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.

2017

		dar year 2017 or tax year beginning		2017, and	ending		, 20
Nan	ne of fou	indation			A Employe	er identification numb	er
LOR	CH FA	MILY FOUNDATION, INC.				46-3873179	
Nun	nber and	street (or PO box number if mail is not delivered to street address)	Į R	oom/suite	B Telephor	ne number (see instruct	tions)
		HUPE DRIVE			<u> </u>	502-889-2663	B
City	or town	, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ing, check here▶ [
_		E, KY 40241					
G	Check	all that apply: Initial return Initial return	•	blic charit	D 1. Foreig	n organizations, check	here ▶
		Final return Amended i			2. Foreig	n organizations meetin	a the 85% test.
		Address change Name char			check	here and attach comp	utation ▶
<u>H</u> (Check	type of organization: Section 501(c)(3) exempt p	rivate foundati	$\mathcal{U}_{\mathcal{U}}$ no	coction F	foundation status was 507(b)(1)(A), check here	
		n 4947(a)(1) nonexempt charitable trust			\	201 (2)(1)(4) (1)	
		arket value of all assets at J Accounting method	: 🗸 Cash 🗀	Accrual	F If the fou	indation is in a 60-mon	th termination
		year (from Part II, col. (c), Other (specify)			under se	ection 507(b)(1)(B), chec	khere ▶
	ine 16	00/201	on cash basis.)		<u> </u>		
Pa	irt I	Analysis of Revenue and Expenses (The total of	(a) Revenue an		et investment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		income	income	purposes
		the amounts in column (a) (see instructions).)					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	50,	000			ļ
	2	Check ► ☐ If the foundation is not required to attach Sch. B					ļ
	3	Interest on savings and temporary cash investments		_ 0		 	
Ì	4	Dividends and interest from securities	<u> </u>	0	<u> </u>		
	5a	Gross rents		0		RECEIVE	D
	b	Net rental income or (loss)					ــاب
e l	6a	Net gain or (loss) from sale of assets not on line 10	· · · · · · · · · · · · · · · · · · ·	0	_ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S
ē	_b	Gross sales price for all assets on line 6a			Tall In	MAY 1 5 201	RS-O
Revenue	7	Capital gain net income (from Part IV, line 2)					<u> </u>
-	8	Net short-term capital gain				OGDEN. L	T
	9	Income modifications				000011,	
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
ı		Gross profit or (loss) (attach schedule)		0			
	11	Other income (attach schedule)		0	-		
\dashv	12	Total. Add lines 1 through 11	50,	000)	<u> </u>
S	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages		0		 	
Expenses	14 15	Pension plans, employee benefits		0		 	
be	16a	Legal fees (attach schedule)		0		<u> </u>	
ŭ				400			-
9	b C	Accounting fees (attach schedule)		0			
ati	17	Interest		0		 	
Str	18	Taxes (attach schedule) (see instructions)		0			
<u>=</u>	19	Depreciation (attach schedule) and depletion		0		 	
Administrative	20	Occupancy	<u> </u>	0			
₹	21	Travel, conferences, and meetings	<u> </u>	0			
and	22	Printing and publications		0		 	
B	23	Other expenses (attach schedule)		0		 	
Operating	24	Total operating and administrative expenses.		- 			
ā		Add lines 13 through 23		400		•	
2	25	Contributions, gifts, grants paid		167			17,16
0	26	Total expenses and disbursements. Add lines 24 and 25		567			
	27	Subtract line 26 from line 12:	1			1	17,10
		Excess of revenue over expenses and disbursements	72	433			
	a						
		Net investment income (if negative, enter -0-) .		133)	<u> </u>

