See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLUE GRASS COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
499 EAST HIGH STREET NO 112

City or town, state or province, country, and ZIP or foreign postal code
LEXINGTON, KY 40507

D Employer identification number
61-6053466

E Telephone number
(859) 225-3343

G Gross receipts $ 38,985,527

F Name and address of principal officer
LISA ADKINS
499 EAST HIGH STREET NO 112
LEXINGTON,KY 40507

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BGCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN THE BLUEGRASS REGION BY INCREASING CHARITABLE GIVING AND LEADING ON CRITICAL COMMUNITY ISSUES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,139,127	13,891,243
9	Program service revenue (Part VIII, line 2g)	946,123	854,362
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,912,576	4,082,317
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,992	-17,637
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,005,818	18,810,285
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,146,288	8,587,286
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	767,836	833,524
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶42,346		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,605,548	1,627,562
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,519,672	11,048,372
19	Revenue less expenses Subtract line 18 from line 12	1,486,146	7,761,913

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	72,228,769	75,078,042
21	Total liabilities (Part X, line 26)	9,497,667	8,527,605
22	Net assets or fund balances Subtract line 21 from line 20	62,731,102	66,550,437

Part II Signature Block

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

Sign Here

****** | 2016-03-18
Signature of officer | Date

LISA ADKINS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KANDY L WISCHMEIER CPA	KANDY L WISCHMEIER CPA	2016-03-18		P00118327

Firm's name ▶ BLUE & CO LLC | Firm's EIN ▶ 35-1178661
Firm's address ▶ 106 COMMUNITY DR, SEYMOUR, IN 47274 | Phone no (812) 522-8416

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN THE BLUEGRASS REGION BY INCREASING CHARITABLE GIVING AND LEADING ON CRITICAL COMMUNITY ISSUES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 10,584,799 including grants of $ 8,587,286) (Revenue $ 854,362)

THE COMMUNITY FOUNDATION MADE OVER 1,200 GRANTS IMPACTING MORE THAN 580 NON PROFIT ORGANIZATIONS AND 94 SCHOLARSHIP RECIPIENTS THE GRANTS WERE MADE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES THE COMMUNITY FOUNDATION CURRENTLY HOUSES MORE THAN 400 CHARITABLE FUNDS ESTABLISHED TO SUPPORT THE CHARITABLE CAUSES THAT ARE IMPORTANT TO DONORS AND ADMINISTERS 10 COMPETITIVE GRANT MAKING PROGRAMS IN KENTUCKY THROUGH THE LEADERSHIP AND ENGAGEMENT ARM OF THE COMMUNITY FOUNDATION A NEW MODEL FOR COMMUNITY ENGAGEMENT HAS BEEN REALIZED THE FOUNDATION WORKS CLOSELY WITH COMMUNITY LEADERS TO IDENTIFY AREAS OF NEED, FACILITATE PUBLIC FORUMS AND OVERSEE PROJECTS THAT HAVE A LASTING IMPACT ON OUR COMMUNITY

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 10,584,799

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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 any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	21		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
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).**				
a	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BRIAN K DINEEN

499 EAST HIGH STREET SUITE 112
LEXINGTON, KY 40507 (859) 225-3343

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUD WATSON GRANTS/SCHOLARSHIPS CHAIR	2 00	X		X				0	0	0
(2) ARTHUR R SALOMON CHAIR	3 00	X		X				0	0	0
(3) JONATHAN BARKER TREASURER	2 00	X		X				0	0	0
(4) JOHN MILWARD AT-LARGE	1 00	X		X				0	0	0
(5) JOE ROSENBERG INVESTMENT CHAIR	2 00	X		X				0	0	0
(6) FRAN TAYLOR SECRETARY	2 00	X		X				0	0	0
(7) MADONNA TURNER VICE CHAIR	2 00	X		X				0	0	0
(8) ALEXANDER ZANDY G CAMPBELL III DIRECTOR	1 00	X						0	0	0
(9) GRIFFIN VANMETER DIRECTOR	1 00	X						0	0	0
(10) TRAVIS MUSGRAVE DIRECTOR	1 00	X						0	0	0
(11) DR RONALD SAYKALY DIRECTOR	1 00	X						0	0	0
(12) RUFUS FRIDAY DIRECTOR	1 00	X						0	0	0
(13) LISA HIGGINS-HORD DIRECTOR	1 00	X						0	0	0
(14) ASHLEY ROBBINS DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NANCY ALLEN TURNER DIRECTOR	1 00	X						0	0	0
(16) LISA ADKINS CEO	40 00			X				141,725	0	12,352

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	141,725	0	12,352

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 EAST FIFTH STREET STE 1600 CINCINNATI, OH 45202	INVESTMENT ADVISORY GROUP	134,022

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	96,500			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,794,743			
	g	Noncash contributions included in lines 1a-1f $		1,657,877			
	h	**Total.** Add lines 1a-1f . . . . . ▶		13,891,243			
Program Service Revenue			Business Code				
	2a	COMMUNITY SUPPORT FEES	900099	854,362	854,362		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		854,362			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,310,050			2,310,050
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	21,910,257				
	b	Less cost or other basis and sales expenses	20,137,990				
	c	Gain or (loss)	1,772,267				
	d	Net gain or (loss) . . . . . ▶		1,772,267			1,772,267
Other Revenue	8a	Gross income from fundraising events (not including $ 96,500 of contributions reported on line 1c) See Part IV, line 18 . . a	19,615				
	b	Less direct expenses . . . b	37,252				
	c	Net income or (loss) from fundraising events . . ▶		-17,637			-17,637
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		18,810,285	854,362	0	4,064,680

