

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.		D Employer identification number 61-6053466
	Doing business as		E Telephone number 859-225-3343
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	499 EAST HIGH STREET		G Gross receipts \$ 52,061,529.
	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: LISA ADKINS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.BGCF.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967	M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,986.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-7,986.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,240,450.	31,223,166.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	952,741.	1,071,084.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,551,706.	3,999,280.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,684.	9,842.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,751,581.	36,303,372.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,802,773.	10,503,019.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	907,576.	859,272.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,519.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,687,465.	2,153,856.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,397,814.	13,516,147.
19 Revenue less expenses. Subtract line 18 from line 12	5,353,767.	22,787,225.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	78,385,726.	105,927,423.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,210,476.	10,663,774.
		70,175,250.	95,263,649.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LISA ADKINS, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	03/08/18		P00118327
Firm's name ▶ BLUE & CO., LLC			Firm's EIN ▶ 35-1178661		
Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274			Phone no. 812-522-8416		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,432,496. including grants of \$ 9,003,173.) (Revenue \$) GRANTMAKING THE COMMUNITY FOUNDATION MADE OVER 1,200 GRANTS THIS FISCAL YEAR IMPACTING MORE THAN 500 NONPROFIT ORGANIZATIONS AND OVER 100 SCHOLARSHIP RECIPIENTS.

4b (Code:) (Expenses \$ 2,273,915. including grants of \$ 1,499,846.) (Revenue \$ 1,071,084.) COMMUNITY ENGAGEMENT THE COMMUNITY FOUNDATION LEADS AND CONVENES ON KEY COMMUNITY ISSUES AND PROJECTS.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,706,411.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
BRIAN K. DINEEN - 859-225-3343
499 EAST HIGH STREET, SUITE 112, LEXINGTON, KY 40507

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRAN TAYLOR SECRETARY	5.00	X		X				0.	0.	0.
(2) ARTHUR R. SALOMON CHAIR	5.00	X		X				0.	0.	0.
(3) MADONNA TURNER VICE CHAIR	5.00	X		X				0.	0.	0.
(4) JONATHAN BARKER TREASURER	5.00	X		X				0.	0.	0.
(5) LISA HIGGINS-HORD DIRECTOR	1.00	X						0.	0.	0.
(6) BUCKNER WOODFORD PAST CHAIR	1.00	X						0.	0.	0.
(7) JOE ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
(8) ASHLEY ROBBINS DIRECTOR	1.00	X						0.	0.	0.
(9) DR. RONALD SAYKALY DIRECTOR	1.00	X						0.	0.	0.
(10) TRAVIS MUSGRAVE DIRECTOR	1.00	X						0.	0.	0.
(11) GRIFFIN VANMETER DIRECTOR	1.00	X						0.	0.	0.
(12) BLANTON COATES DIRECTOR	1.00	X						0.	0.	0.
(13) JOE GRAVISS DIRECTOR	1.00	X						0.	0.	0.
(14) BUD WATSON DIRECTOR	1.00	X						0.	0.	0.
(15) MICHAEL D. PRATER DIRECTOR	1.00	X						0.	0.	0.
(16) ANDY REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(17) BLAIR BOGGS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEXANDER G. CAMPBELL III DIRECTOR	1.00	X					0.	0.	0.	
(19) LISA ADKINS CEO	40.00			X			155,369.	0.	16,772.	
(20) BRIAN DINEEN VP OF FINANCE & ADMINISTRA	40.00			X			87,693.	0.	11,223.	
1b Sub-total							243,062.	0.	27,995.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							243,062.	0.	27,995.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT SERIVCES	166,496.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,221,166.				
	g Noncash contributions included in lines 1a-1f: \$		10,218,978.				
	h Total. Add lines 1a-1f		31,223,166.				
Program Service Revenue	2 a COMMUNITY SUPPORT FEES	Business Code					
		900099	1,071,084.	1,071,084.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,071,084.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,428,596.		-7,986.	2,436,582.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		17,308,841.					
		b Less: cost or other basis and sales expenses		15,738,157.			
		c Gain or (loss)		1,570,684.			
	d Net gain or (loss)		1,570,684.			1,570,684.	
	8 a Gross income from fundraising events (not including \$ 2,000. of contributions reported on line 1c). See Part IV, line 18	a	29,842.				
		b Less: direct expenses	b	20,000.			
		c Net income or (loss) from fundraising events		9,842.			9,842.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			36,303,372.	1,071,084.	-7,986.	4,017,108.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,181,280.	10,181,280.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	321,739.	321,739.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,988.	218,390.	46,408.	8,190.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	447,170.	357,736.	76,019.	13,415.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,947.	19,158.	4,071.	718.
9 Other employee benefits	61,676.	49,341.	10,485.	1,850.
10 Payroll taxes	53,491.	42,793.	9,093.	1,605.
11 Fees for services (non-employees):				
a Management				
b Legal	11,689.	5,844.	5,845.	
c Accounting	11,689.	5,844.	5,845.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	235,319.		235,319.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	437,070.	218,535.	218,535.	
12 Advertising and promotion	66,709.	60,038.		6,671.
13 Office expenses	62,393.	49,914.	10,607.	1,872.
14 Information technology	15,528.	7,134.	8,126.	268.
15 Royalties				
16 Occupancy	23,032.	18,426.	3,915.	691.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,045.	11,023.	11,022.	
20 Interest	19,925.	15,940.	3,387.	598.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,035.	67,228.	14,286.	2,521.
23 Insurance	11,017.		11,017.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY SUPPORT FEES	1,023,781.	1,023,781.		
b SERVICE AGREEMENTS	53,600.		53,600.	
c MEMBERSHIP DUES & LICEN	18,487.	13,826.	4,143.	518.
d PLEDGE WRITE OFF	17,750.		17,750.	
e All other expenses	39,787.	18,441.	9,744.	11,602.
25 Total functional expenses. Add lines 1 through 24e	13,516,147.	12,706,411.	759,217.	50,519.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	4,888,943.	2	8,018,046.	
	3 Pledges and grants receivable, net		3	1,618,450.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,075,289.			
	b Less: accumulated depreciation	10b 391,007.	746,173.	10c	684,282.
	11 Investments - publicly traded securities	68,448,460.	11		84,151,130.
	12 Investments - other securities. See Part IV, line 11	3,550,530.	12		4,539,220.
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	751,620.	15		6,916,295.
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,385,726.	16		105,927,423.	
Liabilities	17 Accounts payable and accrued expenses	15,149.	17	18,712.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,651,244.	21		10,113,132.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	544,083.	23		531,930.
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	8,210,476.	26		10,663,774.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,318,837.	27	36,309,151.	
	28 Temporarily restricted net assets	45,856,413.	28	58,954,498.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	70,175,250.	33		95,263,649.	
34 Total liabilities and net assets/fund balances	78,385,726.	34		105,927,423.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,303,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,516,147.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,787,225.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,175,250.
5	Net unrealized gains (losses) on investments	5	4,457,384.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,156,210.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,263,649.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13603526.	16139127.	13734925.	14240450.	31223166.	88941194.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13603526.	16139127.	13734925.	14240450.	31223166.	88941194.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26691440.
6 Public support. Subtract line 5 from line 4.						62249754.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	13603526.	16139127.	13734925.	14240450.	31223166.	88941194.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2078804.	2408938.	2310050.	2090761.	2428596.	11317149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		48,295.	19,615.	27,053.	29,842.	124,805.
11 Total support. Add lines 7 through 10						100383148
12 Gross receipts from related activities, etc. (see instructions)					12	4,546,224.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	62.01 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	64.04 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ 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.