D٠	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
- 4		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	22,824	55,257	55,257
	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			
ļ		disqualified persons (attach schedule) (see instructions)	}		
	7	Other notes and loans receivable (attach schedule) ▶			-
		Less. allowance for doubtful accounts ▶	·		
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	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)		· · · · ·	
ĺ	14	Land, buildings, and equipment: basis ▶			1
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	22,824	EE 257	EE 287
	17	Accounts payable and accrued expenses	22,024	55,257	55,257
	18	Grants payable	1,667		
es	19	Deferred revenue	1,007		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	<u> </u>		
ap	21	Mortgages and other notes payable (attach schedule)			
Ξ	22		<u></u>	· · · · · · · · · · · · · · · · · · ·	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	1,667		
		Foundations that follow SFAS 117, check here >	1,00,1		
es		and complete lines 24 through 26, and lines 30 and 31.			
Balances	24	Unrestricted	21,157	55,257	
ä	25	Temporarily restricted	21,137		
ă	26	Permanently restricted			
nd	20	Foundations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fund		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund		 .	
Se	29	Retained earnings, accumulated income, endowment, or other funds		 ·· · · · · · · · · · · · · · · · ·	ļ
As	30	Total net assets or fund balances (see instructions)	21,157	EE 257	1
et	31	Total liabilities and net assets/fund balances (see	21,137	55,257	
Z	· ·	instructions)	22 024	EE 957	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	22,824	55,257	L
		al net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	
•		of-year figure reported on prior year's return)			24 457
2		er amount from Part I, line 27a			21,157 32,433
3	Othe	er increases not included in line 2 (itemize)		3	32,433
4	AhA .	lines 1, 2, and 3		4	53,590
5					53,390
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) In	ne 30 6	
		() () () () () () () () () ()	, , (5), 11		53,590

Part	V Capital Gains and	Losses for Tax on Investm	ent Inc	ome				
		nd(s) of property sold (for example, real es se; or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo., day, yr.)
1a	N/A							
b								
c								
<u>_d</u>								
<u>е</u>		(0 O		101			010	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g))
<u>a</u>								
<u>b</u> _							 .	
<u>c</u>						<u></u>		
— u								
	Complete only for assets sho	wing gain in column (h) and owned l	by the for	undation	on 12/31/69.		M Gains (Col	. (h) gain minus
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	··	(k) Exces	s of col. (i) . (j), ıf any	,	col. (k), but not	t less than -O-) or rom col. (h))
a								
<u>b</u>			 			ļ		
<u>c</u>						ļ		
<u>d</u>								
<u>e</u>		(If goin	alco ont	or in Do	rt I, line 7			
2	Capital gain net income of	rinat canital incel (-			rt I, line 7	2		
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions.	If (loss)				
Part		er Section 4940(e) for Redu			let Investment	3		
		vate foundations subject to the						
Was t		section 4942 tax on the distribu				base pe	eriod?	☐ Yes ☑ No
1		qualify under section 4940(e). Do ount in each column for each yea				aking a	ny ontroe	
<u> </u>	(a)		T See u	ie instru		aking a	iny entries.	(d)
Cale	Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	s No	et value o	(c) f nonchantable-use a 	ssets		tribution ratio divided by col. (c))
	2016		9,500		1	2,577		0.755
	2015		8,167		1	0,691		0.764
	2014		1,667			3,760		0.443
	2013 2012		0		···	0	·	0
		 	<u></u>					
2	Total of line 1, column (d)	for the 5-year base period—div				. <u>.</u>	2	1.962
3		oundation has been in existence					3	0.491
4	Enter the net value of non	charitable-use assets for 2017 fi	rom Parl	t X, line	5	.	4	24,741
5	Multiply line 4 by line 3					.	5	12,148
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. }	6	0
7	Add lines 5 and 6					.	7	12,148
8		ons from Part XII, line 4 ater than line 7, check the box in					8 Int using a 1	17,167 % tax rate. See the

Part \		instr	uctio	ns)
	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 ▶			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 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			
d	Backup withholding erroneously withheld			
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		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		<u></u>	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		0	
	VII-A Statements Regarding Activities		154	
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?	1a	Yes	No ✓
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		1
	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. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓
	If "Yes," attach a detailed description of the activities.			
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	-	1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	1-	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		L	
	conflict with the state law remain in the governing instrument?	6	1	
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	1	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
_	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 <i>General Instruction G?</i> If "No," attach explanation	8b	1	
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	✓	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	1	
		orm 9 9	90-PF	(2017)