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,371,125	8,371,125		
2 Grants and other assistance to domestic individuals See Part IV, line 22	216,161	216,161		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,956	137,660	10,707	4,589
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	533,255	479,929	37,328	15,998
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,239	37,115	2,887	1,237
9 Other employee benefits	54,017	48,616	3,781	1,620
10 Payroll taxes	52,057	46,851	3,644	1,562
11 Fees for services (non-employees)				
a Management				
b Legal	13,117	6,559	6,558	
c Accounting	13,117	6,559	6,558	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	228,252		228,252	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,316	67,316		
12 Advertising and promotion	74,426	66,902		7,524
13 Office expenses	27,013	18,733	7,538	742
14 Information technology	15,578	4,198	11,380	
15 Royalties				
16 Occupancy	22,427	20,184	1,570	673
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,952	14,976	14,976	
20 Interest	19,956	17,960	1,397	599
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,421	67,879	5,279	2,263
23 Insurance	8,069		8,069	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMUNITY SUPPORT FEES	922,729	922,729		
b SERVICE AGREEMENTS	58,482		58,482	
c MEMBERSHIP DUES & LICEN	14,177	11,895	1,886	396
d EQUIPMENT	10,945	9,851	766	328
e All other expenses	26,585	11,601	10,169	4,815
25 **Total functional expenses.** Add lines 1 through 24e	11,048,372	10,584,799	421,227	42,346
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		5,818,704	2	5,202,540
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,064,179			
	b	Less accumulated depreciation	10b 251,700	875,356	10c	812,479
	11	Investments—publicly traded securities		62,103,979	11	65,178,828
	12	Investments—other securities See Part IV, line 11		3,386,368	12	3,225,006
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		44,362	15	659,189
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		72,228,769	16	75,078,042
Liabilities	17	Accounts payable and accrued expenses		650	17	1,454
	18	Grants payable			18	
	19	Deferred revenue		1,317	19	191
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		8,927,736	21	7,970,147
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		567,964	23	555,813
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		9,497,667	26	8,527,605
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,908,981	27	17,704,069
	28	Temporarily restricted net assets		45,822,121	28	48,846,368
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,731,102	33	66,550,437
	34	Total liabilities and net assets/fund balances		72,228,769	34	75,078,042

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,810,285
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,048,372
3	Revenue less expenses Subtract line 2 from line 1	3	7,761,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,731,102
5	Net unrealized gains (losses) on investments	5	-4,900,167
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	948,662
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,927
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,550,437

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,705,221	14,309,565	13,603,526	16,139,127	13,734,925	67,492,364
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9,705,221	14,309,565	13,603,526	16,139,127	13,734,925	67,492,364
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,025,188
6 **Public support.** Subtract line 5 from line 4						47,467,176

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	9,705,221	14,309,565	13,603,526	16,139,127	13,734,925	67,492,364
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,348,758	1,447,274	2,078,804	2,408,938	2,310,050	9,593,824
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				48,295	19,615	67,910
11 **Total support** Add lines 7 through 10						77,154,098

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	61 520 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	56 770 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	234	132
2	Aggregate value of contributions to (during year)	7,425,588	1,803,841
3	Aggregate value of grants from (during year)	5,036,269	929,893
4	Aggregate value at end of year	26,815,792	20,326,163

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	45,787,681	39,091,964	33,188,829	33,319,280	29,256,464
b	Contributions	5,406,459	2,953,543	3,266,607	1,739,149	4,041,091
c	Net investment earnings, gains, and losses	-932,651	6,470,564	4,682,119	-235,676	515,423
d	Grants or scholarships	1,494,028	1,891,605	1,363,794	1,092,386	
e	Other expenditures for facilities and programs					
f	Administrative expenses	922,729	836,785	681,797	541,538	493,698
g	End of year balance	48,793,394	45,787,681	39,091,964	33,188,829	33,319,280

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 100 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		645,843	41,381	604,462
c Leasehold improvements				
d Equipment		418,336	210,319	208,017
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				812,479

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,184,732
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-4,900,167		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-4,900,167
3	Subtract line **2e** from line **1**			3	18,084,899
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	228,252		
b	Other (Describe in Part XIII)	4b	497,134		
c	Add lines **4a** and **4b**			4c	725,386
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	18,810,285

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,314,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	37,252		
e	Add lines **2a** through **2d**			2e	37,252
3	Subtract line **2e** from line **1**			3	10,276,807
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	228,252		
b	Other (Describe in Part XIII)	4b	543,313		
c	Add lines **4a** and **4b**			4c	771,565
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	11,048,372

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION ACTS AS AN AGENT FOR CERTAIN THIRD PARTY NON PROFIT ORGANIZATIONS, THE THIRD PARTIES ENTRUST THE FOUNDATION TO MANAGE CERTAIN ASSETS FOR GAAP PURPOSES, PURSUANT TO SFAS 136 THE FOUNDATION HAS RECORDED THESE FUNDS AS A LIABILITY, WHICH IS OFFSET BY THE ASSETS MANAGED FROM THE THIRD PARTY FOR PURPOSES OF THE FORM 990, CONTRIBUTIONS TO THE FOUNDATION FOR AN AGENCY ENDOWMENT WILL BE TREATED AS A CONTRIBUTION TO THE FOUNDATION THIS HAS BEEN REFLECTED AS A RECONCILING ITEM WITH THE AUDITED FINANCIAL STATEMENTS
PART V, LINE 4	ENDOWED ASSETS INCLUDE THOSE ASSETS OF DONOR RESTRICTED FUNDS THAT THE FOUNDATION INTENDS TO, BUT IS NOT REQUIRED TO, HOLD IN PERPETUITY AS WELL AS BOARD DESIGNATED FUNDS THE ENDOWED INVESTMENTS GENERATE GRANT DOLLARS FOR THE SOLE PURPOSE OF PROVIDING FOR THE NEEDS AND ACTIVITIES OF THE COMMUNITY SERVICED BY THE FOUNDATION
PART X, LINE 2	THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE LLC IS DISREGARDED FOR INCOME TAX PURPOSES AND ALL OF ITS ACTIVITIES ATTRIBUTE TO THE FOUNDATION ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS AS SUCH, THE ORGANIZATION IS GENERALLY EXEMPT FROM INCOME TAXES HOWEVER, THE ORGANIZATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY
PART XI, LINE 4B - OTHER ADJUSTMENTS	SFAS 136 ADJUSTMENT 534,386 SPECIAL EVENTS -37,252
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS 37,252
PART XII, LINE 4B - OTHER ADJUSTMENTS	SFAS 136 ADJUSTMENT 543,313