OMB No. 1545-0047

2016

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-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 if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,105,248.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,023,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>7,938,804.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>834,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>5,235,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,174,926.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	16,187 SHARES OF TPX STOCK _____ _____ _____	\$ 1,105,248.	12/26/16
3	VARIOUS STOCK _____ _____ _____	\$ 7,938,804.	12/26/16
6	PARTNERSHIP INTEREST _____ _____ _____	\$ 1,174,926.	11/29/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2016 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement questions (checkboxes for policy, staff hours, expenses, requirements). 9. Reporting requirements.

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

Form with 2 main sections: 1a. Reporting requirements for art/historical treasures. 1b. Amounts relating to these items (revenue/assets). 2. Reporting requirements for financial gain (revenue/assets).

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,507,657.	48,793,394.	45,787,681.	39,091,964.	33,188,829.
b Contributions	13,484,780.	2,769,505.	5,406,459.	2,953,543.	3,266,607.
c Net investment earnings, gains, and losses	6,559,318.	7,161,330.	-932,651.	6,470,564.	4,682,119.
d Grants or scholarships	3,460,344.	4,238,497.	1,494,028.	1,891,605.	1,363,794.
e Other expenditures for facilities and programs					
f Administrative expenses	1,023,781.	978,075.	922,729.	836,785.	681,797.
g End of year balance	69,067,630.	53,507,657.	47,844,732.	45,787,681.	39,091,964.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment 100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		647,214.	74,585.	572,629.
c Leasehold improvements				
d Equipment		428,075.	316,422.	111,653.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				684,282.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	314,867.
(2) OTHER ASSETS	1,365,854.
(3) BENEFICIAL INTEREST IN TRUST	5,235,574.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,916,295.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION ACTS AS AN AGENT FOR CERTAIN THIRD PARTY NON PROFIT ORGANIZATIONS, THE THIRD PARTIES ENTRUST THE FOUNDATION TO MANAGE CERTAIN ASSETS FOR GAAP PURPOSES, PURSUANT TO SFAS 136. THE FOUNDATION HAS RECORDED THESE FUNDS AS A LIABILITY, WHICH IS OFFSET BY THE ASSETS MANAGED FROM THE THIRD PARTY. FOR PURPOSES OF THE FORM 990, CONTRIBUTIONS TO THE FOUNDATION FOR AN AGENCY ENDOWMENT WILL BE TREATED AS A CONTRIBUTION TO THE FOUNDATION. THIS HAS BEEN REFLECTED AS A RECONCILING ITEM WITH THE AUDITED FINANCIAL STATEMENTS.

PART V, LINE 4:

ENDOWED ASSETS INCLUDE THOSE ASSETS OF DONOR RESTRICTED FUNDS THAT THE

Part XIII Supplemental Information *(continued)*

FOUNDATION INTENDS TO, BUT IS NOT REQUIRED TO, HOLD IN PERPETUITY AS WELL AS BOARD DESIGNATED FUNDS. THE ENDOWED INVESTMENTS GENERATE GRANT DOLLARS FOR THE SOLE PURPOSE OF PROVIDING FOR THE NEEDS AND ACTIVITIES OF THE COMMUNITY SERVICED BY THE FOUNDATION.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE LLC IS DISREGARDED FOR INCOME TAX PURPOSES AND ALL OF ITS ACTIVITIES ATTRIBUTE TO THE FOUNDATION.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2017 AND 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

AS SUCH, THE ORGANIZATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE ORGANIZATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total ▶