Part	VII-A	Statements Regarding Activities (continued)			
				Yes	No
11		me during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	•	of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12		oundation make a distribution to a donor advised fund over which the foundation or a disqualified	!		
		ad advisory privileges? If "Yes," attach statement. See instructions	12_		✓
13	Did the fo	oundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website	address ► N/A			
14		***************************************	2-889-	2663	
		at ► 4203 MACHUPE DRIVE, LOUISVILLE KY ZIP+4 ►	4024	1	
15		1947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ □
		r the amount of tax-exempt interest received or accrued during the year			
16		me during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
		ank, securities, or other financial account in a foreign country?	16		✓
		instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of)
		gn country ►			
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
		n 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	_	ne year, did the foundation (either directly or indirectly):			
		ge in the sale or exchange, or leasing of property with a disqualified person? Yes			
		-16-4		;	
	-	latified person?			
		compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Yes			
		ofer any income or assets to a disqualified person (or make any of either available for			
		enefit or use of a disqualified person)?			
		e to pay money or property to a government official? (Exception. Check "No" if the			
		dation agreed to make a grant to or to employ the official for a period after		i	
		nation of government service, if terminating within 90 days.) Yes 7 No			
b	If any ans	swer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			\ \
	section 5	3.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organiza	tions relying on a current notice regarding disaster assistance, check here ▶ □			
C	Did the f	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		corrected before the first day of the tax year beginning in 2017?	1c		1
2		n failure to distribute income (section 4942) (does not apply for years the foundation was a private			
		g foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а		nd of tax year 2017, did the foundation have any undistributed income (lines 6d and			
		XIII) for tax year(s) beginning before 2017?			
_		list the years > 20 , 20 , 20 , 20			
b		e any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			[]
		listed, answer "No" and attach statement—see instructions.)	05		
_	•	evisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		✓
3a	Did the f	, 20 , 20 , 20 oundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any tir	ne during the year?			
b	-	did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
V		ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		on had excess business holdings in 2017.)	3b		l
4a	Did the fo	oundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		1
b	Did the f	oundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable	e purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		1
		Fo	rm 99	0-PF	(2017)

Par	VII-B	Statements Regarding Activities	s for V	Vhich Form	4720	May Be R	equire	ed (contii	nued)		•	-90 0
5a	Dunng th	ne year, did the foundation pay or incur	any am	ount to:				····			Yes	No
	(2) Influe	on propaganda, or otherwise attempt to ence the outcome of any specific publication of the or indirectly, any voter registration di	c electi		ion 495	5); or to c	arry on,		☑ No			
		de a grant to an individual for travel, stu						☐ Yes ☐ Yes	✓ No ✓ No			
	(4) Provi	de a grant to an organization other that on 4945(d)(4)(A)? See instructions	n a cha	ritable, etc.,	organız	ation desc	ribed ın		Ø No			
	(5) Provi	de for any purpose other than religious oses, or for the prevention of cruelty to	, chant	able, scientif	ic, litera	ary, or educ	cational		√ No			
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the ons section 53.4945 or in a current notice	e transa	actions fail to	qualify	under the	excepti	ons descr		5b		
		ations relying on a current notice regardi	-	•						30		
С	If the an	swer is "Yes" to question 5a(4), does to it maintained expenditure responsibility	he fou	ndation clain	exem	ption from	the tax		_ No			
6a	Did the f	attach the statement required by Regulation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums					
	•	sonal benefit contract?						Yes	☑ No	-		لـــــــــــــــــــــــــــــــــــــ
b		oundation, during the year, pay premiur to 6b, file Form 8870.	ns, aire	ctly or indire	ctiy, on	a personal	benetii	t contract	?.	6b		√
7a		ne during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transac	ction?	☐ Yes	 ✓ No			
		did the foundation receive any proceed								7b		
Par		Information About Officers, Direct and Contractors	tors,	i rustees, F	ounda	tion Mana	agers,	Highly F	'aid Er	nploy	ees,	
1		officers, directors, trustees, and found	lation i	nanagers ar	nd their	compens	ation. S	See instru	ctions			
		(a) Name and address	(b) Titl	e, and average	(c) Co	mpensation	(d) (Contribution	s to	(e) Expe		
				ed to position		ter -0-)		erred compe		other :	allowan	ces
SEE A	TIACHED	STATEMENT										
	 											
			ļ					-				
2	Comper "NONE."	sation of five highest-paid employed,	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions). If n	one, o	enter
	(a) Name and	d address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribution of the complex of the compens of t	benefit deferred		nse aco allowan	
NONE												
Total	number o	f other employees paid over \$50,000 .							. ▶		0	
		···					-		F	om 99	0-PF	(2017)