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENTS	10,844,233
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			10,844,233
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			10,844,233

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Additional Data

Software ID:
Software Version:
EIN: 61-6053466
Name: BLUE GRASS COMMUNITY FOUNDATION INC

Part V **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FUNDRAISING ACTIVITY (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	116,115			116,115
	2 Less Contributions	96,500			96,500
	3 Gross income (line 1 minus line 2)	19,615			19,615
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,500			18,500
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,752			18,752
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(37,252)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-17,637

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 209

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	105	216,161			

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

Return Reference	Explanation
PART I, LINE 2	ALL RECIPIENTS OF COMPETITIVE GRANTS ARE REQUIRED TO SUBMIT A GRANT REPORT AT THE END OF THE GRANT PERIOD, TYPICALLY ONE YEAR GRANTEES ARE ASKED TO EVALUATE THE SUCCESS OF THEIR PROJECT IF THE GRANT HAS BEEN INSTRUMENTAL IN ATTRACTING ADDITIONAL SUPPORT, TO PROVIDE INCOME AND EXPENSE INFORMATION INCLUDING WHETHER ALL GRANT DOLLARS WERE SPENT, FUTURE SUSTAINABILITY OF THE PROJECT, AND IF THERE WAS ANY VARIANCE IN THE PROJECT OR IN SPENDING STAFF MEMBERS READ GRANT REPORTS, FILL OUT A GRANT REVIEW REPORT FORM, AND ATTACH THIS TO THE GRANT RECORD GRANT COMMITTEES REVIEW A SUMMARY OF THE PREVIOUS YEAR'S GRANT REPORTS BEFORE CONSIDERING FUNDING TO THE SAME AGENCIES THAT DO NOT SUBMIT GRANT REPORTS ARE NOT ELIGIBLE TO RECEIVE FUNDING FROM COMPETITIVE GRANTS

