other employee benefits	18,215.		6,202.	12,013 10,311
10	Payroll taxes	15,635.		5,324.	10,311
11	Fees for services (non-employees):				
_	Management	C F		6.5	
b	Legal	65.		65.	
	Accounting	14,544.		14,544.	00 050
d	Lobbying	28,059.			28,059
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7 5 4 7			
_	Other	7,547.			7,547
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			• • • • • • • • • • • • • • • • • • • •	
16	Occupancy	1 556			-
17	Travel	1,556.		1,556.	·-
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	10 160		10 160	
22	Depreciation, depletion, and amortization	10,168. 4,310.		10,168.	
23	Other expenses. Itemize expenses not covered	+,310.		#,31U•	
24	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	SUPPLIES	33,526.		2,953.	30,573
b	INVESTMENT AND BANK FEE	24,901.		24,901.	20,0,0
c	COMPUTER SERVICE	8,755.		8,755.	
d	DONOR RECOGNITION AND C	7,155.			7,155
	All other expenses	13,491.		13,491.	. , 200
25	Total functional expenses. Add lines 1 through 24e	1,614,818.	1,189,376.	173,141.	252,301
<u></u> 26	Joint costs. Complete this line only if the organization	,,,,,	,,	,	/
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Part X | Balance Sheet

FOUNDATION, INC.

61-0969361 Page 11

Par	t X	Balance Sheet				
	,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,276,349.	2	1,400,953.
	3	Pledges and grants receivable, net		490,737.	3	205,649.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	_			
		of Schedule L	-		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing		}	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		3,868.	9	4,066.
	10a	Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D	10a 53,469.		-	
	b	Less accumulated depreciation	10ь 16,462.	47,176.	10c	37,007.
	11	Investments - publicly traded securities		2,563,872.	11	2,811,883.
	12	Investments - other securities See Part IV, line 1	6,505,495.	12	<u>5,961,900.</u>	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		_14_		
	15	Other assets See Part IV, line 11	4,515,666.	15	4,468,114.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	15,403,163.	16	14,889,572.
	17	Accounts payable and accrued expenses	9,995.	17	7,911.	
	18	Grants payable		_18_		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director	·			
iat		highest compensated employees, and disqualifi	ed persons. Complete Part II			
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	<u> </u>
	24	Unsecured notes and loans payable to unrelated	· ·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X of	4,597,978.	25	4,498,181.
	00	Schedule D		4,607,973.	26	4,506,092.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	yre X and complete	±,001,313.	20	4,300,032.
s		lines 27 through 29, and lines 33 and 34.	and complete			
Ce	27	Unrestricted net assets		259,206.	27	135,182.
alar	28	Temporarily restricted net assets		4,673,726.	28	4,371,040.
Ä	29	Permanently restricted net assets		5,862,258.	29	5,877,258.
Ë		Organizations that do not follow SFAS 117, c	neck here 🕨 🔲 and	,		
P.		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
SSE	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
et A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		10,795,190.	33	10,383,480.
	34	Total liabilities and net assets/fund balances		15,403,163.	34	14,889,572.

Form **990** (2011)

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

Form	990 (2011) FOUNDATION, INC.	<u>61</u> .	<u>-0969</u>	<u> 361</u>	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI					X			
	•								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.,42	<u>1,3</u>	<u> 15.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses Subtract line 2 from line 1	3				<u>03.</u> >			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,79	<u>5,1</u>	<u>90.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<21	8,2	<u>07.</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	<u> </u>	38,	3,4	80.			
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	•						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both.								
	X Separate basis 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 Si	ngle Au	ıdıt						
	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 requ	iired au	dıt						

Form **990** (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION INC 61-0969361 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 describes the type of supporting organization and complete lines 11e through 11h **b** Type II c ____ Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization In col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2011

61-0969361 Page 2

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC. 61-09693

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	982,623.	1096354.	2018577.	1995083.	1109624.	7202261.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				,		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	982,623.	1096354.	2018577.	1995083.	1109624.	7202261.
5	The portion of total contributions						
	by each person (other than a						1
	governmental unit or publicly		,				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1981805.
	Public support. Subtract line 5 from line 4						5220456.
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	982,623.	1096354.	2018577.	1995083.	1109624.	7202261.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	060 010	000 700	101 205	010 500	074 020	1160016
	and income from similar sources	260,819.	222,122.	191,325.	219,520.	2/4,830.	1169216.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				:		
	or loss from the sale of capital						
	assets (Explain in Part IV)					-	8371477.
	Total support. Add lines 7 through 10		L			12	03/14//.
	Gross receipts from related activities, First five years. If the Form 990 is for	•		d fourth or fifth to	av voar as a soctio		
13	organization, check this box and stor	<u> </u>	s inst, second, tim	u, louitil, or milita	ax year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publ		rcentage		-		
	Public support percentage for 2011 (_	column (f))	;	14	62.36 %
	Public support percentage from 2010		•	(-//	ı	15	71.43 %
	33 1/3% support test - 2011. If the o			n line 13, and line	14 ıs 33 1/3% or п	nore, check this bo	
	stop here. The organization qualifies	•				·	$\triangleright \mathbf{X}$
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	ind see instruction	ıs 🕨 🔲

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 be 	elow, please com	plete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			!		!	
ınclude 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	ı 1					
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	<u></u>					
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	1,	<u></u>
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	ercentage			,	
15 Public support percentage for 2011 (=	column (f))		15	9
16 Public support percentage from 2010					16	9
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 20)11 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	9
18 Investment income percentage from	2010 Schedule A	, Part III, line 17			18	9
19a 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the	nd stop here. Th	e organization qua	lifies as a publicly	supported organ	ızatıon	>
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization		-			=	_

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No 1545-0047
2011

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III			
Nan	ne of organization LOUISVI	LLE FREE PUBLIC	LIBRARY	Empl	oyer identification number
	FOUNDAT	ION, INC.			61-0969361
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV ▶\$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c))(3).	
1	Enter the amount of any excise tax		•	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?		•		Yes No
ŧ	b If "Yes," describe in Part IV				
		ganization is exempt und	ler section 501(c)), except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities		-	▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	ınd on Form 1120-POI	_,	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (El	N) of all section 527 p	olitical organizations to which	h the filing organization
	made payments. For each organiza	tion listed, enter the amount pair	d from the filing organ	ızatıon's funds Also enter th	ne amount of political
	contributions received that were pre-	omptly and directly delivered to	a separate political org	ganization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ide information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	FOUNDATION,	INC.		61-0	969361 Page 2
Part II-A Complete if the or	_	npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	• • • • • • • • • • • • • • • • • • • •				
			n Part IV each affiliated	group member's nam	e, address, EIN,
. \square	are of excess lobbying	expenditures)			
B Check L if the filing organization	ation checked box A ar	nd "limited control" pro	ovisions apply		· · · · · · · · · · · · · · · · · · ·
Lim	its on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
	ditures" means amou)	organization's totals	totals
1a Total lobbying expenditures to inf	luence public opinion (grass roots Johnwal			
b Total lobbying expenditures to inf		, ,		28,059.	
c Total lobbying expenditures (add	-	ry (direct lobbying)		28,059.	
d Other exempt purpose expenditure	•			1,586,759.	
e Total exempt purpose expenditure		n		1,614,818.	
f_Lobbying nontaxable amount Ent	•	•	h columns	230,741.	
If the amount on line 1e, column (a)		bying nontaxable am		20077220	
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		cess over \$1,000,000.			
Over \$1,500,000 but not over \$17	ess over \$1,500,000.				
Over \$17,000,000					
g Grassroots nontaxable amount (e	nter 25% of line 1f)			57,685.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under	• •		
-		• • •	n do not have to comp		
C			es 2a through 2f on pa	ige 4.)	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		ı
Calendar year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
(or fiscal year beginning in)	(a) 2000	(b) 2003	(6) 2010	(u) 2011	(e) Total
2a Lobbying nontaxable amount	193,449.			230,741.	424,190.
b Lobbying ceiling amount				•	•
(150% of line 2a, column(e))					636,285.
c Total lobbying expenditures	187,488.			28,059.	215,547.
	40.000				400
d Grassroots nontaxable amount	48,362.			57,685.	106,047.
e Grassroots ceiling amount (150% of line 2d, column (e))					150 071
(150% of life 2d, coluitiff (e))					159,071.

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2011 FOUNDATION, INC. 61-0969361 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the le	th "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
	obbying activity	Yes	No	Am	ount
1 0	During the year, did the filing organization attempt to influence foreign, national, state or				
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter	1			
0	or referendum, through the use of				
a V	olunteers?				
b P	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
•	Orect contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, dernonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities? Total. Add lines 1c through 1i				
•	otal. Add lines 10 through 11 Old the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912	'			
-	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection	
	501(c)(6).	` '	• • •		
				Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		1		
2 C	Old the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 C	Old the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		<u> </u>	i III-A, IIr	ie 3, i
	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	ool .	1		
	expenses for which the section 527(f) tax was paid).	Cai		}	
	Current year		2a		
	Carryover from last year		2b		
_	Total		2c		
-	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
d	loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
е	expenditure next year?		4		
5 T	axable amount of lobbying and political expenditures (see instructions)		5		
art '	IV Supplemental Information				
	axable amount of lobbying and political expenditures (see instructions)				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 61-0969361

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 advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year	•	
			Held at the End of the Tax Year
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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	_	
_	violations, and enforcement of the conservation easements in		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	((1)(4)(B)(I) Yes No
9	In Part XIV, describe how the organization reports conservati	ion escaments in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	tion 5 interioral statements that describes	the organization s accounting for
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic 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	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		ION, INC.							<u>69361</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Oth	<u>er Simila</u>	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	ו 🗀 נ	oan or exc	hange progra	ams				
b	Scholarly research	•	• 🗀 🤆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and expla	in how the	ey further t	he organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma								Yes	No No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		lete if the	organizatio	on answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for c	contribution	ns or other as	sets not	included			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able						
		•	J						Amount	•
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.									
Pai			nswered '	"Yes" to Fo	rm 990, Part	IV, line 1	10.			
		(a) Current year	(b) Pı	nor year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									•
С	Net investment earnings, gains, and losses						-			
d	Grants or scholarships									
е	Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·								
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	rent year end balan	ce (line 1g	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	<u></u>							
С	Temporarily restricted endowment	<u></u> %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	t are held a	and administe	ered for t	the organiz	zation		
	by								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the				 					
Pa	rt VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,	line 10						
	Description of property	(a) Cost or obasis (invest	L.		t or other (other)		ccumulate preciation		(d) Book	value
1a	Land .									
b	Buildings									
С	Leasehold improvements									
d	Equipment			5	3,469.		16,4	62.	37	,007.
	Other									0.0-
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c).)				<u> </u>	,007.

Schedule D (Form 990) 2011

LOUISVILLE	E FREE PUBLIC LI	BRARY	
Schedule D (Form 990) 2011 FOUNDATION	N, INC.		61-0969361 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category	(b) Book value		of valuation
(including name of security)	(b) Book value	Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) ASSETS HELD BY CF			
(C) LOUISVILLE	5,961,900.	END-OF-YEAR MA	RKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	5,961,900.		
Part VIII Investments - Program Related			
		(c) Method	l of valuation
(a) Description of investment type	(b) Book value		year market value
(1)			e =: ·
(2)		·	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			· · · · · · · · · · · · · · · · · · ·
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I			
	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		4,468,114
	JIHERS		4,400,114
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
(10)			1 460 114
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			▶ 4,468,114
(a) Description of liability) Book value	· · · · · · · · · · · · · · · · · · ·
	(1)) BOOK Value	
(1) Federal income taxes		30 067	
(2) OTHER PAYABLES	OMITED C	30,067.	
(3) CONTRIBUTIONS HELD FOR (JTHERS 4	1,468,114.	
(4)			
(5)	·		
(6)			
(7)			
(8)			
(9)			

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 132053
01-23-12

(10)

	dule D (Form 990) 2011 FOUNDATION, INC.					-0969361	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Fina	incial S	tateme		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,421	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,614	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			<u>,503.</u> >
4	Net unrealized gains (losses) on investments			4		<188	<u>,434.</u> >
5	Donated services and use of facilities			5	_		
6	Investment expenses			6			
7	Prior period adjustments			7		-20	772
8	Other (Describe in Part XIV)			8			<u>,773.</u> >
9	Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	٠,		9			<u>,207.</u> > ,710.>
10 Par	t XII Reconciliation of Revenue per Audited Financial Statemen		/ith Rev		er Retu		<u>, /10.</u> >
1	Total revenue, gains, and other support per audited financial statements				1	1 100	.021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u> </u>		70211
а	Net unrealized gains on investments	2a	<1	88,43	34.>		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				26	<188	,434.>
3	Subtract line 2e from line 1			•	3	1,384	,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a					
b	Other (Describe in Part XIV.)	_4b		36,80	50.		
С	Add lines 4a and 4b				40		<u>,860.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		<u>,315.</u>
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	With Ex	penses	per Re		
1	Total expenses and losses per audited financial statements				1	1,607	,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 .	1				
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
C	Other losses Other (Describe in Part VIV.)	2c	 				
d	Other (Describe in Part XIV.) Add lines 2a through 2d	2d	<u> </u>		$\overline{}$	_	0
е 3	Subtract line 2e from line 1				3	4 6 0 =	731
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3	1,007	, 131.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	I				
	Other (Describe in Part XIV)	4b		7,08	87.		
c	Add lines 4a and 4b			,,,,	40	7	,087.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	1 4 54 4	
Pai	t XIV Supplemental Information						
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	l, lines	1a and 4,	Part IV, III	nes 1b ar	nd 2b, Part V, line	4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	lete the	s part to p	rovide ar	y additio	nal information	
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:		-				
λCI	ENCY FUNDS - SFAS 136					20	772
AGI	MCI FONDS BIAS 130						<u>,773.</u>
	- 1950 T 1950 B 1						
							_

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection 2011

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

% X Employer identification number 61-0969361 ______ ✓ 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 LOUISVILLE FREE PUBLIC LIBRARY Part I General Information on Grants and Assistance FOUNDATION, Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

criteria used to award the grants or assistance?

Fart III 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 recovered more than \$5,000. Part II can be duplicated if additional space is needed	Governments and	l Organizations in the box if no one reciplen	• United States. (It received more th	ns in the United States, Complete if the organization answered recipient received more than \$5,000. Part II can be dublicated	anization answered "Y can be dublicated if a	"Yes" to Form 990, Part IV, I if additional space is needed	IV, line 21, for any ded
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO LOUISVILLE GOVT (LOUISVILLE FREE PUBLIC LIBRARY) - 301 YORK ST - LOUISVILLE KY 40203			1,084,571.	104,805,	LSOS	MICROSOFT SOFTWARE PROGRAMS	ENHANCE THE PROGRAMS AND SERVICES OF THE LOUISVILLE FREE PUBLIC LIBRARY
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in the	e line 1 table				A A

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

Schedule I (Form 990) (2011)

Page 2

61-0969361

FOUNDATION, INC.

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

(f) Description of non-cash assistançe (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE M (Form 990).

Department of the Treasury

Internal Revenue Service

* * . * .

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

LOUISVILLE FREE PUBLIC LIBRARY

FOUNDATION, INC.

Employer identification number 61-0969361

Par	tl	Types of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on	(d) Method of de noncash contribu		-	S
1	Art -	Works of art								
2	Art -	Historical treasures								
3	Art -	Fractional interests								
4		s and publications								
5		ning and household goods								
6		and other vehicles								
7		s and planes								
8		ectual property								
9		rities - Publicly traded								
10		rities - Closely held stock								
11		rities - Partnership, LLC, or								
٠.		Interests								
12		rrities - Miscellaneous	 _							
13		fied conservation contribution -								
.0		oric structures								
14		ified conservation contribution - Other			-					
15		estate · Residential								
16		estate - Commercial								
17		estate - Other								
18		ectibles		·	-	• .				
19		Inventory								
20		s and medical supplies								
21	_	dermy								
22		orical artifacts								
23		ntific specimens								
24		eological artifacts								
25		r ▶ (MICROSOFT SOF)	X	1	105.	982.	COST			
26		r • ()		-		3021	0001			
27	Othe									
28	Othe	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
29		ber of Forms 8283 received by the organi	zatıon durın	a the tax vear for o	contributions		L			
		rhich the organization completed Form 82				29				
					,				Yes	No
30a	Durir	ng the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. line	es 1-28 th	at it must hold for			
		ast three years from the date of the initial								
		entire holding period?		,	-4		, , , , , , , , , , , , , , , , , , ,	30a		X
b		es," describe the arrangement in Part II								
31		s the organization have a gift acceptance	policy that r	equires the review	of any non-standa	rd contrib	utions?	31		X
32a		s the organization hire or use third parties	· -	•	•					
		ributions?		5	, ,			32a		X
b		es," describe in Part II								
33		e organization did not report an amount in	column (c)	for a type of prope	rty for which colum	nn (a) is ch	necked,			
		ribe in Part II					· 			

SCHEDULE O

4. O.

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 61-0969361

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED IN DETAIL BY THE FOUNDATION'S FINANCE AND EXECUTIVE COMMITTEES AND A COPY IS SENT TO THE FULL BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH DIRECTOR, OFFICER, MANAGEMENT EMPLOYEE AND COMMITTEE MEMBER WITH BOARD DELEGATED POWERS SIGNS THE CONFLICT OF INTEREST DISCLOSURE AFFIRMING SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY AND HAS READ AND UNDERSTANDS THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: EVALUATIONS PERFORMED ANNUALLY. COMPENSATION DETERMINED BY EMPLOYEE EVALUATIONS (MERIT) AND/OR CURRENT MARKET VALUE OF EACH POSITION. THE EXECUTIVE DIRECTOR PRESENTS RECOMENDATIONS FOR ANNUAL COMPENSATION ADJUSTMENTS FOR ALL EMPLOYEES EXCEPT THE EXECUTIVE DIRECTOR TO THE FINANCE AND INVESTMENT COMMITTEE FOR REVIEW, CHANGES AND APPROVAL. THE EXECUTIVE DIRECTOR IS EVALUATED BY THE MEMBERS COMPENSATION CHANGES ARE RECOMMENDED TO AND APPROVED BY THE OF THE BOARD. BOARD OF DIRECTORS IN EXECUTIVE SESSION.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

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

NET UNREALIZED LOSSES ON INVESTMENTS:

-188,434.

AGENCY FUNDS - SFAS 136

-29.773.

Schedule O (Form 990 or 9 Name of the organization	LOUISVILL	E FREE PUBLIC	LIBRARY	Employer identification number
	FOUNDATIO	N, INC.		61-0969361
TOTAL TO FORM	990, PART	XI, LINE 5		-218,207.
10.000				
				
	44			

Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed F	orm 8868.		
Electron	ic filling (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file ((6 months for a corp	oration	
required '	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ite Form 8	3868 to request an e	xtension	
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for 1	Transfers	Associated With Ce	rtain	
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details of	on the ele	ctronic filing of this t	orm,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I onl	y						
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	liCs, and t	rusts must use Form 7004 to reques	it an exte	nsion of time		
Type or	Name of exempt organization or other filer, see instru	ctions.	-	Employe	or identification numb	per (EIN) or	
print	LOUISVILLE FREE PUBLIC LIB	RARY					
	FOUNDATION, INC.			X	61-096936	1	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 301 YORK STREET	ee instruc	tions.	Social s	ecurity number (SSN)	
return. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	LOUISVILLE, KY 40203	g					
	20020722227 112 2020						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	••••••		01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990)	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 990	· · · · · · · · · · · · · · · · · · ·	01	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
1 01111 000	MARY HUNT, EXEC					12	
• The br	ooks are in the care of > 301 YORK STREET			2			
	one No. ► (502)574-1654		FAX No. ▶	<u>-</u>			
	organization does not have an office or place of business	s in the Un	· ·				
• If this i	s for a Group Return, enter the organization's four digit (Group Exe	imption Number (GEN)	i thie ie fo	r the whole group of	hack this	
box ▶ [. If it is for part of the group, check this box	and atta	ch a list with the names and FINe of	all mamb	er the extension is	for	
	quest an automatic 3-month (6 months for a corporation				IGIS THE BATELISION IS	<u>:01.</u>	
1 170	FEBRUARY 15, 2013, to file the exempt				The extension		
is to	or the organization's return for:			a above.	THE EXICISION		
	calendar year or						
_ i	X tax year beginning JUL 1, 2011	. and	d ending <u>JUN</u> 30, 2012				
		·			 '		
2 If th	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return F	inal retur	n		
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any				
non	refundable credits. See instructions.	·····		3a	\$	0.	
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa		-			_	
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal w	vith this Fo	rm 8868, see Form 8453-EO and Fo	rm 8879-l	EO for payment instr	uctions.	