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	31,842.		31,842.
	2	Less: Contributions	2,000.		2,000.
	3	Gross income (line 1 minus line 2)	29,842.		29,842.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	14,500.		14,500.
	7	Food and beverages	2,500.		2,500.
	8	Entertainment			
	9	Other direct expenses	3,000.		3,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				9,842.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGC COLLEGE PLANNING, LLC 121 MALABU DRIVE, SUITE #10 LEXINGTON, KY 40503		501(C)(3)	39,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICA-ISRAEL CULTURAL FOUNDATION 1140 BROADWAY, SUITE 304 NEW YORK, NY 10001	13-1664048	501(C)(3)	13,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV - 1001 AVENUE OF THE AMERICAS, 19TH FLOOR - NEW YORK, NY 10018	23-7270753	501(C)(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK, NY 10017	13-1623886	501(C)(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF HEBREW UNIVERSITY - 7280 WEST PALMETTO PARK ROAD SUITE 301 - BOCA RATON, FL 33433	13-1568923	501(C)(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF MAGEN DAVID ADOM (AFMDA) - 3300 PGA BOULEVARD, SUITE 510 - PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **251.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 545 FIFTH AVENUE, SUITE 920 - NEW YORK, NY 10017	23-7182582	501(C)(3)	10,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION 354 WALLER AVENUE #110 LEXINGTON, KY 40504	13-5613797	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE - ACCT. REC P.O. BOX 50065 - PRESCOTT, AZ 50065	13-5613797	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501(C)(3)	10,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARBOR YOUTH SERVICES 540 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501(C)(3)	15,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASHLAND COMMUNITY AND TECHNICAL COLLEGE FOUNDATION - 1400 COLLEGE DRIVE - ASHLAND, KY 41101	61-1274401	501(C)(3)	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSISTING DEAF ADULTS TO PARTICIPATE TOTALLY (KYADAPT) - P.O. BOX 1814 - DANVILLE, KY 40423	30-0098055	501(C)(3)	18,437.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSURANCE FOR LIFE 1517 NICHOLASVILLE ROAD STE. 203 LEXINGTON, KY 40503	31-1118102	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BABY HEALTH SERVICE, INC. 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501(C)(3)	43,431.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST HEALTH FOUNDATION OF LEXINGTON - 1740 NICHOLASVILLE ROAD - LEXINGTON, KY 40503	61-1480774	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BE THEIR DIFFERENCE, INC. 17513 POPEDALE ROAD LOUISVILLE, KY 40245	81-2316399	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BELLARMINE UNIVERSITY BURSAR'S OFFICE 2001 NEWBURG ROAD - LOUISVILLE, KY 40205		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA ARTS COUNCIL 139 N. BROADWAY ST., SUITE B BERA, KY 40403	61-1107548	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA COLLEGE CENTER FOR TRANSFORMATIVE LEARNING BRUCE-TRADES BUILDING, THIRD FLOOR - BERE	61-0444650	501(C)(3)	17,116.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA UNITED METHODIST CHURCH 101 FEE STREET BERA, KY 40403-1581	61-1006556	501(C)(3)	6,592.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHEL CHURCH 4400 LINCOLN AVENUE EVANSVILLE, IN 47714		501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS OF THE BLUEGRASS - 436 GEORGETOWN STREET SUITE B - LEXINGTON, KY 40508	61-0523288	501(C)(3)	18,703.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS 106 TIMBER LANE MOREHEAD, KY 40351	20-4794276	501(C)(3)	56,388.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE - BCTC FOUNDATION NEWTOWN CAMPUS 500 NEWTOWN PIKE - LEXINGTON, KY	76-0826082	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CONSERVANCY 380 SOUTH MILL STREET/SUITE 205 LEXINGTON, KY 40508	61-1293032	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COUNCIL OF THE BLIND 1093 S. BROADWAY/SUITE 1230 LEXINGTON, KY 40504	61-0971827	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS HERITAGE MUSEUM, INC 217 SOUTH MAIN STREET WINCHESTER, KY 40391	61-1377512	501(C)(3)	43,998.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS LAND CONSERVANCY 380 SOUTH MILL STREET/SUITE 205 LEXINGTON, KY 40508	61-1293032	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS RAPE CRISIS CENTER P.O. BOX 1603 LEXINGTON, KY 40588	61-0916756	501(C)(3)	15,987.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOSTON UNIVERSITY BOSTON UNIVERSITY FINANCIAL ASSISTANCE 881 COMMONWEALTH AVENUE - BOSTON,		501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOURBON COUNTY HIGH SCHOOL 3341 LEXINGTON ROAD PARIS, KY 40361	61-6001344	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY EDUCATION FOUNDATION 352 N DANVILLE BYPASS DANVILLE, KY 40422	20-8375080	501(C)(3)	25,837.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CALVARY BAPTIST CHURCH 150 E. HIGH STREET LEXINGTON, KY 40507	20-2824933	501(C)(3)	6,002.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY CHRISTIAN CHURCH 15 REDWING DRIVE WINCHESTER, KY 40391	61-1018211	501(C)(3)	127,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	76-0714967	501(C)(3)	31,153.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARNEGIE CENTER FOR LITERACY AND LEARNING - 251 WEST SECOND STREET - LEXINGTON, KY 40507	61-1185631	501(C)(3)	5,099.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501(C)(3)	22,825.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD DANVILLE, KY 40422	61-0445828	501(C)(3)	20,673.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASE ALUMNI ASSOCIATION 10900 EUCLID AVENUE, NORD HALL 504 CLEVELAND, OH 44106	20-0401095	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHARITIES OF THE DIOCESE OF LEXINGTON INC - 1310 WEST MAIN STREET - LEXINGTON, KY 40508	61-1138597	501(C)(3)	6,592.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC DIOCESE OF LEXINGTON 1310 WEST MAIN STREET LEXINGTON, KY 40508-2048		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTENARY UNITED METHODIST CHURCH 2800 TATES CREEK ROAD LEXINGTON, KY 40502		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL BAPTIST CHURCH 101 W. LEXINGTON AVENUE WINCHESTER, KY 40391		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CHRISTIAN CHURCH 205 E. SHORT STREET LEXINGTON, KY 40507	61-0525160	501(C)(3)	25,935.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MUSIC ACADEMY 219 EAST SHORT STREET LEXINGTON, KY 40507-1904	61-1466695	501(C)(3)	8,743.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMBER MUSIC FESTIVAL OF LEXINGTON - P.O. BOX 21816 - LEXINGTON, KY 40502	20-8524110	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS, INC. - 290 ALUMNI DRIVE - LEXINGTON, KY 40503-1233	61-0543367	501(C)(3)	5,631.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDHOOD LANGUAGE CENTER 1313 QUARRIER STREET, SUITE A CHARLESTON, WV 25301	55-0722166	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501(C)(3)	27,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST THE KING CATHEDRAL 299 COLONY BLVD LEXINGTON, KY 40502	61-1132894	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	62,937.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH OF THE ASCENSION 311 WASHINGTON STREET FANKFORT, KY 40601		501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF MT. STERLING MT. STERLING FIRST FRIDAY MARKET 33 N. MAYSVILLE STREET - MT. STERLING, KY 4		GOVERNMENT	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG P.O. BOX 128 SHARPSBURG, KY 40374		GOVERNMENT	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY COMMUNITY SERVICES PO BOX 574 WINCHESTER, KY 40391	31-1005844	501(C)(3)	51,042.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY FISCAL COURT 34 SOUTH MAIN STREET WINCHESTER, KY 40391		501(C)(3)	101,849.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION INC - P.O. BOX 4692 - WINCHESTER, KY 40392	27-1281819	501(C)(3)	85,497.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMERCE LEXINGTON INC. 330 EAST MAIN STREET SUITE 100 LEXINGTON, KY 40507	61-0258800	501(C)(3)	15,082.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMONWEALTH FUND FOR KET INC 560 COOPER DRIVE LEXINGTON, KY 40502-2279	61-1285473	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR - P.O. BOX 11610 - LEXINGTON, KY 40576	61-0650121	501(C)(3)	7,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ARTS CENTER, INC. 401 WEST MAIN STREET DANVILLE, KY 40422	16-1674338	501(C)(3)	27,167.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY INSPIRED SOLUTIONS P.O. BOX 1501 LEXINGTON, KY 40508	45-2543064	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY VENTURES CORPORATION 1450 NORTH BROADWAY LEXINGTON, KY 40509	31-1064807	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVENANT HOUSE TIMES SQUARE STATION PO BOX 731 - NEW YORK, NY 10108-0900	13-2725416	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CREATIVE CURRENCY 1706 S. CHARLES STREET BALTIMORE, MD 21230	16-1647092	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE LIBRARY, INC. 203 NORTH THIRD STREET DANVILLE, KY 40422	61-0492383	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE SCHOOLS EDUCATION FOUNDATION INC. - 152 E. MARTIN LUTHER KING BOULEVARD - DANVILLE, KY 40422	20-5409746	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE/BOYLE COUNTY HAPPY FEET EQUALS LEARNING FEET - 1131 SECRETARIAT DRIVE EAST - DANVILLE, KY 40422	45-5231361	501(C)(3)	6,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DIFFERENT SHADES OF PINK 4550 SOUTH LAKE PARK CHICAGO, IL 60653	45-5204597	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIVINE MERCY UNIVERSITY 2001 JEFFERSON DAVIS HIGHWAY, SUITE ARLINGTON, VA 22202	54-1911091	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DRESS FOR SUCCESS LEXINGTON 1301 WINCHESTER ROAD SUITE 29 LEXINGTON, KY 40505	46-2472399	501(C)(3)	5,709.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EASTERN KENTUCKY UNIVERSITY FOUNDATION - 521 LANCASTER AVENUE CPO 19A - RICHMOND, KY 40475	61-1131682	501(C)(3)	27,443.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EPISCOPAL DIOCESE OF LEXINGTON 203 EAST 4TH STREET P.O. BOX 610 LEXINGTON, KY 40588	61-0536772	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EVANGELISM RESOURCES INC. 425 EPWORTH AVENUE WILMORE, KY 40390	61-0906215	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH FEEDS OF KENTUCKY, INC. PO BOX 4448 LEXINGTON, KY 40544	27-4087963	501(C)(3)	26,923.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY SCHOLAR HOUSE 403 REG SMITH CIR. LOUISVILLE, KY 40208	61-1285124	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY SERVICES ASSOCIATION OF BOYLE COUNTY - P.O. BOX 458 - DANVILLE, KY 40423	61-0458751	501(C)(3)	16,127.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FAYETTE ALLIANCE FOUNDATION, INC. 603 WEST SHORT STREET LEXINGTON, KY 40508	47-2128336	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY EXTENSION AGENCY FAYETTE COUNTY EXTENSION AGENCY 1140 HARRY SYKES WAY - LEXINGTON, KY 40504	61-6033693	GOVERNMENT	9,424.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS BOARD OF EDUCATION 1126 RUSSELL CAVE ROAD - LEXINGTON, KY 40505	61-6001059	501(C)(3)	13,113.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FERD AND GLADYS ALPERT JEWISH FAMILY & CHILDRENS SERVICE OF - 5841 CORPORATE WAY SUITE 200 - WEST PALM BEACH, FL	59-1520581	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH 2240 NEW LAIR ROAD CYNTHIANA, KY 41031		501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FLEMING COUNTY BOARD OF EDUCATION 211 WEST WATER STREET FLEMINGSBURG, KY 41041		501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOSTER CARE COUNCIL OF LEXKY 4159 STARRUSH PLACE LEXINGTON, KY 40509	45-4403520	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOUNDATION FOR APPALACHIAN KENTUCKY - 420 MAIN STREET - HAZARD, KY 41701	61-1329396	501(C)(3)	1,500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRAZIER HISTORY MUSEUM 829 WEST MAIN STREET LOUISVILLE, KY 40202	61-1378343	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GATEWAY REGIONAL ARTS CENTER PO BOX 128 101 EAST MAIN STREET - MOUNT STERLING, KY 40353	61-1224757	501(C)(3)	31,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)(3)	35,466.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRAYSON-JOCKEY CLUB FOUNDATION 821 CORPORATE DRIVE LEXINGTON, KY 40503-2794	61-6031750	501(C)(3)	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER KANAWHA VALLEY FOUNDATION 1600 HUNTINGTON SQUARE 900 LEE STREET, E. - CHARLESTON, WV 25301	55-6024430	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER SAINT LOUIS COMMUNITY FOUNDATION - 319 N. 4TH STREET, SUITE 300 - SAINT LOUIS, MO 63102-1906	43-1758789	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE 17 P.O. BOX 55190 LEXINGTON, KY 40555	20-1965942	501(C)(3)	20,847.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRODSBURG-MERCER COUNTY RECREATIONAL PARK BOARD - 1501 LOUISVILLE ROAD - HARRODSBURG, KY 40330	61-1279422	501(C)(3)	6,588.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEADLEY-WHITNEY MUSEUM 4435 OLD FRANKFORT PIKE LEXINGTON, KY 40510	61-0850306	501(C)(3)	10,494.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEBREW IMMIGRANT AID SOCIETY HIAS DEVELOPMENT DEPARTMENT 333 SEVENTH AVENUE, 16TH FLOOR - NEW YORK, NY 10	13-5633307	501(C)(3)	5,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HEIFER INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENDERSON SETTLEMENT PO BOX 205 FRAKES, KY 40940	61-0674965	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENRY CLAY MEMORIAL FOUNDATION ASHLAND, THE HENRY CLAY ESTATE 120 SYCAMORE ROAD - LEXINGTON, KY 40502	61-0461732	501(C)(3)	8,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HERITAGE HOSPICE, INC. P.O. BOX 1213 120 ENTERPRISE DRIVE - DANVILLE, KY 40423	31-0988104	501(C)(3)	7,349.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HESHIMA KENYA 1111 N WELLS ST., SUITE 306 CHICAGO, IL 60610	26-0239864	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLLAND-FARM INC P.O. BOX 1715 DANVILLE, KY 40423	46-5135327	501(C)(3)	5,272.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLLINS UNIVERSITY P.O. BOX 9707 ROANOKE, VA 24020-1707	54-0506314	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY SPIRIT PARISH - NEWMAN CENTER 320 ROSE LANE LEXINGTON, KY 40508	61-0857703	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTER P.O. BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)(3)	20,080.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOPEWELL MUSEUM 800 PLEASANT STREET PARIS, KY 40361	61-0947643	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOSPICE OF THE BLUEGRASS, INC. 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3277	61-0978097	501(C)(3)	49,773.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIAN RIVER STATE COLLEGE FOUNDATION - 3209 VIRGINIA AVENUE - FORT PIERCE, FL 34981-5596	59-1105591	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITNBLUEGRASS 1206 NORTH LIMESTONE STREET LEXINGTON, KY 40505	26-1341780	501(C)(3)	8,742.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417	59-0948696	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF THE BLUEGRASS, INC. - 1050 CHINOE ROAD SUITE 112 - LEXINGTON, KY 40502-6571	31-0906786	501(C)(3)	31,770.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH STUDIES PROGRAM - UNIVERSITY OF KENTUCKY - COLLEGE OF ARTS & SCIENCES 202 PATTERSON OFFICE TOWER -		501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601	27-0686281	501(C)(3)	30,183.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUST FUND EDUCATION PROJECT INC. PO BOX 21815 LEXINGTON, KY 40522	20-8465456	501(C)(3)	31,420.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY COALITION AGAINST DOMESTIC VIOLENCE - 111 DARBY SHIRE CIRCLE - FRANKFORT, KY 40601	61-1110432	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY ENVIRONMENTAL FOUNDATION 128 MAIN STREET, SUITE B BERA, KY 40403-1957		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET SUITE 310 LEXINGTON, KY 40508	61-0909545	501(C)(3)	39,686.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HEARTWOOD, INC. P.O. BOX 1486 BERA, KY 40403	01-0701145	501(C)(3)	55,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HISTORICAL SOCIETY FOUNDATION - 100 WEST BROADWAY - FRANKFORT, KY 40601	61-1204590	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HORSE PARK FOUNDATION 4089 IRON WORKS PIKE LEXINGTON, KY 40511	62-1257717	501(C)(3)	12,781.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES 1206 NORTH LIMESTONE LEXINGTON, KY 40505	61-1229842	501(C)(3)	17,802.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RESOURCES COUNCIL, INC. PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)(3)	5,308.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTH - PO BOX 749 - VERSAILLES, KY 40383	61-0458375	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LARRY H. SPEARS FOUNDATION 118 HOGANS PARKWAY DRY RIDGE, KY 41035	20-8674980	501(C)(3)	44,824.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEEDS CENTER FOR THE ARTS P.O. BOX 836 WINCHESTER, KY 40392	61-1105067	501(C)(3)	46,196.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LESLIE COUNTY BOARD OF EDUCATION 108 MAPLE STREET P.O. BOX 949 HYDEN, KY 41749	61-6001300	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	20,182.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CATHOLIC HIGH SCHOOL 2250 CLAYS MILL ROAD LEXINGTON, KY 40503-1797	61-1132894	501(C)(3)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHILDREN'S THEATRE 418 WEST SHORT STREET LEXINGTON, KY 40507-1126	61-0929277	501(C)(3)	153,384.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON COMMUNITY RADIO P.O. BOX 526 LEXINGTON, KY 40588	36-4662643	501(C)(3)	28,436.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON FAIRNESS 333 WEST VINE STREET, SUITE 1210 PO LEXINGTON, KY 40588	26-2147307	501(C)(3)	14,229.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON FRIENDS PRESCHOOL 649 PRICE AVENUE LEXINGTON, KY 40508	47-3309520	501(C)(3)	6,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON HEARING AND SPEECH CENTER - 350 HENRY CLAY BOULEVARD - LEXINGTON, KY 40502	61-0593951	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HEARING AND SPEECH CENTER - 350 HENRY CLAY BOULEVARD - LEXINGTON, KY 40502	61-0593951	501(C)(3)	5,334.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)(3)	13,159.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC ARTS PLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-6033529	501(C)(3)	31,713.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PUBLIC LIBRARY FOUNDATION, INC. - 140 EAST MAIN STREET - LEXINGTON, KY 40507	31-1565272	501(C)(3)	18,880.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSION PO BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)(3)	9,993.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT - 200 EAST MAIN STREET, 6TH FLOOR - LEXINGTON, KY 40507		GOVERNMENT	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LFUCG DIVISION OF FAMILY SERVICES FAMILY CARE CENTER FACILITY 1135 RED MILE PLACE - LEXINGTON, KY 40504		GOVERNMENT	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LFUCG DIVISION OF PARKS AND RECREATION - 469 PARKWAY DRIVE - LEXINGTON, KY 40504		GOVERNMENT	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)(3)	22,629.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE FOR PETS PO BOX 4304 WINCHESTER, KY 40392	61-1371393	501(C)(3)	25,325.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)(3)	7,376.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LINDSEY WILSON COLLEGE DEVELOPMENT OFFICE 210 LINDSEY WILSON ST. - COLUMBIA, KY 42728	61-0444763	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LITTLE RED SCHOOL HOUSE 272 SIXTH AVENUE NEW YORK, NY 10014	13-5562268	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIVING ARTS AND SCIENCE CENTER 362 NORTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	61-0675663	501(C)(3)	10,484.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK HERITAGE PARK 457 S. MAPLE STREET WINCHESTER, KY 40391	61-0900865	501(C)(3)	35,435.