Additional Data

Software ID:
Software Version:
EIN: 61-6053466
Name: BLUE GRASS COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FRIENDS OF THE ISRAEL MUSEUM500 FIFTH AVENUE SUIT 2540 NEW YORK, NY 10110	23-7182582	501C(3)	10,800				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE711 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	13-1656634	501C(3)	11,800				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RED CROSS - BLUEGRASS AREA CHAPTERBLUEGRASS AREA CHAPTER 1450 NEWTOWN PIKE LEXINGTON, KY 40511	61-0444644	501C(3)	8,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARBOR YOUTH SERVICES 540 WEST THIRD STREET LEXINGTON,KY 40508	61-0926861	501C(3)	15,638				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARTS COMMISSION OF DANVILLEBOYLE COUNTY 105 EAST WALNUT FISHERS ROW 1 IN CONSTITUTION SQUARE DANVILLE,KY 40422	61-1335123	501C(3)	8,020				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSISTING DEAF ADULTS TO PARTICIPATE TOTALLY PO BOX 1814 DANVILLE,KY 40423	30-0098055	501C(3)	22,223				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AVOL225 WALTON AVENUE SUITE 110 LEXINGTON,KY 40502	61-1149457	501C(3)	6,617				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BABY HEALTH SERVICE INC1590 HARRODSBURG ROAD LEXINGTON,KY 40504	61-0518017	501C(3)	15,275				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BELMONT CHILD CARE ASSOCIATION2150 HEMPSTEAD TURNPIKE - GATE 6 ELMONT,NY 11003	31-1646091	501C(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEREA COLLEGE101 CHESTNUT STREET BEREA,KY 40404	61-0444650	501C(3)	14,442				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERSBIG SISTERS OF THE BLUEGRASS436 GEORGETOWN STREET SUITE B LEXINGTON,KY 40511	61-0523288	501C(3)	24,164				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS106 TIMBER LANE MOREHEAD,KY 40351	20-4794276	501C(3)	16,377				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUE GRASS FARMS CHARITIES INC340 LEGION DRIVE 20 LEXINGTON,KY 40514	20-0374962	501C(3)	5,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE FOUNDATION164 OPPORTUNITY WAY LEXINGTON,KY 40511	76-0826082	501C(3)	5,453				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CONSERVANCY380 SOUTH MILL STREET SUITE 205 LEXINGTON,KY 40508	61-1293032	501C(3)	9,970				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUEGRASS HERITAGE MUSEUM INC217 SOUTH MAIN STREET WINCHESTER,KY 40391	61-1377512	501C(3)	35,580				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS RAPE CRISIS CENTERPO BOX 1603 LEXINGTON,KY 40588	61-0916756	501C(3)	20,827				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA BLUE GRASS COUNCIL BSA-204 3445 RICHMOND ROAD LEXINGTON,KY 40509	61-0444653	501C(3)	6,453				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYLE COUNTY EDUCATION ENDOWMENT FUND INC352 N DANVILLE BYPASS DANVILLE,KY 40422	20-8375080	501C(3)	10,523				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY SCHOOLS BOARD OF EDUCATION352 NORTH DANVILLE BY-PASS DANVILLE,KY 40422	61-6001269	501C(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BROKE SPOKE COMMUNITY BIKE SHOP INC501 WEST SIXTH STREET SUITE 130 LEXINGTON,KY 40508	27-3933001	501C(3)	6,979				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVARY BAPTIST CHURCH150 E HIGH STREET LEXINGTON,KY 40507	20-2824933	501C(3)	6,695				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY CHRISTIAN CHURCH15 REDWING DRIVE WINCHESTER,KY 40391	61-1018211	501C(3)	197,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE,KY 40468	76-0714967	501C(3)	167,700				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARDINAL HILL HEALTHCARE SYSTEM2050 VERSAILLES ROAD LEXINGTON,KY 405041499	61-0444712	501C(3)	12,479				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARLISLE-NICHOLAS COUNTY TOURISM295 MOOREFIELD ROAD CARLISLE,KY 40311	61-1185009	501C(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARNEGIE CENTER FOR LITERACY AND LEARNING 251 WEST SECOND STREET LEXINGTON,KY 40507	61-1185631	501C(3)	24,104				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASA OF LEXINGTON1155 RED MILE PLACE LEXINGTON,KY 40504	61-1339185	501C(3)	10,118				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD DANVILLE,KY 40422	61-0445828	501C(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHARITIES OF THE DIOCESE OF LEXINGTON INC1310 WEST MAIN STREET LEXINGTON,KY 40508	61-1138597	501C(3)	8,424				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL CHRISTIAN CHURCH205 E SHORT STREET LEXINGTON,KY 40507	61-0525160	501C(3)	23,466				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY COMPUTER SOCIETY160 MOORE DRIVE SUITE 107 LEXINGTON,KY 40503	31-1119333	501C(3)	6,098				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY RADIO EYE1733 RUSSELL CAVE ROAD LEXINGTON,KY 40505	61-1148801	501C(3)	7,091				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL KENTUCKY YOUTH ORCHESTRAS161 NORTH MILL STREET LEXINGTON,KY 40507	61-6027055	501C(3)	6,850				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MUSIC ACADEMY 219 EAST SHORT STREET LEXINGTON,KY 40507	61-1466695	501C(3)	5,631				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRE COLLEGE600 WEST WALNUT STREET DANVILLE,KY 40422	61-0444671	501C(3)	13,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS INC290 ALUMNI DRIVE LEXINGTON,KY 40503	61-0543367	501C(3)	23,846				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN OF THE AMERICASPO BOX 25046 LEXINGTON,KY 40524	61-1196577	501C(3)	6,448				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS INC162 N ASHLAND AVENUE LEXINGTON,KY 40502	61-1221470	501C(3)	20,185				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S CHARITY FUND OF THE BLUEGRASS 230 LEXINGTON GREEN CIRCLE SUITE 600 LEXINGTON,KY 40503	31-1078176	501C(3)	32,367				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL166 MARKET STREET LEXINGTON,KY 40507	61-0444674	501C(3)	14,528				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST THE KING CATHEDRAL299 COLONY BLVD LEXINGTON,KY 40502	61-1132894	501C(3)	9,150				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRYSALIS HOUSE INC 1589 HILL RISE DRIVE LEXINGTON,KY 40504	61-1012290	501C(3)	27,641				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF OWINGSVILLEPO BOX 639 19 GOODPASTER AVENUE OWINGSVILLE,KY 40360		GOVT	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURGPO BOX 128 SHARPSBURG,KY 40374		GOVT	34,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLARK COUNTY COMMUNITY SERVICESPO BOX 574 WINCHESTER,KY 40391	31-1005844	501C(3)	33,259				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY FISCAL COURT34 SOUTH MAIN STREET WINCHESTER,KY 40391		GOVT	93,397				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION INCPO BOX 4692 WINCHESTER,KY 40392	27-1281819	501C(3)	38,401				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLARK COUNTYWINCHESTER HERITAGE COMMISSION28 BECKNER STREET WINCHESTER,KY 40391	61-0900865	501C(3)	40,203				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMERCE LEXINGTON INC330 EAST MAIN STREET SUITE 100 LEXINGTON,KY 40507	61-0258800	501C(3)	10,223				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARRPO BOX 11610 LEXINGTON,KY 40576	61-0650121	501C(3)	5,695				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ARTS CENTER INC401 WEST MAIN STREET DANVILLE,KY 40422	16-1674338	501C(3)	27,389				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONFRONTATION POINT MINISTRIESPO BOX 127 WILMORE,KY 40390	58-1475965	