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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	r calen	dar year 2015 or tax year beginning	, 20	15, and	ending		, 20
		undation				er identification number	er
Lo	ch Fan	nily Foundation, Inc.				46-3873179	
Nu	mber an	d street (or P O. box number if mail is not delivered to street address)	Rooi	n/suite	B Telephor	ne number (see instruct	ions)
420	3 MacI	nupe Drive				502-889-2663	
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code	 		C If exemp	tion application is pend	ing check here ▶ □
Lou	ılsville	, KY 40241			l cxomp	пол арриодиот ю рето	
G	Check	all that apply: 🗹 Initial return 🔲 Initial return	of a former publi	c charity	D 1. Foreig	n organizations, check	here ▶□
		☐ Final return ☐ Amended	· ·	,	1 -	•	_
		Address change Name char	nge			n organizations meeting here and attach compl	
H	Check	type of organization: 🗹 Section 501(c)(3) exempt p	rivate foundation		E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust \(\bigcap\) Other tax			section 5	507(b)(1)(A), check here	▶⊔
Г		narket value of all assets at J Accounting method			E If the four	ndation is in a 60-mont	h termination
	end o	f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ 🗍
	line 16	6) ► \$ 12,342 (Part I, column (d) must be	on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		i investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10,000				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	(
	4	Dividends and interest from securities	()			
	5a	Gross rents	(
	b	Net rental income or (loss)					
φ	6a	Net gain or (loss) from sale of assets not on line 10	(
Revenue	Ь	Gross sales price for all assets on line 6a					
Š	7	Capital gain net income (from Part IV, line 2)					
Œ	8	Net short-term capital gain					
	9	Income modifications		<u> </u>	·		
	10a	Gross sales less returns and allowances	L	<u> </u>			,
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					,
	11	Other income (attach schedule)	(
_	12	Total. Add lines 1 through 11	10,000		0	0	:
Ś	13	Compensation of officers, directors, trustees sto	(
186	14	Other employee salaries and wages	(
ĕ	15	Pension plans, employee benefits, 1941.	(
X	16a		. 200				
rative Expenses	b	Accounting fees (attach schedule)	(- — — — — — — — — — — — — — — — — — — —	
曼	_C	Other professional fees (attach schedule)					
	17	Interest				ļ	
nis.	18	Taxes (attach schedule) (see instructions)	(
Ē	19	Depreciation (attach schedule) and depletion	——				
A	20	Occupancy					
Þ	21	Travel, conferences, and meetings					
큡	22	Printing and publications	25	-1		<u> </u>	
<u> </u>	23 24	Other expenses (attach schedule)		1			
äŧ	~~	Add lines 13 through 23	225	;			
Operating and Administ	25	Contributions, gifts, grants paid	8,167				8,167
õ	26	Total expenses and disbursements. Add lines 24 and 25	8,392		0	0	8,167
_	27	Subtract line 26 from line 12:	2,002	1	<u>_</u>	ļ <u>-</u>	5,.51
	a a	Excess of revenue over expenses and disbursements	1,608				
	b	Net investment income (if negative, enter -0-) .		 	0		<u> </u>
	1	Adjusted net income (if negative, enter -0-)		 		0	

Б	art II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
	111111	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	10,734	12,342	12,342
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
]	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			-
		Less: allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments-land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶		-	
	4.5	Less: accumulated depreciation (attach schedule) ▶		· · · <u></u>	
	15 16	Other assets (describe) Total assets (to be completed by all filers—see the			
	10	instructions. Also, see page 1, item l)	10,734	12,342	
_	17	Accounts payable and accrued expenses	10,704	12,042	
	18	Grants payable	3,334	1,667	
Liabilities	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			,
Ξ	22				;
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	3,334	1,667	
_		Foundations that follow SFAS 117, check here >			
ès		and complete lines 24 through 26 and lines 30 and 31.			,
Ĕ	24	Unrestricted	7,400	10,675	
ğ	25	Temporarily restricted			
E 70	26	Permanently restricted			,
Fund Balances	1	Foundations that do not follow SFAS 117, check here ▶ □			
		and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds		· - · · · · · · · · · · · · · ·	
ē	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ş	29	Retained earnings, accumulated income, endowment, or other funds	7,400	10.675	
)t/	30	Total net assets or fund balances (see instructions)	7,400	10,075	
ž	31	Total liabilities and net assets/fund balances (see	10,734	12,342	
Da	rt III	instructions)	10,704	12,072	
		I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (must	agree with	
		of-year figure reported on prior year's return)			7,400
2		er amount from Part I, line 27a			1,608
3		er increases not included in line 2 (itemize)			0
	Add	lines 1, 2, and 3		4	9,008
		and a set in the dead in the confirmation.			0
6	Tota	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), line	930 6	9,008

Part	V Capital Gains and	Losses for Tax on Investn	ent Incon	ne				
		kınd(s) of property sold (e.g , real estate e; or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation		Date acquired to, day, yr.)	(d) Date sold (mo., day, yr)
1a	N/A							
b								
c						ļ		
<u>d</u>		 				ļ		
<u>e</u>			· · · · · ·			ļ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) (f) minus (g)
<u>a</u>						<u> </u>		
<u>b</u>								
<u>c</u>								
d			·		····	<u> </u>		
е	Complete only for assets show	ving gain in column (h) and owned	by the founds	ation	on 12/31/69	 		
	Complete only for assets sitor	(i) Adjusted basis			s of col (i)	┨		l. (h) gain minus t less than -0-) or
	(i) F M.V as of 12/31/69	as of 12/31/69			(j), if any			from col (h))
a						 		· · · · · · · · · · · · · · · · · · ·
b						 -		
						-		
<u>d</u>						 		· · · · · · · · · · · · · · · · · · ·
е		(If gain	also enter ir	. Pa	rt L line 7			
2	Capital gain net income or		, enter -0- in			2		
3		or (loss) as defined in sections				i .		
		, line 8, column (c) (see instruc				1		
						3		
Part		er Section 4940(e) for Redurate foundations subject to the						
Was t		this part blank. section 4942 tax on the distribu qualify under section 4940(e). D				base p	period?	☐ Yes 🗹 No
1		unt in each column for each ye				akıng	any entries	
<u>-</u>	(a)	(b)	a, see 1110 II	isuc	(c)	aning	arry criticos.	(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distribution	s Net va	lue of	nonchantable-use a	ssets	Dis (col.(b)	tribution ratio divided by col (c))
	2014	 	1,667			3,760	(55: (5)	0.443
	2013		0			0		0
	2012							
	2011							
	2010							
2	Total of line 1, column (d)						2	0.443
3		or the 5-year base period—divi				the		
	number of years the found	ation has been in existence if le	ess than 5 ye	ears			3	0.2215
4	Enter the net value of nonc	haritable-use assets for 2015 f	rom Part X,	line	5		4	10,691
			·					
5	Multiply line 4 by line 3 .						5	2,368
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			-	6	0
7	Add lines 5 and 6					•	7	2,368
8	Enter qualifying distribution	ns from Part XII, line 4					8	8,167
0	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	n Part VI, lin	e 1b	, and complete	that p		-

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
	here ► 🗹 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			:
^	Part I, line 12, col. (b).		0	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2		0	
3 4	Add lines 1 and 2		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 0			
b	Exempt foreign organizations—tax withheld at source 6b 0			
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0			Ì
d	Backup withholding erroneously withheld 6d 0			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0	
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11		0	
	VII-A Statements Regarding Activities		Van	A1-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	4-	Yes	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	<u>1a</u>		<u> </u>
b	Instructions for the definition)?	1b		•
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0			,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$0			,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ļ <u>.</u>	1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	1	<u></u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
1.	Kentucky			,
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	Oh	امرا	
_		8b	/	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	· '	1	
	complete Part XIV	9	•	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
٠	names and addresses	10	✓	
			A DE	

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		*
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
4.4	Website address ► NA	2-889-2		
14	The books are in care of ▶ Brian Lower Telephone no. ▶ 502 Located at ▶ 4203 Machupe Drive, Louisville, KY ZIP+4 ▶	40241		
15				
.0	and enter the amount of tax-exempt interest received or accrued during the year 15	• •	•	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L	}	
ı alı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Γ	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ✓ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ✓ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?		1	
	6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	termination of government service, if terminating within 90 days.)			
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶□			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2015?	1c		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	6e, Part XIII) for tax year(s) beginning before 2015?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	j		١.
	all years listed, answer "No" and attach statement - see instructions.)	2b		1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
За	➤ 20 ,20 ,20 ,20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			, ,
- Ou	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			,
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	34		,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		•

Page o

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be F	equire	d (conti	nued)			
5a		he year did the foundation pay or incur a			_							
		y on propaganda, or otherwise attempt t						☐ Yes	☑ No			
		ence the outcome of any specific public										
		ctly or indirectly, any voter registration dr						Yes	∠ No			
		ide a grant to an individual for travel, stu							✓ No	j		
		ide a grant to an organization other thar ion 4945(d)(4)(A)? (see instructions)						_		ł		
		ide for any purpose other than religious,						Yes	∠ No	1		,
		oses, or for the prevention of cruelty to o							₩ No			
b		nswer is "Yes" to 5a(1)-(5), did any of the						_	_			
-		ons section 53.4945 or in a current notice								5b		•
	_	ations relying on a current notice regardi	-	_					▶□	100		
С		nswer is "Yes" to question 5a(4), does to							٠ –			
		it maintained expenditure responsibility							□No			
		attach the statement required by Regula		-				_				ĺ
6a		foundation, during the year, receive any					emiums	;				
	on a per	sonal benefit contract?						☐ Yes	✓ No			
b	Did the	foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a persona	benefi	t contract	?.	6b		1
		to 6b, file Form 8870.						_				
		ne during the tax year, was the foundation a						☐ Yes				
		did the foundation receive any proceeds								7b		
Par	VIII	Information About Officers, Direct and Contractors	tors, i	rustees, r	ounda	tion man	agers,	riigniy i	'aid Ei	пріоу	ees,	
1	List all	officers, directors, trustees, foundation	mana	ners and th	eir con	nnensatio	lsee i	estructio	ns)			
	Liot dii		(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expe	nno ao	oount
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		yee benefit erred compe			allowan	
See at	tached st	atement		<u> </u>				<u></u>				
									ì			
				<u> </u>								

	Compo	nsation of five highest-paid employee	o (oth	or than the	l so incl	udad on li	no 1	see instr	uotione	\ 16 p	000	ontor
2	"NONE.		es (our	er man mo	se mo	uueu on n	116 1-	5 66 111211	actions		one,	ciilei
	710112			T		 ''		(d) Contrib	rtions to			
i	(a) Name ar	nd address of each employee paid more than \$50,00	0	(b) Title, and a		(c) Compe	nsation	employee	benefit	(e) Expe		
	,			devoted to p				plans and compens		other	allowan	ices
NONE			-	-								
								ļ <u>.</u> .				
						ļ						
									ļ			
				ļ — —		<u> </u>		 -				
		••••						1				
Total	number o	of other employees paid over \$50,000 .							. ▶		0	
			·	 • • •				 -		om 99	∩-PF	(2015)

Part VI	Information About Officers, Directors, Trustees, Foundar and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3 Fi	ve highest-paid independent contractors for professional services (see	e instructions). If none, enter "NON	E."
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total nu	mber of others receiving over \$50,000 for professional services		0
Part IX	-A Summary of Direct Charitable Activities		
	foundation's four largest direct chantable activities during the tax year. Include relevant st titions and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 N/A			
2			
3			
4			
Part IX	-B Summary of Program-Related Investments (see instruct	tions)	
	e the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A			
2			
All othe	program-related investments. See instructions		
Total. Ad	ld lines 1 through 3	 	0

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn fol	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	ГТ	
•	purposes:	1	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	10,854
c	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	10,854
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,854
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	163
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,691
6	Minimum investment return. Enter 5% of line 5	6	535
Part		ounda	ations
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	8,167
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8,167
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,167
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7			-	
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:				
a	From 2010				,
b	From 2011				ı
C	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				
	line 4: ▶ \$				
a	Applied to 2014, but not more than line 2a.				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
_	required—see instructions)				<u> </u>
	Applied to 2015 distributable amount				
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a).)		ļ		
6	Enter the net total of each column as				
0	indicated below:				
_	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				'
a b	Prior years' undistributed income. Subtract				
~	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
•	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount-see instructions				
е	Undistributed income for 2014. Subtract line				'
	4a from line 2a. Taxable amount-see				
	instructions				
f	Undistributed income for 2015. Subtract lines	ŀ			
	4d and 5 from line 1. This amount must be				
	distributed in 2016	ļ			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				,
_	required—see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				1
_	• •				
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	İ			
40					
10	Analysis of line 9:				
a	Excess from 2011 Excess from 2012	+			,
b	Excess from 2012 Excess from 2013	1			
۲ 0	Excess from 2014	1			}
d e	Excess from 2015	1]
U		i	1	l	L

om 9:	• 90-PF (2015)					Page 10
² art	<u>`</u>	tions (see instruc	ctions and Part V	(II-A. guestion 9)		
_	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a p	rivate operating		·
ь			•	L.	ction 4942(i)(3) or 4942(j)(5)
	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2015	(b) 2014	Prior 3 years	(d) 2012	(e) Total
	investment return from Part X for each year listed	0	0	(0) 2010	(4) 2012	0
b	85% of line 2a	0	0			0
	Qualifying distributions from Part XII, line 4 for each year listed	8,167	1,667			9,834
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0			0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	8,167	1,667			9,834
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test-enter:				İ	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					<u> </u>
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	n (Complete th	is part only if th	e foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year-		-		•	
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v					
	before the close of any tax year (but o	only if they have co	ntributed more tha	ın \$5,000). (See se	ection 507(d)(2).)	
	el Lorch				<u> </u>	
	List any managers of the foundation ownership of a partnership or other er					rge portion of the
lone	Later Branch Control	0 0	. O-111			
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the f other conditions, complete items 2a, I	only makes contri oundation makes	butions to presele	ected charitable o		
.orch	The name, address, and telephone nu Family Foundation, Inc. Machupe Drive, Louisville, KY 40241	mber or e-mail ad 502-889-266	•	n to whom applica	tions should be a	ddressed:
	The form in which applications should form with request, reason for request and			naterials they shou	ıld include:	
	Any submission deadlines:					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

None

None

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of Amount contribution recipient Name and address (home or business) Paid dunng the year Louisville Zoo Foundation 501(c)(3) Capital Campaign 1,667 1100 Trevillan Way, Louisville, KY 40213 501(c)(3) Program support - poverty 500 875 Howard Street, Suite 340, San Francisco, CA 94103 Boys & Girls Clubs of Kentuckiana 500 501(c)(3) Program support - young people 3900 Crittenden Drive, Louisville, KY 40209 Habitat for Humanity of Metro Louisville 500 501(c)(3) Program support - housing 1620 Bank Street, Louisville, KY 40203 ElderServe, Inc. 501(c)(3) Program support - aging adults 1,000 300 East Market Street, Suite 190, Louisville, KY 40202 The Healing Place Program support - addiction 1.500 1030 West Market Street, Louisville, KY 40202 501(c)(3) **Neighborhood House** 501(c)(3) Program support - poverty 500 201 N. 25th Street, Louisville, KY 40212 The Morton Center 501(c)(3) Program support - addiction 500 1028 Barret Avenue, Louisville, KY 40204 Sunrise Children's Services 501(c)(3) Program support - children 1,000 300 Hope St., P.O. Box 1429, Mt. Washington, KY 40047 **Our Savior Lutheran School** 501(c)(3) LEAF Campaign 500 8307 Nottingham Parkway, Louisville, KY 40222 8,167 Total 3a Approved for future payment Louisville Zoo Foundation 501(c)(3) Capital Campaign 1,667 1100 Trevilian Way, Louisville, KY 40213 Total 1,667

Pa		Analysis of Income-Producing Ac	411414				
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated but	siness income	Excluded by section	on 512, 513, or 514	(e)
			(0)	(b)	(0)	(d)	Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(u) Amount	function income (See instructions)
1	Pro	gram service revenue:	Dusiness code	Anount	LX0Iu3i0II 0000	Anodin	(See Mistructions)
	а						
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	c				 		
	ď		<u></u>		 	 	
		···			 -		
	e				 		ļ.
	Ť,						ļ <u></u>
	g	Fees and contracts from government agencies			ll		<u> </u>
2	Mer	nbership dues and assessments					
3	Inte	rest on savings and temporary cash investments					
4	Divi	dends and interest from securities			 		
5		rental income or (loss) from real estate:			1		
•		Debt-financed property			 		
			<u> </u>		 		
^		Not debt-financed property	 		 	· · · · · · · · · · · · · · · · · · ·	
_		rental income or (loss) from personal property			 		
7		er investment income			 		ļ
8		or (loss) from sales of assets other than inventory					<u></u>
9	Net	income or (loss) from special events					
10	Gro	ss profit or (loss) from sales of inventory]				
11		er revenue: a					
	b						<u> </u>
	c				 		
				· · · · · · · · · · · · · · · · · · ·	 		
	ď.				 		
	е						
		total. Add columns (b), (d), and (e)					
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	
13 See	Tot wor	al. Add line 12, columns (b), (d), and (e)	s.)			13	
13 See	Tot wor	al. Add line 12, columns (b), (d), and (e)	s.)			13	
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Pai	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
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13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
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13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 See Pai	Tot wor it XV e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)

Form 99	0-PF (2015)											Pa	ge 13
Part	XVII		n Regarding Trans ganizations	sfers T	o and Trai	nsactio	ns and R	elationsh	ips W	/ith N	loncha	aritable		
1	in se	the organization of	directly or indirectly e le Code (other than s										Yes	No
а	_		oorting foundation to	a nonch	naritable exe	empt ord	anization o	of:						-
		Cash	-									1a(1)	_	1
	(2)	Other assets .										1a(2)		1
b	Othe	er transactions:										1 1		
			a noncharitable exer									1b(1)		<u> </u>
			ets from a noncharita									1b(2)		•
			, equipment, or other						• •			1b(3)		1
			rrangements rantees								• •	1b(5)		V
		_	ervices or membershi							: :	• •	1b(6)		1
С			quipment, mailing lis									1c		1
	valu- valu-	e of the goods, o e in any transacti	of the above is "Yes ther assets, or servic on or sharing arrange	es giver ment, s	n by the rep how in colu	orting fo mn (d) th	oundation. ne value of	If the found the goods	dation other	recei	ved les	s than f ervices	air m recei	arket ved.
(a) Line	no.	(b) Amount involved	(c) Name of noncha	antable ex	empt organizat	ion	(d) Descrip	otion of transfe	ers, tran	saction	s, and sh	aring arra	ngeme	ents
——														
							<u> </u>							
	一													
							<u> </u>							
					 									
														
			· · · · · · · · · · · · · · · · · · ·				<u> </u>		-					
	\neg	·	 					····						
									_					
							l . <u>.</u>							
	desc	cribed in section 5	ectly or indirectly affi 501(c) of the Code (of a following schedule.									☐ Yes	Ø	No
		(a) Name of organ			(b) Type of org	ganization			(c) Des	criptio	n of relation	onship		
														
	Und	ler penalties of penury, I	declare that I have examined	this return	n, including acco	mpanying s	chedules and	statements, and	to the	pest of	my knowle	dge and b	elief, it	is true,
Sign			aration of preparer (other than							1		IRS discus		
Here		BE			15/10/16	Tre	asurer				with the	preparer s uctions)? [hown	below
		nature of officer or trus	stee		Date	Title					(see insur	uctions) r	res	Пио
Paid		Print/Type preparer	's name	Prepare	r's signature			Date			< ∐ If [PTIN		
Prepa				<u></u>				L			mployed			
Use (Only									EIN Þ	•			
	-	Firm's address ►							Phone	no	-	om 99 ()-PF	(2015)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

46-3873179

Department of the Treasury Internal Revenue Service

Lorch Family Foundation, Inc.

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

Organi	zation type (check or	ne):
Filers o	f:	Section:
Form 99	90 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		☐ 527 political organization
Form 99	90-PF	✓ 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check i	f your organization is	covered by the General Rule or a Special Rule.
Note. Construct		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	l Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Specia	l Rules	
	regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during contributions totale during the year for a General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the es to this organization because it received nonexclusively religious, charitable, etc., contributions nore during the year
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Lorch Family Foundation, Inc. Employer identification number 46-3873179

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Michael Lorch 4203 Machupe Drive Louisville, KY 40241-1567	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
Lorch Family Foundation, Inc.

Employer identification number 46-3873179

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization **Employer identification number** 46-3873179 Lorch Family Foundation, Inc. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

Statement 1 Form 990-PF, Part I, Line 16A

		(A)	(B) Net	(C)	(D)
		Expenses	Investment	Adjusted	Charitable
		Per Books	Income	Net Income	Purposes
LEGAL FEES		\$200	\$0	\$0	\$0
	TOTAL	\$200	\$0	\$0	\$0

Statement 2 Form 990-PF, Part I, Line 23

		(A)	(B) Net	(C)	(D)
		Expenses	Investment	Adjusted	Charitable
		Per Books	Income	Net Income	Purposes
BANK SERVICE FEES		\$10	\$0	\$0	\$0
STATE FILING FEE		\$15	\$0	\$0	\$0
	TOTAL	\$25	\$0	\$0	\$0

Statement 3 Form 990-PF, Part VII-A, Line 10

Michael Lorch 4203 Machupe Drive, Louisville, KY 40241

FEDERAL STATEMENTS
LORCH FAMILY FOUNDATION, INC.

Statement 4 Form 990-PF, Part VIII, Line 1

	(B) Title, and average		(D) Contributions to employee	450000000000000000000000000000000000000
(A) Name and address	hours per week	(C) Compensation	benefit plans and deferred	(E) Expense account,
	devoted to position		compensation	orner allowances
Michael Lorch	President	0	0	0
4203 Machupe Drive, Louisville, KY 40241	1.00			
David Goff	Secretary	0	0	0
3155 Mary Jo Blvd., Bardstown, KY 40004	1.00			
Brian Lower	Treasurer	0	0	0
1148 Blossom Way, Corydon, IN 47112	1.00			
Elisa Messex	Director	0	0	0
3111 Morning Park Ct., Louisville, KY 40220 1.00	1.00			
Joseph Lorch	Director	0	0	0
9118 Island Creek, Sellersburg, IN 47172	1.00			
Vivi Humphrey	Director	0	0	0
108 Norwood Drive #4, Louisville, KY 40222 1.00	1.00			