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LYRIC THEATRE AND CULTURAL ARTS CENTER - 300 EAST THIRD STREET - LEXINGTON, KY 40508	27-2608879	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAGOFFIN COUNTY SCHOOLS 109 GARDNER TRAIL SALYERSVILLE, KY 41465		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MANHATTAN GIRLS CHORUS 35 WOOSTER STREET, #5F NEW YORK, NY 10013	45-3979268	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARKEY CANCER FOUNDATION UNIVERSITY OF KENTUCKY 800 ROSE STREET CC 160 - LEXINGTON, KY 40536-0093	31-0944925	501(C)(3)	8,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARY QUEEN OF THE HOLY ROSARY PARISH - 601 HILL N' DALE ROAD LEXINGTON, KY 40503-21 - LEXINGTON, KY 40503	27-1284772	501(C)(3)	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAVUNO 3918 MCGEE STREET, APT. 1N KANSAS CITY, MO 64111	46-5627434	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAYSVILLE COMMUNITY AND TECHNICAL COLLEGE - FINANCIAL AID OFFICE 1755 U.S. HIGHWAY 68 - MAYSVILLE, KY 41056		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	74-6000203	501(C)(3)	8,409.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTORS & MEALS 160 LEXINGTON ROAD VERSAILLES, KY 40383	61-1264370	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIGRANT NETWORK COALITION, INC. P.O. BOX 910484 LEXINGTON, KY 40591	61-1297850	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONTESSORI HIGH SCHOOL, INC. 620 SOUTH BROADWAY LEXINGTON, KY 40508	27-3492816	501(C)(3)	7,692.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MOREHEAD FIRST CHURCH OF GOD 576 SUNSET DRIVE MOREHEAD, KY 40351	61-1036702	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION - MOREHEAD STATE UNIVERSITY 150 UNIVERSITY BOULEVARD	31-1003236	501(C)(3)	56,389.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILD P.O. BOX 256 MOREHEAD, KY 40351	61-1197730	501(C)(3)	18,782.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOVEABLE FEAST LEXINGTON, INC. P.O. BOX 367 LEXINGTON, KY 40588-0367	31-1604759	501(C)(3)	17,173.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MUSTARD SEED COMMUNITIES 29 JANES AVENUE MEDFIELD, MA 02052	58-1657207	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPLES BOTANICAL GARDEN 4820 BAYSHORE DRIVE NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPLES HISTORICAL SOCIETY FOUNDATION - P.O. BOX 201 - NAPLES, FL 34106	61-1619223	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATHANIEL MISSION P.O. BOX 31 LEXINGTON, KY 40588	30-0303716	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY OF KENTUCKY 114 WOODLAND AVENUE LEXINGTON, KY 40508	53-0242652	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NEIGHBORHOOD HOUSE 201 N. 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW BEGINNINGS OF WINCHESTER INC. 139 JEFFERSON STREET WINCHESTER, KY 40391	61-1180957	501(C)(3)	40,511.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW OPPORTUNITY SCHOOL FOR WOMEN, INC - 204 CHESTNUT STREET - BEREA, KY 40403	61-1323868	501(C)(3)	5,159.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEWTON'S ATTIC 4974 OLD VERSAILLES ROAD LEXINGTON, KY 40510	52-2115824	501(C)(3)	8,505.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTH LIMESTONE COMMUNITY DEVELOPMENT CORPORATION - ATTN: DIRECTOR 714 N. LIMESTONE - LEXINGTON, KY	46-2090782	501(C)(3)	25,114.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN KENTUCKY UNIVERSITY OFFICE OF FINANCIAL AID 100 NUNN DRIVE - HIGHLAND HEIGHTS, KY 41076-9964		501(C)(3)	11,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)(3)	21,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS GREYHOUND FOOTBALL FOUNDATION INC. - PO BOX 1453 - LEXINGTON, KY 40588	45-4337991	501(C)(3)	113,976.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS-BOURBON COUNTY PUBLIC LIBRARY - 701 HIGH STREET - PARIS, KY 40361	61-0945371	501(C)(3)	25,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN EDUCATION 24 WEST LEXINGTON AVENUE WINCHESTER, KY 40391	27-5436682	501(C)(3)	23,131.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PINE MANOR COLLEGE 400 HEATH STREET CHESTNUT HILL, MA 02467	04-2321292	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PINE MOUNTAIN MUSIC FESTIVAL P.O. BOX 406 HANCOCK, MI 49930	38-3029498	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
POST CLINIC, INC. 125 W MAIN STREET PO BOX 550 - MT. STERLING, KY 40353	31-1515325	501(C)(3)	8,803.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRESTONWOOD CHRISTIAN ACADEMY 6801 WEST PARK BLVD. PLANO, TX 75093	75-2707809	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PROGRESSLEX 501 WEST SIXTH STREET, SUITE 250 LEXINGTON, KY 40508	46-1517609	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PROVIDENCE MONTESSORI SCHOOL, INC. 1209 TEXACO ROAD LEXINGTON, KY 40508-2026	31-1041787	501(C)(3)	30,079.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501(C)(3)	7,333.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RC ACTIVITIES INC. - CAMP RIVER RIDGE - C/O FATHER DANIEL BRANDENBURG LC 6145 HARVEY BRANCH ROAD -	06-1500537	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING CAMP PO BOX 610 LEXINGTON, KY 40508	61-0536772	501(C)(3)	8,280.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RED BIRD MISSION 70 QUEENDALE CENTER BEVERLY, KY 40913	61-0674373	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REFUGE FOR WOMEN 342 WALLER AVE SUITE D LEXINGTON, KY 40504	26-4388243	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REITZ MEMORIAL HIGH SCHOOL 520 SOUTH BENNINGHOF AVENUE EVANSVILLE, IN 47714	27-1480068	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	501(C)(3)	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROSE MARY C. BROOKS PLACE 200 ROSE MARY DRIVE WINCHESTER, KY 40391	61-1370614	501(C)(3)	26,887.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RURAL WOMEN PEACE LINK P.O. BOX 7303-30100 KENYATTA STREET - ELDORET, KENYA 30100		501(C)(3)	5,560.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SADDLE UP! 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SEEDLEAF 501 W. 6TH STREET, #200 LEXINGTON, KY 40508	45-0582109	501(C)(3)	23,378.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETON CATHOLIC SCHOOL 1730 SUMMERHILL DRIVE LEXINGTON, KY 40515	61-1132894	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHAKER VILLAGE OF PLEASANT HILL 3501 LEXINGTON ROAD HARRODSBURG, KY 40330	61-0592561	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHEPHERD'S HOUSE, INC. 154 BONNIE BRAE DRIVE LEXINGTON, KY 40508-3202	61-1105573	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHOULDER TO SHOULDER GLOBAL UK INTERNATIONAL CENTER 102 BRADLEY HALL - LEXINGTON, KY 40506-0058	61-6001218	501(C)(3)	11,592.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITAL FOR CHILDREN 1900 RICHMOND ROAD LEXINGTON, KY 40502	36-2193608	501(C)(3)	26,366.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SING FOR HOPE 575 EIGHTH AVENUE, SUITE 1812 NEW YORK, NY 10018	01-0856384	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL PERSONS ADVOCACY NETWORK, INC. (SPAN) - 106 SOUTH ALTA AVENUE - DANVILLE, KY 40422	61-1349003	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. AGATHA ACADEMY 244 S MAIN ST WINCHESTER, KY 40391	61-1132894	501(C)(3)	79,150.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. CLAIRE HOSPICE AND PALLIATIVE CARE - 222 MEDICAL CIRCLE - MOREHEAD, KY 40351	61-0605336	501(C)(3)	8,409.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. HUBERT'S EPISCOPAL CHURCH POST OFFICE BOX 21987 LEXINGTON, KY 40522	61-0536772	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN THE BAPTIST CHURCH 625 FRAME ROAD NEWBURGH, IN 47630		501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - ALSAC REGIONAL OFFICE 135 W. MUHAMMAD ALI BLVD. SUITE B - LOUISVILLE, KY 40202	62-0646012	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER CLAVER CATHOLIC CHURCH 410 JEFFERSON STREET LEXINGTON, KY 40508	61-1132894	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER'S EPISCOPAL CHURCH 311 HIGH STREET PARIS, KY 40361		501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEP BY STEP, INC. 465 EAST HIGH STREET/SUITE 109 LEXINGTON, KY 40507	61-1313872	501(C)(3)	20,037.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA - 660 WOODWARD AVENUE 2290 FIRST NATIONAL BUILDING - DETROIT, MI 48226	38-2420887	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STS. PETER & PAUL SCHOOL 423 WEST SHORT STREET LEXINGTON, KY 40507	61-1132894	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE BULLDOG CLUB P.O. BOX BT BRYAN BUILDING LAKEVIEW DRIVE - MISSISSIPPI STATE, MS 39762	51-0163622	501(C)(3)	13,880.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GOVERNOR'S SCHOLARS PROGRAM FOUNDATION, INC. - 1024 CAPITAL CENTER DRIVE SUITE 210 - FRANKFORT, KY 40601	61-1393028	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SCHOOL 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE NEST - CENTER FOR WOMEN, CHILDREN & FAMILIES - 530 NORTH LIMESTONE STREET - LEXINGTON, KY 40508	31-0904247	501(C)(3)	34,373.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40508-2096	13-5562351	501(C)(3)	27,814.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SIERRA CLUB FOUNDATION - CUMBERLAND CHAPTER - TSCF GIFTS PO BOX 1368 - LEXINGTON, KY 40588-1368	94-6069890	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE STRIDE PROGRAM P.O. BOX 643 WINCHESTER, KY 40392	61-0670763	501(C)(3)	61,027.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TIMOTHY FRANCIS JONES FOUNDATION 2455 W. OHIO #10W CHICAGO, IL 60612	81-1517470	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRANSYLVANIA UNIVERSITY FINANCIAL AID OFFICE 300 NORTH BROADWAY - LEXINGTON, KY 40508-1797		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY CHRISTIAN ACADEMY 3900 RAPID RUN LEXINGTON, KY 40515	58-1582598	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWEENS NUTRITION AND FITNESS COALITION - 501 W. SIXTH STREET, SUITE 250 - LEXINGTON, KY 40508	46-3018740	501(C)(3)	13,398.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UK ATHLETICS - K FUND JOE CRAFT CENTER 338 LEXINGTON AVENUE - LEXINGTON, KY 40506	61-0501295	501(C)(3)	227,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNION COLLEGE 310 COLLEGE STREET BARBOURVILLE, KY 40906-1499	61-0461768	501(C)(3)	10,439.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR) - P.O. BOX 9068 - NEW YORK, NY 10087	13-5562279	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY OFFICE OF PHILANTHROPY 100 STURGILL PHILANTHROPY BUILDING - LEXINGTON, KY 40		501(C)(3)	3,051,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ART MUSEUM SINGLETARY CENTER FOR THE ARTS ROOM 113 - LEXINGTON, KY 40506-0001	61-6001218	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY/LFUCG ARBORETUM - 500 ALUMNI DRIVE - LEXINGTON, KY 40503		501(C)(3)	250,151.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF LOUISVILLE OFFICE OF THE BURSAR LOUISVILLE, KY 40292		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF MICHIGAN OFFICE OF UNIVERSITY DEVELOPMENT 3003 STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE FOUNDATION 1610 UNIVERSITY AVENUE, SUITE 202 KNOXVILLE, TN 37921	62-1844686	501(C)(3)	90,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWESEE STREET - LEXINGTON, KY 40507	61-6054655	501(C)(3)	8,192.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
USA CARES, INC. 562B NORTH DIXIE BOULEVARD/SUITE 3 RADCLIFF, KY 40160	05-0588761	501(C)(3)	28,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIPS (VISUALLY IMPAIRED PRESCHOOL SERVICES) - 161 BURT ROAD, STE. 4 - LEXINGTON, KY 40503	61-1061973	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WALNUT HILL CHURCH 575 WALNUT HILL ROAD LEXINGTON, KY 40515		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WARRIOR MEDITATION FOUNDATION SAVE A WARRIOR/P.O. BOX 2416 MALIBU, CA 90265	45-5571507	501(C)(3)	46,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WASHINGTON UNIVERSITY IN ST. LOUIS OFFICE OF FINANCIAL AID P.O. BOX 14627 - ST. LOUIS, MO 63150-4627		501(C)(3)	37,049.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WESLEY VILLAGE 1125 LEXINGTON ROAD WILMORE, KY 40390		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVENUE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KENTUCKY UNIVERSITY OFFICE OF FINANCIAL AID 1906 COLLEGE HEIGHTS BLVD. #11018 - BOWLING GREEN, K		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WILDERNESS TRACE CHILD DEVELOPMENT CENTER INC. - 409 NORTH STEWARTS LANE - DANVILLE, KY 40422	61-1230722	501(C)(3)	44,644.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER CLARK COUNTY HERITAGE COMMISSION - 28 BECKNER STREET - WINCHESTER, KY 40391	61-0900865	501(C)(3)	10,972.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER YOUTH SOCCER LEAGUE, INC. - PO BOX 4122 - WINCHESTER, KY 40392	61-1336455	501(C)(3)	16,513.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22898	54-0519590	501(C)(3)	6,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD FORWARD FOUNDATION, INC. P.O. BOX 4505 MIDWAY, KY 40347	47-2391313	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD HUMANE SOCIETY P.O. BOX 44 VERSAILLES, KY 40383	61-0992070	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODS & WATERS LAND TRUST P.O. BOX 6967 FRANKFORT, KY 40601	26-1340083	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODSTOCK ANIMAL FOUNDATION 715 ALLENDALE DRIVE LEXINGTON, KY 40503	36-3857844	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL KENTUCKY 239 EAST HIGH STREET LEXINGTON, KY 40507	61-0444842	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF WINCHESTER 645 WESTMEADE DRIVE WINCHESTER, KY 40391	61-1206677	501(C)(3)	5,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	123	321,739.	0.		

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

PART I, LINE 2:

ALL RECIPIENTS OF COMPETITIVE GRANTS ARE REQUIRED TO SUBMIT A GRANT REPORT AT THE END OF THE GRANT PERIOD, TYPICALLY ONE YEAR. GRANTEES ARE ASKED TO EVALUATE THE SUCCESS OF THEIR PROJECT. IF THE GRANT HAS BEEN INSTRUMENTAL IN ATTRACTING ADDITIONAL SUPPORT, TO PROVIDE INCOME AND EXPENSE INFORMATION INCLUDING WHETHER ALL GRANT DOLLARS WERE SPENT, FUTURE SUSTAINABILITY OF THE PROJECT, AND IF THERE WAS ANY VARIANCE IN THE PROJECT OR IN SPENDING. STAFF MEMBERS READ GRANT REPORTS, FILL OUT A GRANT REVIEW REPORT FORM, AND ATTACH THIS TO THE GRANT RECORD. GRANT COMMITTEES REVIEW A SUMMARY OF THE

Part IV Supplemental Information

PREVIOUS YEAR'S GRANT REPORTS BEFORE CONSIDERING FUNDING TO THE SAME AGENCIES. AGENCIES THAT DO NOT SUBMIT GRANT REPORTS ARE NOT ELIGIBLE TO RECEIVE FUNDING FROM COMPETITIVE GRANTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA ADKINS CEO	(i)	155,369.	0.	0.	0.	16,772.	172,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	10,218,978.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

A BROKER HANDLES SELLING NONCASH CONTRIBUTIONS OF STOCKS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE BLUEGRASS REGION BY INCREASING CHARITABLE GIVING AND LEADING ON
CRITICAL COMMUNITY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINAL FORM 990 AND SUPPLEMENTAL SCHEDULES ARE REVIEWED IN DETAIL BY THE
FINANCE AUDIT COMMITTEE OF THE BOARD. ONCE REVIEWED AND APPROVED BY THE
FINANCE AND AUDIT COMMITTEE, ALL BOARD MEMBERS ARE SENT AN EMAIL CONTAINING
A LINK TO A PASSWORD-PROTECTED COPY OF THE COMPLETE FORM 990. BOARD MEMBERS
ARE INFORMED THE PASSWORD-PROTECTED COPY IS AVAILABLE FOR REVIEW ON THE
FOUNDATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY AND REVIEWED BY SENIOR
MANAGEMENT OF THE COMMUNITY FOUNDATION. ANY CONFLICTS ARE NOTED AT THAT
TIME AS WELL AS CREATION OF A PLAN FOR MONITORING THE CONFLICT IF A
CONFLICT IS DETERMINED. PERSONS INVOLVED IN THE TRANSACTION INVOLVING A
CONFLICT ARE PROHIBITED FROM PARTICIPATION IN THE DELIBERATIONS AND
DECISIONS OF SUCH TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE COMMUNITY FOUNDATIONS CEO WAS RECOMMENDED BY THE
COMPENSATION COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS. COMPARATIVE DATA WAS USED FROM LOCAL AND NATIONAL SOURCES
AND THE PROCESS WAS DOCUMENTED IN THE MINUTES OF THE COMMITTEE MEETINGS AS
WELL AS IN THE EMPLOYMENT CONTRACT OF THE CEO. THE PROCESS WAS LAST

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

COMPLETED DURING THE CURRENT FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

MOST RECENT AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SFAS 136 ADJUSTMENT	-2,461,888.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	235,574.
CHANGE IN VALUE OF CASH SURRENDER VALUE OF LIFE INSURANCE	70,104.
TOTAL TO FORM 990, PART XI, LINE 9	-2,156,210.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT OF THE AUDIT AND PROCESS USED TO SELECT AN INDEPENDENT ACCOUNTANT DID NOT CHANGE IN THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2016

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE GRASS COMMUNITY FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 499 EAST HIGH STREET, NO. 112 City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507	D Employer identification number (Employees' trust, see instructions.) 61-6053466 E Unrelated business activity codes (See instructions.) 900001
--	---------------------	--	---

C Book value of all assets at end of year 105,927,423.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **BRIAN K. DINEEN** Telephone number ▶ **859-225-3343**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-7,986.	STMT 2
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-7,986.	-7,986.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-7,986.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-7,986.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-7,986.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer _____ Date _____ CEO _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name KANDY L. WISCHMEIER, CPA	Preparer's signature KANDY L. WISCHMEIER, CPA	Date 03/08/18	Check <input type="checkbox"/> if self-employed	PTIN P00118327
	Firm's name BLUE & CO., LLC			Firm's EIN 35-1178661	
	Firm's address 813 WEST SECOND STREET SEYMOUR, IN 47274			Phone no. 812-522-8416	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

TAXPAYER INCURRED A NET OPERATING LOSS IN THE TAX YEAR ENDED JUNE 30, 2017 WHICH IS ENTITLED TO A TWO-YEAR CARRYBACK UNDER IRC SEC. 172(B)(1)(A), A THREE-YEAR CARRYBACK UNDER IRC SEC. 172(B)(1)(E), AND/OR A FIVE-YEAR CARRYBACK UNDER IRC SEC. 172(B)(1)(F). PURSUANT TO IRC SEC. 172(B)(3), TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSSES.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS
AND S CORPORATIONS

STATEMENT 2

DESCRIPTION

AMOUNT

FEG PRIVATE OPPORTUNITIES FUND LP
FEG PRIVATE OPPORTUNITIES FUND II LP

11,078.
-19,064.

TOTAL TO FORM 990-T, PAGE 1, LINE 5

-7,986.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 61-6053466
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 499 EAST HIGH STREET, NO. 112	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40507	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIAN K. DINEEN

• The books are in the care of ▶ **499 EAST HIGH STREET, SUITE 112 - LEXINGTON, KY 40507**
Telephone No. ▶ **859-225-3343** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.