501C(3)	6,898				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF LEXINGTON 1155 RED MILE PLACE LEXINGTON,KY 40504	61-1339185	501C(3)	14,040				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROSSROADS CHRISTIAN CHURCH4128 TODDS ROAD LEXINGTON,KY 40509	61-1133403	501C(3)	49,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE SCHOOLS EDUCATION FOUNDATION INC152 E MARTIN LUTHER KING BOULEVARD DANVILLE,KY 40422	20-5409746	501C(3)	13,800				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLEBOYLE COUNTY HAPPY FEET EQUALS LEARNING FEET1131 SECRETARIAT DRIVE EAST DANVILLE,KY 40422	45-5231361	501C(3)	7,088				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA INCPO BOX 5030 HAGERSTOWN,MD 21741	13-3433452	501C(3)	5,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN LITTLE LEAGUE124 HUDSON STREET APT 3A NEW YORK,NY 10013	23-1622231	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DRESS FOR SUCCESS LEXINGTON1301 WINCHESTER ROAD SUITE 29 LEXINGTON,KY 40505	46-2472399	501C(3)	6,791				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELDER HEARTPO BOX 1511 NASHVILLE,IN 47448	46-2750726	501C(3)	22,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EPISCOPAL DIOCESE OF LEXINGTON203 EAST 4TH STREET PO BOX 610 LEXINGTON,KY 40588	61-0536772	501C(3)	20,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH FEEDS OF KENTUCKY INCPO BOX 4448 LEXINGTON,KY 40544	27-4087963	501C(3)	21,763				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAYETTE ALLIANCE FOUNDATION INC FUND 499 EAST HIGH STREET SUITE 112 LEXINGTON,KY 40507	47-2128336	501C(3)	26,191				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COOPERATING NURSERY SCHOOL109 ROSEMENT GARDEN LEXINGTON,KY 40503	23-7212696	501C(3)	7,900				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLSBOARD OF EDUCATION 1126 RUSSELL CAVE ROAD LEXINGTON,KY 40505	61-6001059	501C(3)	18,141				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIDELITY CHARITABLE GIFT FUNDPO BOX 770001 CINCINNATI,OH 45277	11-0303001	501C(3)	15,496				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FLEMING COUNTY BOARD OF EDUCATION211 WEST WATER STREET FLEMINGSBURG,KY 41041		GOVT	48,774				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOODCHAIN INC501 WEST SIXTH STREET LEXINGTON,KY 40508	45-4088193	501C(3)	11,084				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR AFFORABLE HOUSING INC 169 DEWEESE STREET LEXINGTON,KY 40507	61-1192747	501C(3)	48,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIEDELL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATIONPO BOX 910953 LEXINGTON,KY 40591	42-6674534	501C(3)	22,941				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS & VETS HELPING PETSPO BOX 910117 LEXINGTON,KY 40591	45-3113935	501C(3)	13,743				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GATEWAY AREA DEVELOPMENT DISTRICT GENERAL OPERATING FUND110 COUNTY ROAD 1429 MOREHEAD,KY 40351	61-0701310	501C(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GATEWAY REGIONAL ARTS CENTER101 EAST MAIN STREET MOUNT STERLING,KY 40353	61-1224757	501C(3)	6,187				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON,KY 40511	31-0979404	501C(3)	55,732				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREENHOUSE 17PO BOX 55190 LEXINGTON,KY 40555	20-1965942	501C(3)	19,917				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HADASSAH ASSOCIATION 40 WALL STREET 8TH FLOOR NEW YORK,NY 10268	13-1656651	501C(3)	13,673				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRODSBURG-MERCER COUNTY RECREATIONAL PARK BOARD1501 LOUISVILLE ROAD HARRODSBURG,KY 40330	61-1279422	501C(3)	5,761				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEADLEY-WHITNEY MUSEUM4435 OLD FRANKFORT PIKE LEXINGTON,KY 40510	61-0850306	501C(3)	7,835				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENRY CLAY MEMORIAL FOUNDATIONASHLAND THE HENRY CLAY ESTATE 120 SYCAMORE ROAD LEXINGTON,KY 40502	61-0461732	501C(3)	20,647				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HERITAGE HOSPICE INC PO BOX 1213 120 ENTERPRISE DRIVE DANVILLE,KY 40423	31-0988104	501C(3)	25,561				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISTORIC PARIS-BOURBON COUNTY INC HOPEWELL MUSEUM800 PLEASANT STREET PARIS,KY 40361	61-0947643	501C(3)	18,403				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTERPO BOX 6 LEXINGTON,KY 40588	61-1107296	501C(3)	29,194				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE'S WINGS INCPO BOX 488 RICHMOND,KY 40476	20-4496496	501C(3)	21,760				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE OF THE BLUEGRASS INC2312 ALEXANDRIA DRIVE LEXINGTON,KY 40504	61-0978097	501C(3)	61,140				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INTERNATIONAL CIVIL SOCIETY ACTION NETWORK INCC/O WEDO 1776 MASSACHUSETTS AVENUE NW SUITE 100 WASHINGTON,DC 20036	20-3951175	501C(3)	12,275				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITNBLUEGRASS436 GEORGETOWN STREET LEXINGTON,KY 40508	26-1341780	501C(3)	8,984				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FEDERATION OF PALM BEACH COUNTY4601 COMMUNITY DRIVE WEST PALM BEACH,FL 33417	59-0948696	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF THE BLUEGRASS1050 CHINOE ROAD SUITE 112 LEXINGTON,KY 40502	31-0906786	501C(3)	42,569				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF THE BLUEGRASS1092 DUVAL STREET SUITE 240 LEXINGTON,KY 40515	84-1267604	501C(3)	6,224				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUST FUND EDUCATION PROJECT INCPO BOX 21815 LEXINGTON,KY 40522	20-8465456	501C(3)	21,696				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CANCERLINK PO BOX 25088 LEXINGTON,KY 40524	26-2704188	501C(3)	9,233				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHURCH OF GOD MINISTRIES2494 COLBY ROAD WINCHESTER,KY 40391	61-1128825	501C(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY EDUCATIONAL TELEVISION600 COOPER DRIVE LEXINGTON,KY 40502	61-0722558	501C(3)	7,067				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER201 WEST SHORT STREET SUITE 310 LEXINGTON,KY 40508	61-0909545	501C(3)	28,867				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HISTORICAL SOCIETY FOUNDATION100 WEST BROADWAY PO BOX 6856 FRANKFORT,KY 40602	61-1204590	501C(3)	5,092				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY HORSE PARK FOUNDATION4089 IRON WORKS PIKE LEXINGTON,KY 40511	62-1257717	501C(3)	22,854				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HUMANITIES COUNCIL206 EAST MAXWELL STREET LEXINGTON,KY 40508	31-0981031	501C(3)	5,050				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES1206 NORTH LIMESTONE LEXINGTON,KY 40505	61-1229842	501C(3)	9,449				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY SCHOOL FOR THE DEAF FOUNDATIONPO BOX 27 DANVILLE,KY 40423	61-1091577	501C(3)	5,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTHPO BOX 749 VERSAILLES,KY 40383	61-0458375	501C(3)	6,688				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LARRY H SPEARS FOUNDATION118 HOGANS PARKWAY DRY RIDGE,KY 41035	20-8674980	501C(3)	30,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXARTSARTSPLACE 161 NORTH MILL STREET LEXINGTON,KY 40507	61-1163184	501C(3)	19,694				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CATHOLIC HIGH SCHOOL2250 CLAYS MILL ROAD LEXINGTON,KY 40503	61-1132894	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHILDREN'S THEATRE418 WEST SHORT STREET LEXINGTON,KY 40507	61-0929277	501C(3)	135,128				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXINGTON COMMUNITY RADIOPO BOX 526 LEXINGTON,KY 40588	36-4662643	501C(3)	9,169				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON DOWNTOWN DEVELOPMENT AUTHORITY101 EAST VINE STREET SUITE 100 LEXINGTON,KY 40507		GOVT	185,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON FAIRNESS333 WEST VINE STREET SUITE 1210 PO BOX 417 LEXINGTON,KY 40588	26-2147307	501C(3)	11,273				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT200 EAST MAIN STREET LEXINGTON,KY 40507		GOVT	114,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HABITAT FOR HUMANITY700 EAST LOUDON AVENUE LEXINGTON,KY 40508	61-1139529	501C(3)	16,774				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HEARING AND SPEECH CENTER350 HENRY CLAY BOULEVARD LEXINGTON,KY 40502	61-0593951	501C(3)	11,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXINGTON HUMANE SOCIETY1600 OLD FRANKFORT PIKE LEXINGTON,KY 40504	61-0444762	501C(3)	36,505				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON OPERA SOCIETYPO BOX 8463 LEXINGTON,KY 40533	61-1170162	501C(3)	20,412				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONICARTS PLACE 161 NORTH MILL STREET LEXINGTON,KY 40507	61-6033529	501C(3)	19,585				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEXINGTON PUBLIC LIBRARY FOUNDATION INC140 EAST MAIN STREET LEXINGTON,KY 40507	31-1565272	501C(3)	18,177				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSIONPO BOX 1050 LEXINGTON,KY 40588	61-1387338	501C(3)	16,030				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES,KY 40383	61-0461733	501C(3)	8,483				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE FOR PETSPO BOX 4304 WINCHESTER,KY 40392	61-1371393	501C(3)	10,948				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE PLAN OF KENTUCKY 2333 ALEXANDRIA DRIVE LEXINGTON,KY 40504	45-3567607	501C(3)	5,028				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFEHOUSE2710 RIEDLING DRIVE LOUISVILLE,KY 40206	20-8514733	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIVING ARTS AND SCIENCE CENTER362 NORTH MARTIN LUTHER KING BLVD LEXINGTON,KY 40508	61-0675663	501C(3)	37,624				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK HERITAGE PARK FUND CLARK COUNTY HERITAGE COMMISSION 28 BECKNER ST WINCHESTER,KY 40391	61-0900865	501C(3)	7,014				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LYRIC THEATRE AND CULTURAL ARTS CENTER 300 EAST THIRD STREET LEXINGTON,KY 40508	27-2608879	501C(3)	5,331				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MADISON COUNTY PUBLIC LIBRARY507 WEST MAIN STREET RICHMOND,KY 40475	61-0600662	501C(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARCH MADNESS MARCHING BAND125 EDGEMOOR DRIVE LEXINGTON,KY 40503	27-1735896	501C(3)	6,451				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARKEY CANCER FOUNDATIONUNIVERSITY OF KENTUCKY 800 ROSE STREET CC 160 LEXINGTON,KY 40536	31-0944925	501C(3)	11,398				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARY TODD LINCOLN HOUSEPO BOX 132 LEXINGTON,KY 40588	23-7002838	501C(3)	6,473				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTERPO BOX 4486 HOUSTON,TX 77210	74-6000203	501C(3)	7,229				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWAY COLLEGE512 EAST STEPHENS STREET MIDWAY,KY 40347	61-0444708	501C(3)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION LEXINGTON230 SOUTH MARTIN LUTHER KING BOULEVARD LEXINGTON,KY 40508	20-2824933	501C(3)	12,797				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION MOREHEAD STATE UNIVERSITY 150 UNIVERSITY BOULEVARD PO BOX 1887 MOREHEAD,KY 40351	31-1003236	501C(3)	6,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILDPO BOX 256 MOREHEAD,KY 40351	61-1197730	501C(3)	15,936				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOVEABLE FEAST LEXINGTON INCPO BOX 367 LEXINGTON,KY 40588	31-1604759	501C(3)	13,577				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MUSTARD SEED COMMUNITIES29 JANES AVENUE MEDFIELD,MA 02052	58-1657207	501C(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY OF KENTUCKY114 WOODLAND AVENUE LEXINGTON,KY 40508	53-0242652	501C(3)	9,050				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW BEGINNINGS OF WINCHESTER INC139 JEFFERSON STREET WINCHESTER,KY 40391	61-1180957	501C(3)	31,742				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW OPPORTUNITY SCHOOL FOR WOMEN INC 204 CHESTNUT STREET BEREA,KY 40403	61-1323868	501C(3)	14,103				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEWTON'S ATTIC4974 OLD VERSAILLES ROAD LEXINGTON,KY 40510	52-2115824	501C(3)	16,203				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH LIMESTONE COMMUNITY DEVELOPMENT CORPORATIONATTN DIRECTOR 714 N LIMESTONE LEXINGTON,KY 40505	46-2090782	501C(3)	45,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS INC SENIOR CITIZENS CENTER 1530 NICHOLASVILLE ROAD LEXINGTON,KY 40503	61-0996520	501C(3)	5,617				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE2048 EDGEWATER COURT LEXINGTON,KY 40502	61-0649672	501C(3)	19,091				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO UNIVERSITY SOUTHERNOFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL ATHENS,OH 45701	31-6402269	501C(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OLD FRIENDS INC1841 PAYNES DEPOT ROAD GEORGETOWN,KY 40324	20-0049798	501C(3)	12,441				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE PARENT FACILITYVIRGINIA PLACE 1156 HORSEMANS LANE LEXINGTON,KY 40504	61-1080310	501C(3)	7,468				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OWINGSVILLE BATH COUNTY PARKS TOURISM & CONVENTION COMMIS PO BOX 639 19 GOODPASTER AVENUE OWINGSVILLE,KY 40360	61-6000912	501C(3)	50,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARENT AND FAMILY ENRICHMENT CENTER118 CONSTITUTION STREET SUITE 200 LEXINGTON,KY 40507	46-3733470	501C(3)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS ANIMAL WELFARE SOCIETYPO BOX 222 PARIS,KY 40362	61-1224933	501C(3)	13,080				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERS IN EDUCATION 24 WEST LEXINGTON AVENUE WINCHESTER,KY 40391	27-5436682	501C(3)	25,526				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
POST CLINIC INC125 W MAIN STREET PO BOX 550 MT STERLING,KY 40353	31-1515325	501C(3)	9,415				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE271 WEST SHORT STREET SUITE 202 LEXINGTON,KY 40507	61-1026214	501C(3)	44,450				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE MONTESSORI SCHOOL INC 1209 TEXACO ROAD LEXINGTON,KY 40508	31-1041787	501C(3)	32,841				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RACE FOR EDUCATION INC1818 VERSAILLES ROAD LEXINGTON,KY 40504	42-1546327	501C(3)	7,964				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