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	,
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total	number of others receiving over \$50,000 for professional services	0
Pari	IX-A Summary of Direct Charitable Activities	
	Outsitiary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	N/A	
2		
3		
3		
4		
	IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
•	N/A	
2		
Ali	other program-related investments. See instructions	
3		
Total	. Add lines 1 through 3	
· vidi		0

Form **990-PF** (2017)

Part	Minimum Investment Heturn (All domestic foundations must complete this part. Forei see instructions.)	gn founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	l _	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	25,118
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	25,118
е	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	25,118
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	377
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,741
6	Minimum investment return. Enter 5% of line 5	6	1,237
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► ✓ and do not complete this part.)	oundation	IS
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
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	17,167
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	17,167
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	17,167
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		

Part	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017
_					
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			-	
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013				
c	From 2014				
ď	From 2015				
e	From 2016				,
f	Total of lines 3a through e				
-	——————————————————————————————————————				
4	Qualifying distributions for 2017 from Part XII,				
	line 4: ▶ \$				
а	Applied to 2016, 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)				
d	Applied to 2017 distributable amount				
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)		i		
6	Enter the net total of each column as		1		
0	indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5			 	
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	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				
6	Undistributed income for 2016. Subtract line				
·	4a from line 2a. Taxable amount—see				
	Instructions				
	Undistributed income for 2017. Subtract lines				<u></u>
f	4d and 5 from line 1. This amount must be				
	distributed in 2018				
_					
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 2012 not				
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2013				
	Evenes from 2014	-			
b	Excess from 2014	{			
C	Excess from 2015	4			
d	Excess from 2016	1			
е	Excess from 2017	1.			

Part	XIV Private Operating Founda	itions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	-				f
	foundation, and the ruling is effective fo		-			
b	Check box to indicate whether the four		operating foundat		ection 🔽 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 0010	Prior 3 years	40004	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
h	each year listed	0	0		/	
	85% of line 2a	0	0	0		- <u></u>
	line 4 for each year listed	17,167	9,500	0.467	4.007	22.50
d	Amounts included in line 2c not used directly	17,167	9,500	8,167	1,667	36,501
-	for active conduct of exempt activities .	o	0	/。	o	a
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	17,167	9,500	8,167	1,667	36,501
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(i)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3		/			
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross	1				
	investment income (interest,					
	dividends, rents, payments on securities loans (section		!			
	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)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	1"				
Part				ne foundation h	ad \$5,000 or me	ore in assets at
_	any time during the year-		IS.)			
1 a	Information Regarding Foundation List any managers of the foundation		tod more than 200	f of the total cent	ibutions received	by the foundation
4	before the close of any tax year (but of	only if they have co	ntributed more th	an \$5 000) <i>(</i> See s	ection 507(d)(2)	by the loundation
МІСНА	AEL LORCH	, ,		u 40,000). (000 0	0011011 001 (0)(2).,	
<u>b</u>	List any managers of the foundation	who own 10% or	more of the stoo	k of a corporation	or an equally la	rae portion of the
	ownership of a partnership or other ea					g. perment er une
NONE						
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		····
	Check here ► ☐ if the foundation	only makes contr	ibutions to presel	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or o	rganızations undei	other conditions,
	complete items 2a, b, c, and d. See ir					
а	The name, address, and telephone nu	umber or email add	lress of the persor	n to whom applica	tions should be ac	ldressed:
	FAMILY FOUNDATION, INC.					
	The form in which applications about				and the officers	
D	The form in which applications should	a de submitted and	imormation and i	materials they sho	uia include:	
DADE	R FORM WITH REQUEST, REASON FOR I	DECLIEST AND COL	AMINITY DENESIT			
C	Any submission deadlines:	ALQUEST AND CUR	MINUMIT DENEFIL			
NONE						
	Any restrictions or limitations on av	vards, such as by	geographical ar	eas, charitable fie	elds, kinds of inst	titutions, or other
	factors:	- 4	· - · - ·			2, 2, 2
NONE						