Form 8868 (Rev. 1 2012)					Page 2	
If you are filing for an Additional (Not Automatic) 3-N	Nonth Extension, o	complete only Part II and check the	s box	>	X	
Note. Only complete Part II if you have already been gra				8868		
• If you are filing for an Automatic 3-Month Extension	, complete only Pa	art I (on page 1)				
Part'II Additional (Not Automatic) 3-N	onth Extension	n of Time. Only file the origi	nal (no d	copies needed).		
	·	Enter filer's	s identifyi	ng number, see ins	tructions	
Type or Name of exempt organization or other filer, see instructions			Employe	Employer identification number (EIN) or		
print LOUISVILLE FREE PUBLIC LIBRARY						
File by the FOUNDATION, INC.			X	X 61-0969361		
due date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ecurity number (SSN	1)	
elurn See 301 YORK STREET						
Instructions City, town or post office, state, and ZIP cod	For a foreign add	fress, see instructions.				
LOUISVILLE, KY 40203						
Enter the Return code for the return that this application	is for (file a separa	te application for each return)			0 1	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01	1 10 10 10		頭 医乳毒素		
Form 990 BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990-T (trust other than above) 06 Form 8870					12	
STOP! Do not complete Part II if you were not alread	granted an autor	natic 3-month extension on a pre	viously fil	ed Form 8868.		
		E DIRECTOR				
 The books are in the care of ➤ 301 YORK S 			2			
Telephone No ► (502)574-1654		FAX No ▶				
If the organization does not have an office or place	—— f business in the Ur	·				
If this is for a Group Return, enter the organization's			If this is fo	or the whole aroun	check this	
box If it is for part of the group, check this bo	. —	ach a list with the names and EINs o				
4 I request an additional 3-month extension of time		15, 2013		SOLO TILO OKTORIOTORI	7.101	
5 For calendar year, or other tax year begi			na JUN	30, 2012		
6 If the tax year entered in line 5 is for less than 12 r				return		
Change in accounting period	,,					
7 State in detail why you need the extension						
THE ORGANIZATION REQUIRES	ADDITION	AL TIME TO FILE A	COMPT	ETE AND		
ACCURATE FORM 990	1100111011	M IIMI IO IIII A	COM	10 10 11110		
Mecolatil Toldi 990						
8a If this application is for Form 990-BL, 990-PF, 990	T 4720 or 6060 a	inter the tentative tax loss any				
nonrefundable credits. See instructions			8a	•	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				4	<u>·</u>	
tax payments made Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868	lyment allowed as a	a credit and any amount paid	Oh	•	0.	
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$					0.	
		st be completed for Part II		1 3		
Under penalties of perjury, I declare that I have examined this fo		•	-	of my knowladaa and h	naliaf	
it is true, correct, and complete, and that I am authorized to prej	pare this form.	ourning acricultes and statements, and t		•	•	
Signature > 538hcm	Title ► N/A	CPA	Date	2-14-15)	
Organization P	Inc P IV/A		Dale			
				Form 8868 (R	8v 1.5015)	