READING CAMPPO BOX 610 LEXINGTON,KY 40508	61-0536772	501C(3)	13,791				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REITZ MEMORIAL HIGH SCHOOL520 SOUTH BENNINGHOF AVENUE EVANSVILLE,IN 47714	27-1480068	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RICHMOND AREA ARTS COUNCIL399 W WATER STREET RICHMOND,KY 40475	61-1168831	501C(3)	11,133				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROSE MARY C BROOKS PLACE200 ROSE MARY DRIVE WINCHESTER,KY 40391	61-1370614	501C(3)	52,086				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAYRE SCHOOL194 NORTH LIMESTONE LEXINGTON,KY 40507	61-0449657	501C(3)	7,454				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SEEDLEAF931 IDLEWILD COURT LEXINGTON,KY 40505	45-0582109	501C(3)	15,350				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHARPSBURG WORSHIP CENTERPO BOX 257 SHARPSBURG,KY 40374	61-0705763	501C(3)	20,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHOULDER TO SHOULDER GLOBAL111 WASHINGTON AVENUE OFFICE 203C LEXINGTON,KY 40536	61-6001218	501C(3)	18,840				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITAL FOR CHILDREN1900 RICHMOND ROAD LEXINGTON,KY 40502	36-2193608	501C(3)	24,284				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SING FOR HOPE575 EIGHTH AVENUE SUITE 1812 NEW YORK,NY 10018	01-0856384	501C(3)	12,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SMOKY MOUNTAIN SERVICE DOGS110 TOOWEKA CIRCLE LOUDON,TN 37774	27-3365083	501C(3)	5,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHLAND CHRISTIAN CHURCH5001 HARRODSBURG ROAD NICHOLASVILLE,KY 40356	61-6013200	501C(3)	5,075				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL PERSONS ADVOCACY NETWORK INC (SPAN)106 SOUTH ALTA AVENUE DANVILLE,KY 40422	61-1349003	501C(3)	5,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST AGATHA ACADEMY244 S MAIN ST WINCHESTER,KY 40391	61-1132894	501C(3)	51,092				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST CLAIRE HOSPICE AND PALLIATIVE CARE222 MEDICAL CIRCLE MOREHEAD,KY 40351	61-0605336	501C(3)	7,229				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST ELIZABETH ANNE SETON CATHOLIC CHURCH1730 SUMMERHILL LEXINGTON,KY 40515	61-1132894	501C(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LUKE UNITED METHODIST CHURCH2351 ALUMNI DRIVE LEXINGTON,KY 40517	61-0945448	501C(3)	10,900				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST PETER CLAVER CATHOLIC CHURCH410 JEFFERSON STREET LEXINGTON,KY 40508	61-1132894	501C(3)	9,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SURGERY ON SUNDAY INC 650 NEWTOWN PIKE LEXINGTON,KY 40508	20-3187452	501C(3)	5,627				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEMPLE ADATH ISRAEL124 NORTH ASHLAND AVENUE LEXINGTON,KY 40502	61-0546638	501C(3)	8,349				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ARBORETUM500 ALUMNI DRIVE LEXINGTON,KY 40503		GOVT	10,417				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ART MUSEUM AT THE UNIVERSITY OF KENTUCKY 405 ROSE STREET LEXINGTON,KY 40506	61-6033693	501C(3)	8,647				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE AVIATION MUSEUM OF KENTUCKY4029 AIRPORT ROAD SUITE 100 LEXINGTON,KY 40510	31-1028870	501C(3)	7,653				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE BULLDOG CLUBPO BOX BT BRYAN BUILDING LAKEVIEW DRIVE MISSISSIPPI STATE,MS 39762	51-0163622	501C(3)	9,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CENTER FOR COURAGEOUS KIDSATTN DEVELOPMENT DIRECTOR 1501 BURNLEY ROAD SCOTTSVILLE,KY 42164	20-1789905	501C(3)	50,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GOVERNOR'S SCHOLARS PROGRAM FOUNDATION INC1024 CAPITAL CENTER DRIVE SUITE 210 FRANKFORT,KY 40601	61-1393028	501C(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SCHOOL 1050 LANE ALLEN ROAD LEXINGTON,KY 40504	61-0563291	501C(3)	25,643				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS,MO 63104	20-8742553	501C(3)	50,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NEST - CENTER FOR WOMEN CHILDREN & FAMILIES530 NORTH LIMESTONE STREET LEXINGTON,KY 40508	31-0904247	501C(3)	54,809				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PLANTORY (KCCJ)501 WEST SIXTH STREET SUITE 250 LEXINGTON,KY 40508	37-1500795	501C(3)	35,272				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PRESBYTERIAN CHURCH OF DANVILLE500 WEST MAIN STREET DANVILLE,KY 40422	61-0587173	501C(3)	7,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY736 WEST MAIN STREET LEXINGTON,KY 40508	13-5562351	501C(3)	51,030				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THY KINGDOM COME NETWORK110 DENNIS DRIVE LEXINGTON,KY 40503	61-1256833	501C(3)	12,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWNE BOULEVARD CHURCH OF GOD3722 TOWNE BOULEVARD MIDDLETOWN,OH 45005	31-0721817	501C(3)	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRANSYLVANIA UNIVERSITYFINANCIAL AID OFFICE 300 NORTH BROADWAY LEXINGTON,KY 40508	61-0444825	501C(3)	10,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY CHRISTIAN ACADEMY3900 RAPID RUN LEXINGTON,KY 40515	58-1582598	501C(3)	6,100				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TWEENS NUTRITION AND FITNESS COALITION220 DELMAR AVENUE LEXINGTON,KY 40508	46-3018740	501C(3)	5,453				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UK ATHLETICS - K FUND JOE CRAFT CENTER 338 LEXINGTON AVENUE LEXINGTON,KY 40506	61-0501295	501C(3)	120,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF CHICAGO KOVLER DIABETES CENTER 900 EAST 57TH STREET EIGHT FLOOR ROOM 8144 CHICAGO,IL 60637	36-2177139	501C(3)	35,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ATHLETICS338 LEXINGTON AVENUE JOE CRAFT CENTER LEXINGTON,KY 40506	61-0501295	501C(3)	2,170,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KENTUCKY DANCEBLUESTUDENT VOLUNTEER CENTER 106 STUDENT CENTER LEXINGTON,KY 40506	61-6001218	501C(3)	26,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON,KY 40506	61-6033693	501C(3)	10,650				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY148 DEWEESE STREET LEXINGTON,KY 40507	61-6054655	501C(3)	10,801				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
USA CARES INC562B NORTH DIXIE BOULEVARD SUITE 3 RADCLIFF,KY 40160	05-0588761	501C(3)	63,710				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIPS (VISUALLY IMPAIRED PRESCHOOL SERVICES) 161 BURT ROAD STE 4 LEXINGTON,KY 40503	61-1061973	501C(3)	12,664				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WARRIOR MEDITATION FOUNDATIONSAVE A WARRIOR PO BOX 2416 MALIBU,CA 90265	45-5571507	501C(3)	104,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILDERNESS TRACE CHILD DEVELOPMENT CENTER INC409 NORTH STEWARTS LANE DANVILLE,KY 40422	61-1230722	501C(3)	31,065				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER DRUG COALITIONPO BOX 856 WINCHESTER,KY 40392	20-4988322	501C(3)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER YOUTH SOCCER LEAGUE INCPO BOX 4122 WINCHESTER,KY 40392	61-1336455	501C(3)	14,681				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODFORD HUMANE SOCIETYPO BOX 44 VERSAILLES,KY 40383	61-0992070	501C(3)	12,468				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF WINCHESTER645 WESTMEADE DRIVE WINCHESTER,KY 40391	61-1206677	501C(3)	32,787				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICA-ISRAEL CULTURAL FOUNDATION 1140 BROADWAY SUITE 2540 NEW YORK,NY 10001	13-1664048	501C(3)	25,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV1430 BROADWAY 8TH FLOOR NEW YORK, NY 10018	23-7270753	501C(3)	25,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE 633 THIRD AVENUE 2ND FLOOR NEW YORK, NY 10017	13-1623886	501C(3)	25,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF HEBREW UNIVERSITY7280 WEST PALMETTO PARK ROAD SUITE 301 BOCA RATON, FL 33433	13-1568923	501C(3)	25,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FRIENDS OF MAGEN DAVID ADOM (AFMDA)3300 PGA BOULEVARD SUITE 510 PALM BEACH GARDENS, FL 33410	13-1790719	501C(3)	8,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR FAMILY AND COMMUNITY SERVICES 540 EAST THIRD STREET LEXINGTON, KY 40507		501C(3)	9,720				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LISA ADKINS, CEO	(i)	141,725	0	0	0	12,352	154,077	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	1,657,877	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493089012556