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	T		ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u></u>
a Paid during the year		}		
ouisville Zoo Foundation 100 Trevilian Way, Louisville, KY 40213		501(c)3	Capital Campaign	1,66
ElderServe 215 W Breckinridge St, Louisville, KY 40203		501(c)3	Program support - aging adults	2,50
Canine Partners for Life P.O. Box 170, Cochranville, PA 19330		501(c)3	Program support - service dogs	1,00
Oress for Success Louisville, Inc. 809 Guthrie St, Louisville, KY 40202		501(c)3	Program support - independence	75
Seniorcare Experts Inc 145 Thíerman Lane, Louisville, KY 40207		501(c)3	Program support - aging adults	756
Nounded Warrior Project P.O. Box 758516, Topeka, KS 66675		501(c)3	Program support - recovery	1,25
St. Jude's Children's Research Hospital 501 St Jude Place, Memphis, TN 38105		501(c)3	Program support - children	1,250
The Healing Place 1030 West Market St, Louisville, KY 40202		501(c)3	Program support - addiction	2,500
Home of the Innocents 1100 East Market St, Louisville, KY 40206		501(c)3	Program support - family services	100
Neighborhood House 201 N. 25th St, Louisville, KY 40212		501(c)3	Program support - poverty	70
The Morton Center 1028 Barret Avenue, Louisville, KY 40204		501(c)3	Program support - addiction	70
Centerstone of Kentucky 10101 Linn Station Rd, Louisville, KY 40223		501(c)3	Program support - behav. health	1,00
Sunrise Children's Services 300 Hope St, P.O. Box 726, Mt. Washington, KY 40047		501(c)3	Program support - children	1,250
NelCASA (CASA of Nelson County) P.O. Box 726, Bardstown, KY 40004		501(c)3	Program support - court advocates	1,25
Spirit of Louisville Foundation 1918 Mellwood Ave, Louisville, KY 40206		501(c)3	Program support - volunteers	50
Total			▶ 3a	17,16
b Approved for future payment				
Total	<u> </u>		▶ 3b	-

nter gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Prog	gram service revenue:					(See insudellons.)
a L						
b _	· · · · · · · · · · · · · · · · · · ·			-		
ч - с				-		
- a			·			
f -				 		
g F	ees and contracts from government agencies			 		
	bership dues and assessments			-		
	est on savings and temporary cash investments					
	dends and interest from securities				· · · · · · · · · · · · · · · · · · ·	
	rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property			<u> </u>		
	rental income or (loss) from personal property		 			-
	er investment income					
	or (loss) from sales of assets other than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
11 Othe	er revenue a					
b _						
С_						
d _						
е_		<u> </u>				
12 Subt	total. Add columns (b), (d), and (e)		 <u>-</u> .			
	Adding 10 galumana (b) (d) and (c)				40	
13 Tota	II. Add line 12, columns (b), (d), and (e)				13	
see work	sheet in line 13 instructions to verify calculation	s.)				· · · · · · · · · · · · · · · · · · ·
ee work Part XV	Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
ee work Part XV	Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
ee work Part XV Line No.	sheet in line 13 instructions to verify calculation	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
ee work Part XV Line No.	Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
ee work Part XV Line No.	Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		nportantly to the
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ee work Part XV Line No.	Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the

Part	XVII			sfers to and Tran	sactions and F	Relationship	s With N	oncharita	ble E	xempt
		Organization							150	
1				engage in any of the					Y	es No
			ther than section	501(c)(3) organization	ons) or in sect	ion 527, reia	ating to p	oolitical		
	-	zations?		1 - 1 - 61						
а		-	-	a nonchantable exe				-		
								-	(1)	- √
	• •	her assets .					• • •	118	(2)	
р		transactions:						1	-	
			a noncharitable exe					_	(1)	1
				able exempt organiza				_	(2)	1
				rassets					(3)	
			-						(4)	/
		_		in ar fundrojoina adi					(5)	√
_				ip or fundraising soli					(6)	1
		-		sts, other assets, or p s," complete the folk					c	r market
d				s, complete the folionics cas given by the repo						
				ement, show in colur						
(a) Line) Amount involved		nantable exempt organizati		ription of transfer				
	, ,,,	y ranodik involvod	(c) reality of monor		(4) 5000	TIPE OF TRAINING	io, danodoloi		- Cartaing	Omonto
		· ·		 -	 -					
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	- -									
	- -									
				<u>.</u>						
		· · · · · · · · · · · · · · · · · · ·								
										
	Is the	foundation dire	ectly or indirectly aff	iliated with, or relate	ed to, one or mo	re tax-exemi	ot organiza	itions		
				ction 501(c)(3)) or in s					es 5	7 No
b			e following schedule.					_		
		(a) Name of organ		(b) Type of org	anization		(c) Description	n of relationshi	p	
								-		
				d this return, including accor				my knowledge	and beli	ef, it is true,
Sign	correc	t, and complete Deci	paration of preparer (other the	an taxpayer) is based on all in	ntormation of which pre	parer has any knov	wledge	May the IRS	liscuss	this return
Here		13		13/11/18	TREASURER			with the prepa		
		ture of officer or tru	stee	Date	Title			See instruction	- U'	
Paid		Print/Type preparer	r's name	Preparer's signature		Date	Check	(] if PTIN		
Prep	arer							mployed		
Use		Firm's name					Firm's EIN ▶			
	····y	Firm's address ▶					Phone no.			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

LORCH	FAMILY FOUNDATION	, INC.		46-3873179
Organiz	zation type (check on	ne):		
Filers o	f:	Section:		
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		☐ 4947(a)(1) nor	nexempt charitable trust not treated as a private for	undation
		☐ 527 political of	organization	
Form 99	90-PF	√ 501(c)(3) exer	npt private foundation	
		4947(a)(1) noi	nexempt charitable trust treated as a private founda	ition
		501(c)(3) taxa	ble private foundation	
	only a section 501(c)(7 ions.	•	neral Rule or a Special Rule. ization can check boxes for both the General Rule a	and a Special Rule. See
Genera	ı Kule			
		r property) from ar	0-EZ, or 990-PF that received, during the year, con by one contributor. Complete Parts I and II. See inst	
Special	Rules			
	regulations under se	ections 509(a)(1) ar I that received fron	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 d 170(b)(1)(A)(vi), that checked Schedule A (Form 90 any one contributor, during the year, total contributor.	90 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during t	he year, total contr	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ibutions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Con	s, charitable, scientific,
	contributor, during to contributions totaled during the year for a General Rule applie	the year, contribution of more than \$1,000 an exclusively religion es to this organizat	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ons exclusively for religious, chantable, etc., purpose. If this box is checked, enter here the total contribous, charitable, etc., purpose. Don't complete any clion because it received nonexclusively religious, chart.	es, but no such utions that were received of the parts unless the aritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
LORCH FAMILY FOUNDATION, INC. 46-3873179

Part I	Contributors (see instructions). Use duplicate cop	ies 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	\$ 50,000	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

ORCH FAMILY FOUNDATION, INC.

46-3873179

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

r ai t II	resident reports (see mondents). See daphodic deplos	or rain in additional ope	ace is necaca.
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

ORCH FA	MILY FOUNDATION, INC.				46-3873179
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any or nons completing Part I	ne contributor. (Complete co of <i>exclusive</i>	lumns (a) through (e) and ly religious, charitable, etc.,
	Use duplicate copies of Part III if add				
(a) No. from	(b) Purpose of gift	(c) Use of		(d) Desci	ription of how gift is held
ļ					
-		(e) Transfer	of aift		
	Transferee's name, address, ar		_	ship of trans	feror to transferee
]					
1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
-					
]_					
ļ		(e) Transfer	of gift		
ĺ	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of trans	feror to transferee
<u> </u>					

(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held
ĺ					
- 1		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of trans	feror to transferee
1					
ļ					
/a\ Na			₋ ₁	·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
}					
ſ		(e) Transfei	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of trans	feror to transferee

2017

FEDERAL STATEMENTS LORCH FAMILY FOUNDATION, INC.

Page 1 46-3873179

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		\$400	\$0	\$0	\$0
	TOTAL	\$400	\$0	\$0	\$0

Statement 2 Form 990-PF, Part VII-A, Line 10

Michael Lorch 4203 Machupe Drive, Louisville, KY 40241

FEDERAL STATEMENTS
LORCH FAMILY FOUNDATION, INC.

Statement 3 Form 990-PF, Part VIII, Line 1

	(B) Title, and average		(D) Contributions to employee	(E) Expense account
(A) Name and address	hours per week	(C) Compensation	benefit plans and deferred	(E) Expense account,
	devoted to position		compensation	Office allowalices
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			
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			