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
BLUE GRASS COMMUNITY FOUNDATION INC	61-6053466

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY AND REVIEWED BY SENIOR MANAGEMENT OF THE COMMUNITY FOUNDATION ANY CONFLICTS ARE NOTED AT THAT TIME AS WELL AS CREATION OF A PL AN FOR MONITORING THE CONFLICT IF A CONFLICT IS DETERMINED PERSONS INVOLVED IN THE TRANSA CTION INVOLVING A CONFLICT ARE PROHIBITED FROM PARTICIPATION IN THE DELIBERATIONS AND DECI SIONS OF SUCH TRANSACTION
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE COMMUNITY FOUNDATIONS CEO WAS RECOMMENDED BY THE COMPENSATION COMMITT EE AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPARATIVE DATA WAS USED FROM LOCAL AND NATIONAL SOURCES AND THE PROCESS WAS DOCUMENTED IN THE MINUTES OF THE COMMITTEE MEETINGS AS WELL AS IN THE EMPLOY MENT CONTRACT OF THE CEO THE PROCESS WAS LAST COMPLETED DURING THE CURRENT FISCAL YEAR
FORM 990, PART VI, SECTION C, LINE 19	MOST RECENT AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE G OVERNING DOCUMENTS AND CONFLICT OF INTEREST ARE AVAILABLE FOR INSPECTION UPON REQUEST
FORM 990, PART XI, LINE 9	SFAS 136 ADJUSTMENT 8,927
FORM 990, PART XII, LINE 2C	THE OVERSIGHT OF THE AUDIT AND PROCESS USED TO SELECT AN INDEPENDENT ACCOUNTANT DID NOT CHANGE IN THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493089012556

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION INC

Employer identification number
61-6053466

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FOUR NINETY NINE EAST HIGH STREET LLC 250 WEST MAIN STREET LEXINGTON, KY 40507 46-1577439	REAL ESTATE HOLDING	KY			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation