

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2018**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</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	<b>C</b> Name of organization <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>499 EAST HIGH STREET 112</b> City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40507</b> <b>F</b> Name and address of principal officer: <b>LISA ADKINS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>61-6053466</b> <b>E</b> Telephone number <b>859-225-3343</b> <b>G</b> Gross receipts \$ <b>40,874,291.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.BGCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1967</b>
		<b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-58,124.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-58,124.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	22,668,053.	18,541,237.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,223,642.	1,289,563.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,253,388.	5,215,173.
<b>12</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,823.	7,563.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>30,155,906.</b>	<b>25,053,536.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,994,830.	10,343,085.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	970,372.	1,008,398.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>177,218.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,489,992.	2,701,762.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,455,194.</b>	<b>14,053,245.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>16,700,712.</b>	<b>11,000,291.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	126,725,630.	137,909,823.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	14,050,914.	14,364,629.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>112,674,716.</b>	<b>123,545,194.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>LISA ADKINS, PRESIDENT/CEO</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KANDY L. WISCHMEIER, CPA</b>	Preparer's signature <b>KANDY L. WISCHMEIER,</b>	Date <b>03/02/20</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00118327</b>
	Firm's name ▶ <b>BLUE &amp; CO., LLC</b> Firm's address ▶ <b>813 WEST SECOND STREET SEYMOUR, IN 47274</b>	Firm's EIN ▶ <b>35-1178661</b> Phone no. <b>812-522-8416</b>		

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,301,126. including grants of \$ 8,625,928. ) (Revenue \$ 1,232,128. ) GRANTMAKING THE COMMUNITY FOUNDATION MADE OVER 1,200 GRANTS THIS FISCAL YEAR IMPACTING MORE THAN 500 NONPROFIT ORGANIZATIONS AND OVER 100 SCHOLARSHIP RECIPIENTS. ALL GRANTS WERE MADE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES. THE COMMUNITY FOUNDATION CURRENTLY ADMINISTERS MORE THAN 550 CHARITABLE FUNDS ESTABLISHED TO SUPPORT CHARITABLE CAUSES THAT ARE IMPORTANT TO OUR DONORS AND THEIR COMMUNITIES

4b (Code: ) (Expenses \$ 3,438,147. including grants of \$ 1,717,157. ) (Revenue \$ 57,435. ) COMMUNITY ENGAGEMENT THE COMMUNITY FOUNDATION LEADS AND CONVENES ON KEY COMMUNITY ISSUES AND PROJECTS. WE PARTNER WITH NATIONAL FUNDERS, STATE AND CITY GOVERNMENT AND LOCAL RESIDENTS TO MAKE OUR REGION THE MOST GENEROUS, VIBRANT AND ENGAGED PLACE IT CAN BE. EXAMPLES OF OUR COMMUNITY ENGAGEMENT EFFORTS INCLUDE "ON THE TABLE", "GOODGIVING CHALLENGE" AND "BGCF 365". TO LEARN MORE ABOUT THESE PROGRAMS AND OTHER LEADERSHIP AND ENGAGEMENT EFFORTS PLEASE VISIT WWW.BGCF.ORG/ENGAGE.

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 12,739,273.

**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 <b>Section 501(c)(3) organizations.</b> 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
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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> 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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 49	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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) TRAVIS MUSGRAVE TREASURER	5.00	X		X				0.	0.	0.
(2) JONATHAN BARKER VICE CHAIR	5.00	X		X				0.	0.	0.
(3) FRAN TAYLOR SECRETARY	5.00	X		X				0.	0.	0.
(4) MADONNA TURNER CHAIR	5.00	X		X				0.	0.	0.
(5) SALVADOR SANCHEZ GRANTS CHAIR	1.00	X		X				0.	0.	0.
(6) GRIFFIN VANMETER SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(7) JIM CLOUSE DIRECTOR	1.00	X						0.	0.	0.
(8) ANDY REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(9) B. BLANTON COATES, JR. DIRECTOR	1.00	X						0.	0.	0.
(10) TIM DUNN DIRECTOR	1.00	X						0.	0.	0.
(11) RICKI ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
(12) RICHARD WEHRLE DIRECTOR	1.00	X						0.	0.	0.
(13) JOSEPH COLEMAN DIRECTOR	1.00	X						0.	0.	0.
(14) VANESSA GROSSL DIRECTOR	1.00	X						0.	0.	0.
(15) CAROLYN F. PURCELL, M.D. DIRECTOR	1.00	X						0.	0.	0.
(16) LISA HIGGINS-HORD DIRECTOR	1.00	X						0.	0.	0.
(17) JENNA MITCHELL 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) LISA ADKINS PRESIDENT/CEO	40.00			X				189,375.	0.	19,368.
(19) BRIAN DINEEN VP OF FINANCE & ADMINISTRA	40.00			X				102,775.	0.	15,845.
<b>1b Sub-total</b>								292,150.	0.	35,213.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								292,150.	0.	35,213.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 SERVICES	223,836.
KENT MASTERSON BROWN 4998 HARTLAND PARKWAY, LEXINGTON, KY 40515	CONSULTING SERVICES	212,286.
MAP CONSULTING, LLC 630 TATESWOOD DRIVE, LEXINGTON, KY 40502	CONSULTING SERVICES	161,302.

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 **3**



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	8,685.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,532,552.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,874,236.					
	<b>h Total.</b> Add lines 1a-1f			18,541,237.				
Program Service Revenue	<b>2 a</b> COMMUNITY SUPPORT FEES	<b>Business Code</b>	900099	1,289,563.	1,289,563.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			1,289,563.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,166,825.		-58,124.	4,224,949.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		16,855,810.						
		<b>b</b> Less: cost or other basis and sales expenses		15,807,462.				
		<b>c</b> Gain or (loss)		1,048,348.				
	<b>d</b> Net gain or (loss)			1,048,348.			1,048,348.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 8,685. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		20,856.				
		<b>b</b> Less: direct expenses	<b>b</b>	13,293.				
		<b>c</b> Net income or (loss) from fundraising events			7,563.			7,563.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b>								
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				25,053,536.	1,289,563.	-58,124.	5,280,860.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,068,787.	10,068,787.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	274,298.	274,298.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	346,390.	221,690.	100,453.	24,247.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	504,629.	323,267.	146,097.	35,265.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,724.	24,783.	11,230.	2,711.
<b>9</b> Other employee benefits	55,858.	35,749.	16,199.	3,910.
<b>10</b> Payroll taxes	62,797.	40,190.	18,211.	4,396.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	29,854.		29,854.	
<b>c</b> Accounting	29,854.		29,854.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	482,472.		482,472.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	400,074.	280,052.	60,011.	60,011.
<b>12</b> Advertising and promotion	77,089.	69,380.		7,709.
<b>13</b> Office expenses	65,121.		65,121.	
<b>14</b> Information technology	41,908.		13,928.	27,980.
<b>15</b> Royalties				
<b>16</b> Occupancy	29,999.		29,999.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7,680.		7,680.	
<b>20</b> Interest	19,000.		19,000.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	47,336.	30,295.	13,727.	3,314.
<b>23</b> Insurance	12,285.		12,285.	
<b>24</b> 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.)				
<b>a</b> <b>COMMUNITY SUPPORT FEES</b>	1,232,118.	1,232,118.		
<b>b</b> <b>OTHER INSURANCE PREMIUM</b>	117,694.	117,694.		
<b>c</b> <b>SERVICE AGREEMENTS</b>	49,398.		49,398.	
<b>d</b> <b>EVENTS AND SPECIAL PROJ</b>	18,831.	16,063.		2,768.
<b>e</b> All other expenses	41,049.	4,907.	31,235.	4,907.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	14,053,245.	12,739,273.	1,136,754.	177,218.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,396,967.	<b>2</b>	8,053,346.
	<b>3</b> Pledges and grants receivable, net .....	2,147,397.	<b>3</b>	1,649,090.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,075,289.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 494,443.	628,182.	<b>10c</b> 580,846.
	<b>11</b> Investments - publicly traded securities .....	106,241,695.	<b>11</b>	119,973,342.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,311,389.	<b>15</b>	7,653,199.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	126,725,630.	<b>16</b>	137,909,823.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,185.	<b>17</b>	3,801.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	13,515,404.	<b>21</b>	13,854,583.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	519,325.	<b>23</b>	506,245.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,050,914.	<b>26</b>	14,364,629.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	31,662,062.	<b>27</b>	467,302.
	<b>28</b> Temporarily restricted net assets .....	81,012,654.	<b>28</b>	123,077,892.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	112,674,716.	<b>33</b>	123,545,194.	
<b>34</b> Total liabilities and net assets/fund balances .....	126,725,630.	<b>34</b>	137,909,823.	

**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	25,053,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,053,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,000,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,674,716.
5	Net unrealized gains (losses) on investments	5	-296,430.
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	166,617.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,545,194.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13734925.	14240450.	29946486.	22668053.	18541237.	99131151.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13734925.	14240450.	29946486.	22668053.	18541237.	99131151.
<b>5</b> 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) .....						30188356.
<b>6 Public support.</b> Subtract line 5 from line 4.						68942795.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	13734925.	14240450.	29946486.	22668053.	18541237.	99131151.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2310050.	2090761.	2436582.	3496630.	4166825.	14500848.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			-7,986.	5,433.	-58,124.	-60,677.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	19,615.	27,053.	29,842.	24,167.	20,856.	121,533.
<b>11 Total support.</b> Add lines 7 through 10						113692855
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,391,392.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	60.64 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	62.58 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



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

OMB No. 1545-0047

2018

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

[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization  <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>61-6053466</b>
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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>1,025,849.</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>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>61-6053466</b>
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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
<u>1</u>	VARIOUS PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>1,025,849.</u>	<u>12/31/19</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>61-6053466</b>
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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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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 questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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 questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and 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	87,887,561.	69,067,630.	53,507,657.	48,793,394.	45,787,681.
b Contributions	5,283,927.	15,297,124.	13,484,780.	2,769,505.	5,406,459.
c Net investment earnings, gains, and losses	3,024,735.	8,142,666.	6,559,318.	7,161,330.	-932,651.
d Grants or scholarships	3,079,912.	4,188,691.	3,460,344.	4,238,497.	1,494,028.
e Other expenditures for facilities and programs					
f Administrative expenses	475,303.	431,168.	1,023,781.	978,075.	922,729.
g End of year balance	92,641,008.	87,887,561.	69,067,630.	53,507,657.	47,844,732.

- 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 checked="" type="checkbox"/> |
| (ii) related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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.	107,789.	539,425.
c Leasehold improvements				
d Equipment		428,075.	386,654.	41,421.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				580,846.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	485,006.
(2) OTHER ASSETS	1,380,661.
(3) BENEFICIAL INTEREST IN TRUST	5,787,532.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,653,199.

**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)	
<b>Total.</b> (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.

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

**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.

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

**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, 2019 AND 2018, 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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

► **Attach to Form 990.**

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2018**

**Open to Public  
Inspection**

Name of the organization <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>61-6053466</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

**Schedule F (Form 990) 2018**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	8,100.	GRANT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **1**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

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

**Part V** Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION USES THE SAME PROCEDURES FOR GRANT MAKING BOTH INSIDE AND OUTSIDE THE US

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

Department of the Treasury  
 Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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			
<b>Total</b> .....	▶					

- 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	29,541.			29,541.
	2	Less: Contributions	8,685.			8,685.
	3	Gross income (line 1 minus line 2)	20,856.			20,856.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,296.			10,296.
	7	Food and beverages	1,062.			1,062.
	8	Entertainment				
	9	Other direct expenses	1,935.			1,935.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					7,563.

**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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACHIEVING RECOVERY TOGETHER, INC. 2851 IRONWORKS ROAD WINCHESTER, KY 40391	82-4172445	501(C)(3)	14,479.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501(C)(3)	8,339.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AGS COLLEGE PLANNING, LLC C/O KIM SCHROEDER 3336 HIGH HOPE ROAD - LEXINGTON, KY 40517		501(C)(3)	16,375.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AGS COLLEGE PLANNING, LLC C/O KIM SCHROEDER 3336 HIGH HOPE ROAD - LEXINGTON, KY 40517		501(C)(3)	16,550.	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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 457.**

**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) (2018)

**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 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 - 100 W CYPRESS CREEK ROAD, SUITE 865 - FT LAUDERDALE, FL 33309-2179	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 970 - PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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 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
AMERICAN RED CROSS - BLUEGRASS AREA CHAPTER - 1450 NEWTOWN PIKE - LEXINGTON, KY 40511-1220	61-0444644	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARBOR YOUTH SERVICES 536 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501(C)(3)	6,075.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARBOR YOUTH SERVICES 536 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501(C)(3)	42,391.	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
ARBOR YOUTH SERVICES 536 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501(C)(3)	24,607.	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)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128-6804	13-1623829	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSISTING DEAF ADULTS TO PARTICIPATE TOTALLY (KYADAPT) - PO BOX 1814 - DANVILLE, KY 40423	30-0098055	501(C)(3)	9,936.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSISTING DEAF ADULTS TO PARTICIPATE TOTALLY (KYADAPT) - PO BOX 1814 - DANVILLE, KY 40423	30-0098055	501(C)(3)	6,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ATHENSWEST THEATRE COMPANY 161 N. MILL STREET LEXINGTON, KY 40507	81-5423485	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AWESOME CENTER FOR ENTREPRENEURSHIP - 348 E. MAIN STREET - LEXINGTON, KY 40507	45-4294345	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)	8,163.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA COLLEGE 101 CHESTNUT STREET BEREA, KY 40404	61-0444650	501(C)(3)	15,999.	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
BEREA UNITED METHODIST CHURCH 101 FEE STREET BEREA, KY 40403-1581	61-1006556	501(C)(3)	6,611.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS 106 TIMBER LANE MOREHEAD, KY 40351	20-4794276	501(C)(3)	10,337.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CARE NAVIGATORS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3277	61-0978097	501(C)(3)	8,778.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CARE NAVIGATORS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3277	61-0978097	501(C)(3)	14,037.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CARE NAVIGATORS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3277	61-0978097	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE - 36 WHEELER AVENUE - WINCHESTER, KY 40391	76-0826082	501(C)(3)	18,180.	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)	29,277.	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
BLUEGRASS HERITAGE MUSEUM, INC 217 SOUTH MAIN STREET WINCHESTER, KY 40391	61-1377512	501(C)(3)	20,000.	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)	5,000.	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)	6,847.	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)	5,000.	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 OPERA PO BOX 910527 LEXINGTON, KY 40591	26-3016871	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS TRUST FOR HISTORIC PRESERVATION - 253 MARKET STREET - LEXINGTON, KY 40507	61-0518029	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY EDUCATION FOUNDATION INC. - 101 CITATION DRIVE - DANVILLE, KY 40422	20-8375080	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BUSINESS EXECUTIVES FOR NATIONAL SECURITY - 1030 15TH STREET NW SUITE 200 EAST - WASHINGTON, DC 20005	52-1271179	501(C)(3)	25,000.	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
CALVARY CHRISTIAN CHURCH 15 REDWING DRIVE WINCHESTER, KY 40391	61-1018211	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	76-0714967	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	76-0714967	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP YOUNG JUDAEA MIDWEST 60 REVERE DRIVE, SUITE 800 NORTHBOOK, IL 60062	39-1672846	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAPITAL CITY MUSEUM 325 ANN STREET FRANKFORT, KY 40601	20-2380273	501(C)(3)	5,000.	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)	12,789.	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)	7,900.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF THE BLUEGRASS PO BOX 45 DANVILLE, KY 40423-0045	61-0445828	501(C)(3)	6,766.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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CASE ALUMNI ASSOCIATION 10900 EUCLID AVENUE CLEVELAND, OH 44106	20-0401095	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC ACTION CENTER PO BOX 324 LEXINGTON, KY 40588-0324	20-1895043	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC ACTION CENTER PO BOX 324 LEXINGTON, KY 40588-0324	20-1895043	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTENARY UNITED METHODIST CHURCH 2800 TATES CREEK ROAD LEXINGTON, KY 40502		501(C)(3)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTENARY UNITED METHODIST CHURCH 2800 TATES CREEK ROAD LEXINGTON, KY 40502		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CHRISTIAN CHURCH 205 E. SHORT STREET LEXINGTON, KY 40507	61-0525160	501(C)(3)	26,281.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL EUROPEAN CHRISTIAN EDUCATION FOUNDATION - 761 PELICAN BAY DRIVE - DAYTONA BEACH, FL 32119	47-1556323	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY RIDING FOR HOPE INC - PO BOX 13155 - LEXINGTON, KY 40583	31-1024505	501(C)(3)	6,203.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRE COLLEGE OFFICE OF DEVELOPMENT 600 W. WALNUT STREET - DANVILLE, KY 40422	61-0444671	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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**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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CENTRE COLLEGE OFFICE OF DEVELOPMENT 600 W. WALNUT STREET - DANVILLE, KY 40422	61-0444671	501(C)(3)	22,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART - 1200 FORREST PARK DRIVE - NASHVILLE, TN 37205	62-0627921	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS, INC. - 162 N. ASHLAND AVENUE - LEXINGTON, KY 40502	61-1221470	501(C)(3)	5,099.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	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)	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)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501(C)(3)	16,667.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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**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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CHRIST THE KING CATHEDRAL 299 COLONY BOULEVARD LEXINGTON, KY 40502	61-1132894	501(C)(3)	10,882.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	5,625.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	16,741.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF MIDWAY 101 EAST MAIN STREET MIDWAY, KY 40347		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	6,142.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	5,761.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	5,738.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	10,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	25,149.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		501(C)(3)	25,149.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF VERSAILLES PO BOX 1664 VERSAILLES, KY 40383		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF WILMORE 335 E. MAIN WILMORE, KY 40390		501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF WINCHESTER/MAIN STREET WINCHESTER - CITY OF WINCHESTER C/O MAIN STREET WINCHESTER PO BOX 40 - WINCHESTER, KY 40392		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY BOARD OF EDUCATION 1600 WEST LEXINGTON AVENUE WINCHESTER, KY 40391	61-6001382	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY BOARD OF EDUCATION 1600 WEST LEXINGTON AVENUE WINCHESTER, KY 40391	61-6001382	501(C)(3)	27,920.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY COMMUNITY SERVICES PO BOX 574 30 TAYLOR AVENUE - WINCHESTER, KY 40392	31-1005844	501(C)(3)	28,744.	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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CLARK COUNTY FISCAL COURT 34 SOUTH MAIN STREET WINCHESTER, KY 40391	61-6000993	501(C)(3)	102,833.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION PO BOX 4692 WINCHESTER, KY 40392	27-1281819	501(C)(3)	39,423.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COLLEGE MENTORS FOR KIDS 212 WEST 10TH STREET, SUITE B260 INDIANAPOLIS, IN 46202	35-2002052	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80523	23-7098397	501(C)(3)	5,000.	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)	9,301.	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)	5,339.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMON GOOD COMMUNITY DEVELOPMENT CORPORATION - 1015 NORTH LIMESTONE STREET - LEXINGTON, KY 40505	45-3950421	501(C)(3)	30,555.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMON GOOD COMMUNITY DEVELOPMENT CORPORATION - 1015 NORTH LIMESTONE STREET - LEXINGTON, KY 40505	45-3950421	501(C)(3)	9,300.	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
COMMONWEALTH FUND FOR KET INC 560 COOPER DRIVE LEXINGTON, KY 40502-2279	61-1285473	501(C)(3)	5,000.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR - PO BOX 11610 - LEXINGTON, KY 40576	61-0650121	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR - PO BOX 11610 - LEXINGTON, KY 40576	61-0650121	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR - PO BOX 11610 - LEXINGTON, KY 40576	61-0650121	501(C)(3)	8,960.	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)	15,660.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY INSPIRED SOLUTIONS PO BOX 1501 LEXINGTON, KY 40508	45-2543064	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY VENTURES CORPORATION 1450 NORTH BROADWAY LEXINGTON, KY 40505	31-1064807	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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**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 VENTURES CORPORATION 1450 NORTH BROADWAY LEXINGTON, KY 40505	31-1064807	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORPORATION OF THE PRESIDENT 50 E. NORTH TEMPLE, ROOM 152 SALT LAKE CITY, UT 84150	23-7300405	501(C)(3)	13,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORPORATION OF THE PRESIDENT 50 E. NORTH TEMPLE, ROOM 152 SALT LAKE CITY, UT 84150	23-7300405	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORPORATION OF THE PRESIDENT 50 E. NORTH TEMPLE, ROOM 152 SALT LAKE CITY, UT 84150	23-7300405	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORPUS CHRISTI CLASSICAL ACADEMY 7010 SHELBYVILLE ROAD SIMPSONVILLE, KY 40067	61-1335590	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF LEXINGTON - 1155 HARRY SYKES WAY - LEXINGTON, KY 40504	61-1339185	501(C)(3)	5,925.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF LEXINGTON - 1155 HARRY SYKES WAY - LEXINGTON, KY 40504	61-1339185	501(C)(3)	11,195.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVANTAGE CARES FOUNDATION 1 CREDIT UNION WAY CRYSTAL FALLS, MI 49920	81-1056981	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVENANT HOUSE TIMES SQUARE STATION PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	10,403.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	26,761.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	24,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)(3)	24,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR - BROOKLINE, MA 02445-7226	04-2263040	501(C)(3)	20,000.	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)	7,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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DOWN SYNDROME ASSOCIATION OF CENTRAL KENTUCKY - 1905 CHINOE ROAD, SUITE 204 - LEXINGTON, KY 40502	38-3682694	501(C)(3)	6,000.	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)	5,003.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DV8 KITCHEN FOUNDATION 23 AVENUE OF CHAMPIONS NICHOLASVILLE, KY 40356	82-2561217	501(C)(3)	7,962.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	26-4549213	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EAGLEBROOK SCHOOL 271 PINE NOOK ROAD DEERFIELD, MA 01342	04-2108341	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EVANGELISM RESOURCES INC. 425 EPWORTH AVENUE WILMORE, KY 40390	61-0906215	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY SERVICES ASSOCIATION OF BOYLE COUNTY - PO BOX 458 447 S. 3RD STREET - DANVILLE, KY 40423	61-0458751	501(C)(3)	6,120.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY SERVICES ASSOCIATION OF BOYLE COUNTY - PO BOX 458 447 S. 3RD STREET - DANVILLE, KY 40423	61-0458751	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE ALLIANCE FOUNDATION, INC. 603 WEST SHORT STREET LEXINGTON, KY 40508	47-2128336	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FAYETTE ALLIANCE FOUNDATION, INC. 603 WEST SHORT STREET LEXINGTON, KY 40508	47-2128336	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE ALLIANCE FOUNDATION, INC. 603 WEST SHORT STREET LEXINGTON, KY 40508	47-2128336	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE ALLIANCE FOUNDATION, INC. 603 WEST SHORT STREET LEXINGTON, KY 40508	47-2128336	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COOPERATING PRESCHOOL 109 ROSEMENT GARDEN LEXINGTON, KY 40503	23-7212696	501(C)(3)	6,229.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS PO BOX 55490 LEXINGTON, KY 40555	61-6001059	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS 1126 RUSSELL CAVE ROAD LEXINGTON, KY 40505-3412	61-6001059	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS 1126 RUSSELL CAVE ROAD LEXINGTON, KY 40505-3412	61-6001059	501(C)(3)	32,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS 1126 RUSSELL CAVE ROAD LEXINGTON, KY 40505-3412	61-6001059	501(C)(3)	31,380.	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 33407	59-1520581	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FIRST UNITED METHODIST CHURCH 302 E. PIKE STREET P.O. BOX 307 CYNTHIANA, KY 41031		501(C)(3)	7,121.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH 302 E. PIKE STREET P.O. BOX 307 CYNTHIANA, KY 41031		501(C)(3)	8,663.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH 302 E. PIKE STREET P.O. BOX 307 CYNTHIANA, KY 41031		501(C)(3)	6,317.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOODCHAIN, INC. 501 WEST SIXTH STREET, SUITE 105 LEXINGTON, KY 40508	45-4088193	501(C)(3)	11,987.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKFORT YMCA 402 W. BROADWAY STREET FRANKFORT, KY 40601	61-0562021	501(C)(3)	5,000.	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
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
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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FRIENDS & VETS HELPING PETS PO BOX 910117 LEXINGTON, KY 40591	45-3113935	501(C)(3)	5,130.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF HEMP 4274 COLBY ROAD WINCHESTER, KY 40391	81-0933864	501(C)(3)	10,599.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE ANIMALS OF JESSAMINE COUNTY - PO BOX 184 - NICHOLASVILLE, KY 40340	27-1909522	501(C)(3)	41,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE ANIMALS OF JESSAMINE COUNTY - PO BOX 184 - NICHOLASVILLE, KY 40340	27-1909522	501(C)(3)	41,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GENE DUFFY FOUNDATION PO BOX 12288 LEXINGTON, KY 40582	80-0906431	501(C)(3)	6,175.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEANKY 501 WEST SIXTH STREET, SUITE 250 LEXINGTON, KY 40508	27-4087963	501(C)(3)	30,194.	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)	5,000.	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)	26,411.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GRAYSON-JOCKEY CLUB FOUNDATION 821 CORPORATE DRIVE LEXINGTON, KY 40503-2794	61-6031750	501(C)(3)	5,000.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE 17 PO BOX 55190 LEXINGTON, KY 40555	20-1965942	501(C)(3)	5,625.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE 17 PO BOX 55190 LEXINGTON, KY 40555	20-1965942	501(C)(3)	19,582.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709-3543	91-1914868	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY OF MADISON & CLARK COUNTIES - PO BOX 186 - RICHMOND, KY 40476-0186	61-1205778	501(C)(3)	24,273.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY PARKS AND RECREATION - 111 SOUTH MAIN STREET, SUITE 201 - CYNTHIANA, KY 41031		501(C)(3)	22,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY PARKS AND RECREATION - 111 SOUTH MAIN STREET, SUITE 201 - CYNTHIANA, KY 41031		501(C)(3)	22,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON COUNTY PARKS AND RECREATION - 111 SOUTH MAIN STREET, SUITE 201 - CYNTHIANA, KY 41031		501(C)(3)	22,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HARRISON COUNTY PARKS AND RECREATION - 111 SOUTH MAIN STREET, SUITE 201 - CYNTHIANA, KY 41031		501(C)(3)	22,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRISON MEMORIAL HOSPITAL 1210 KY HIGHWAY 36 EAST CYNTHIANA, KY 41031	61-0420440	501(C)(3)	13,565.	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)	6,693.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEBREW IMMIGRANT AID SOCIETY HIAS DEVELOPMENT DEPARTMENT 411 FIFTH AVENUE, SUITE 1006 - NEW YORK, NY 1001	13-5633307	501(C)(3)	7,000.	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)	9,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HISTORIC PARIS-BOURBON COUNTY, INC. HOPEWELL MUSEUM - 800 PLEASANT STREET - PARIS, KY 40361-1734	61-0947643	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HISTORIC PARIS-BOURBON COUNTY, INC. HOPEWELL MUSEUM - 800 PLEASANT STREET - PARIS, KY 40361-1734	61-0947643	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOFFMAN INSTITUTE FOUNDATION 1299 FOURTH STREET, 6TH FLOOR SAN RAFAEL, CA 94901	33-0627187	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLLINS UNIVERSITY PO BOX 9707 ROANOKE, VA 24020-1707	54-0506314	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOLY FAMILY SCHOOL 932 WINCHESTER AVENUE ASHLAND, KY 41101		501(C)(3)	6,000.	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)	200,000.	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)	60,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY TRINITY CATHOLIC NEWMAN CENTER - 520 W. RIORDAN ROAD - FLAGSTAFF, AZ 86001		501(C)(3)	53,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOVES OF HOPE EQUESTRIAN CENTER 735 CHENAULT BRIDGE ROAD LANCASTER, KY 40444	56-2660309	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTER PO BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)(3)	15,027.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE LODGE LEXINGTON 1500 COLLEGE WAY LEXINGTON, KY 40502	13-1788491	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE SPAY NEUTER CLINIC PO BOX 23 VERSAILLES, KY 40383	27-0913082	501(C)(3)	8,073.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOSPICE EAST, INC. 407 SHOPPERS DRIVE WINCHESTER, KY 40391		501(C)(3)	7,205.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITNBLUEGRASS 1206 NORTH LIMESTONE STREET LEXINGTON, KY 40505	26-1341780	501(C)(3)	9,218.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
IWMF 6144 CLARK CENTER AVE SARASOTA, FL 34238	54-1784426	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409	59-0948696	501(C)(3)	10,000.	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
JEWISH FEDERATION OF THE BLUEGRASS, INC. - 1050 CHINOE ROAD, SUITE 112 - LEXINGTON, KY 40502-6571	31-0906786	501(C)(3)	5,767.	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)	11,625.	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)	11,500.	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)	5,000.	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)	15,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH STUDIES PROGRAM - UNIVERSITY OF KENTUCKY - 213 PATTERSON OFFICE TOWER - LEXINGTON, KY 40506		501(C)(3)	6,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH STUDIES PROGRAM - UNIVERSITY OF KENTUCKY - 213 PATTERSON OFFICE TOWER - LEXINGTON, KY 40506		501(C)(3)	6,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601	27-0686281	501(C)(3)	35,195.	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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JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601	27-0686281	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF THE BLUEGRASS - 2420 SPURR ROAD, SUITE 150 - LEXINGTON, KY 40511	84-1267604	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHILDREN'S HOSPITAL OFFICE OF DEVELOPMENT 138 LEADER AVENUE - LEXINGTON, KY 40506-9983	61-6001218	501(C)(3)	12,032.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHILDREN'S HOSPITAL OFFICE OF DEVELOPMENT 138 LEADER AVENUE - LEXINGTON, KY 40506-9983	61-6001218	501(C)(3)	12,032.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHILDREN'S HOSPITAL OFFICE OF DEVELOPMENT 138 LEADER AVENUE - LEXINGTON, KY 40506-9983	61-6001218	501(C)(3)	5,640.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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 126 MAIN STREET BEREA, KY 40403-1957	61-1199616	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET SUIE 310 LEXINGTON, KY 40507	61-0909545	501(C)(3)	53,362.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET SUIE 310 LEXINGTON, KY 40507	61-0909545	501(C)(3)	14,520.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY HEARTWOOD, INC. P.O. BOX 1486 BEREA, KY 40403	01-0701145	501(C)(3)	20,000.	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 4037 IRON WORKS PARKWAY, SUITE 180 LEXINGTON, KY 40511	62-1257717	501(C)(3)	13,609.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HUMANITIES COUNCIL 206 EAST MAXWELL STREET LEXINGTON, KY 40508	31-0981031	501(C)(3)	7,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY NATURE PRESERVES 300 SOWER BLVD., 4TH FLOOR FRANKFORT, KY 40601	26-4791139	501(C)(3)	10,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE, SUITE 2 LEXINGTON, KY 40504	61-1229842	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES 1710 ALEXANDRIA DRIVE, SUITE 2 LEXINGTON, KY 40504	61-1229842	501(C)(3)	16,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RESOURCES COUNCIL, INC. PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)(3)	10,732.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RESOURCES COUNCIL, INC. PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY SCHOOL FOR THE DEAF FOUNDATION - P.O. BOX 27 - DANVILLE, KY 40423	61-1091577	501(C)(3)	5,088.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTH - 1115 ASHGROVE RD. - NICHOLASVILLE, KY 40356	61-0458375	501(C)(3)	7,135.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTH - 1115 ASHGROVE RD. - NICHOLASVILLE, KY 40356	61-0458375	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KVC BEHAVIORAL HEALTHCARE KENTUCKY 2250 THUDERSTICK DR., SUITE 1104 LEXINGTON, KY 40505	27-0795565	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KVC BEHAVIORAL HEALTHCARE KENTUCKY 2250 THUDERSTICK DR., SUITE 1104 LEXINGTON, KY 40505	27-0795565	501(C)(3)	8,960.	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)	10,000.	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)	25,977.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEESTOWN MIDDLE SCHOOL 2010 LEESTOWN ROAD LEXINGTON, KY 40511		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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LEGAL AID OF THE BLUEGRASS 300 E MAIN ST STE 110 LEXINGTON, KY 40507-1560	61-0668572	501(C)(3)	5,386.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,232.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-1163184	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON CATHOLIC HIGH SCHOOL 2250 CLAYS MILL ROAD LEXINGTON, KY 40503-1797	61-1132894	501(C)(3)	10,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHALLENGER TENNIS CHARITY, INC. - 300 W. VINE STREET - LEXINGTON, KY 40507	90-0793920	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHILDREN'S THEATRE 418 WEST SHORT STREET LEXINGTON, KY 40507	61-0929277	501(C)(3)	30,497.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHILDREN'S THEATRE 418 WEST SHORT STREET LEXINGTON, KY 40507	61-0929277	501(C)(3)	125,868.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON COMMUNITY RADIO P.O. BOX 526 LEXINGTON, KY 40588	36-4662643	501(C)(3)	21,942.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON COMMUNITY RADIO P.O. BOX 526 LEXINGTON, KY 40588	36-4662643	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HABITAT FOR HUMANITY 700 EAST LOUDON AVENUE LEXINGTON, KY 40505	61-1139529	501(C)(3)	6,000.	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)	6,683.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)(3)	14,817.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501(C)(3)	16,422.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501(C)(3)	10,000.	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)	5,000.	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)	5,302.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)(3)	11,610.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIBERTY HALL INC. 202 WILKINSON STREET FRANKFORT, KY 40601	61-0469278	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)(3)	25,876.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE FOR PETS PO BOX 4304 WINCHESTER, KY 40392	61-1371393	501(C)(3)	12,893.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)(3)	12,562.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)(3)	13,095.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)(3)	13,095.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)(3)	20,000.	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
LIVE ACTION 2200 WILSON BLVD, SUITE 102, #111 ARLINGTON, VA 22201	42-1764425	501(C)(3)	5,000.	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)	15,304.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK HERITAGE PARK C/O CLARE SIPPLE 457 S. MAPLE STREET - WINCHESTER, KY 40391	61-0900865	501(C)(3)	7,844.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK HERITAGE PARK C/O CLARE SIPPLE 457 S. MAPLE STREET - WINCHESTER, KY 40391	61-0900865	501(C)(3)	25,142.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARKEY CANCER FOUNDATION 800 ROSE STREET ROACH BLDG - CC160 - LEXINGTON, KY 40536-0093	31-0944925	501(C)(3)	13,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARY QUEEN OF THE HOLY ROSARY PARISH - ATTN: BUSINESS MANAGER 601 HILL N DALE DRIVE - LEXINGTON, KY 40503	27-1284772	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MCCONATHY FARM RESCUE TEAM 5032 WHITES LANE LEXINGTON, KY 40515	47-2377417	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MCCONATHY FARM RESCUE TEAM 5032 WHITES LANE LEXINGTON, KY 40515	47-2377417	501(C)(3)	400,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MCCONATHY FARM RESCUE TEAM 5032 WHITES LANE LEXINGTON, KY 40515	47-2377417	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	74-6000203	501(C)(3)	8,778.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTORS & MEALS 160 LEXINGTON ROAD VERSAILLES, KY 40383	61-1264370	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSION LEXINGTON 230 SOUTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40508	20-2824933	501(C)(3)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSION LEXINGTON 230 SOUTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40508	20-2824933	501(C)(3)	6,707.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION - 150 UNIVERSITY BOULEVARD P.O. BOX 1887 - MOREHEAD, KY 40351	31-1003236	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION - 150 UNIVERSITY BOULEVARD P.O. BOX 1887	31-1003236	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION - 150 UNIVERSITY BOULEVARD P.O. BOX 1887	31-1003236	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MOREHEAD STATE UNIVERSITY FOUNDATION - 150 UNIVERSITY BOULEVARD P.O. BOX 1887	31-1003236	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILD P.O. BOX 256 MOREHEAD, KY 40351	61-1197730	501(C)(3)	20,924.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD-CAIN SCHOLARSHIP FOUNDATION - PO BOX 690 - CHAPEL HILL, NC 27514-0690	56-2462593	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MORGAN COUNTY CONSERVATION DISTRICT - 955 PRESTONSBURG ST., SUITE 2 - WEST LIBERTY, KY 41472		501(C)(3)	19,740.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MORGAN COUNTY FISCAL COURT 261 COURT STREET WEST LIBERTY, KY 41472		501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOVEABLE FEAST LEXINGTON, INC. PO BOX 367 LEXINGTON, KY 40588-0367	31-1604759	501(C)(3)	5,000.	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
NATHANIEL MISSION 1109 VERSAILLES ROAD, SUITE 400 LEXINGTON, KY 40508	30-0303716	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL CHRISTIAN FOUNDATION PO BOX 175 LEXINGTON, KY 40588	61-1404015	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.)

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NATIONAL MUSEUM OF RACING AND HALL OF FAME - 191 UNION AVENUE - SARATOGA SPRINGS, NY 12866	14-1421321	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL ORGANIZATION FOR ARTS IN HEALTH - 3157 THIRD AVENUE - SAN DIEGO, CA 92103	38-3906123	501(C)(3)	10,000.	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)	30,191.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW HOPE FOOD PANTRY 310 YOUNG DRIVE STANFORD, KY 40484	46-4518416	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW LIFE HOMELESS DAY CENTER 224 NORTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40507	30-0749401	501(C)(3)	11,707.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW LIFE HOMELESS DAY CENTER 224 NORTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40507	30-0749401	501(C)(3)	10,000.	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)	5,825.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEWTON'S ATTIC 4974 OLD VERSAILLES ROAD LEXINGTON, KY 40510-9756	52-2115824	501(C)(3)	25,158.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NIA URBAN MINISTRIES 501 W. SIXTH STREET, SUITE 250 LEXINGTON, KY 40508	45-2978562	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NORTH LIMESTONE COMMUNITY DEVELOPMENT CORPORATION - 714 N. LIMESTONE - LEXINGTON, KY 40505	46-2090782	501(C)(3)	6,124.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTH LIMESTONE COMMUNITY DEVELOPMENT CORPORATION - 714 N. LIMESTONE - LEXINGTON, KY 40505	46-2090782	501(C)(3)	20,577.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NOW LETS GET FIT FOUNDATION 11271 VENTURA BLVD. #349 STUDIO CITY, CA 91604	81-3906195	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)(3)	5,490.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)(3)	14,696.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)(3)	5,225.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE PARENT SCHOLAR HOUSE 1156 HORSEMANS LANE LEXINGTON, KY 40504	61-1080310	501(C)(3)	10,000.	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)	7,000.	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)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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PARIS GREYHOUND FOOTBALL FOUNDATION INC. - PO BOX 1453 - LEXINGTON, KY 40588	45-4337991	501(C)(3)	10,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS INDEPENDENT SCHOOLS 307 WEST 7TH STREET ATTN: JENNIFER GRAVES - PARIS, KY 40361		501(C)(3)	13,104.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS, KY 40361	61-0676727	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARTNERS IN EDUCATION OF CLARK COUNTY INC. - 100 VAUGHT ROAD - WINCHESTER, KY 40391	27-5436682	501(C)(3)	30,888.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARTNERSHIP FOR SUCCESSFUL SCHOOLS 3512 LYON DRIVE LEXINGTON, KY 40513	61-1377132	501(C)(3)	5,000.	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
PISGAH PRESBYTERIAN CHURCH 710 PISGAH PIKE VERSAILLES, KY 40383		501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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POST CLINIC, INC. P.O. BOX 550 MT. STERLING, KY 40353	31-1515325	501(C)(3)	8,880.	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
PRIDE COMMUNITY SERVICES 389 WALLER AVENUE, SUITE 100 LEXINGTON, KY 40504	31-0994061	501(C)(3)	5,455.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PROGRESSLEX 501 WEST SIXTH STREET, SUITE 250 LEXINGTON, KY 40508	46-1517609	501(C)(3)	25,000.	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)	51,643.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501(C)(3)	11,185.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REVIVE MINISTRIES, INC. 101 RICHMOND AVENUE NICHOLASVILLE, KY 40356	46-5546340	501(C)(3)	10,037.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS - P.O. BOX 22414 - LEXINGTON, KY 40522	61-0986164	501(C)(3)	10,000.	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)	19,501.	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)	5,000.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROWLAND ARTS CENTER 17 S. MAIN STREET WINCHESTER, KY 40391	81-5011439	501(C)(3)	5,706.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROWLAND ARTS CENTER 17 S. MAIN STREET WINCHESTER, KY 40391	81-5011439	501(C)(3)	110,000.	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
SAYRE SCHOOL 194 NORTH LIMESTONE LEXINGTON, KY 40507	61-0449657	501(C)(3)	14,984.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SCOTT COUNTY YOUTH BASEBALL BOOSTERS - 113 MEADOWCREST - GEORGETOWN, KY 40324	83-2772522	501(C)(3)	20,404.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SEEDLEAF 501 W. 6TH STREET #200 LEXINGTON, KY 40508	45-0582109	501(C)(3)	7,915.	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)	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)	10,000.	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)	9,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHEPHERD'S HOUSE, INC. 635 MAXWELTON COURT LEXINGTON, KY 40508	61-1105573	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHOULDER TO SHOULDER GLOBAL 111 WASHINGTON AVENUE OFFICE 203C - LEXINGTON, KY 40536-0003	61-6001218	501(C)(3)	12,038.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITAL FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)(3)	26,443.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITAL FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201	36-2208386	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SING FOR HOPE 575 EIGHTH AVENUE, SUITE 1812 NEW YORK, NY 10018	01-0856384	501(C)(3)	27,290.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPARK COMMUNITY CAFE PO BOX 873 VERSAILLES, KY 40383	82-1517160	501(C)(3)	7,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPEAK OUT AND RESCUE (SOAR) PO BOX 904 GEORGETOWN, KY 40324	80-0282061	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPORTS REACH P.O. BOX 4002 CAMPBELLSVILLE, KY 42719	61-1154595	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. AGATHA ACADEMY 244 S MAIN ST WINCHESTER, KY 40391	61-1132894	501(C)(3)	48,251.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. AGATHA ACADEMY 244 S MAIN ST WINCHESTER, KY 40391	61-1132894	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)	10,000.	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)	8,778.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN PAUL II CATHOLIC HIGH SCHOOL - 3120 NORTH 137TH AVENUE - AVONDALE, AZ 85392	61-1815605	501(C)(3)	22,537.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST. JOHN PAUL II CATHOLIC HIGH SCHOOL - 3120 NORTH 137TH AVENUE - AVONDALE, AZ 85392	61-1815605	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOSEPH CATHOLIC CHURCH 248 SOUTH MAIN STREET PO BOX 4255 WINCHESTER, KY 40391		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,666.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. LUKE UNITED METHODIST CHURCH 2351 ALUMNI DRIVE LEXINGTON, KY 40517	61-0945448	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER CATHOLIC CHURCH 153 BARR STREET LEXINGTON, KY 40507-1379		501(C)(3)	6,430.	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)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEAM ACADEMY 123 EAST SIXTH STREET LEXINGTON, KY 40508		501(C)(3)	9,956.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEAM ACADEMY 123 EAST SIXTH STREET LEXINGTON, KY 40508		501(C)(3)	9,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEAM ACADEMY 123 EAST SIXTH STREET LEXINGTON, KY 40508		501(C)(3)	10,344.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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STEP BY STEP, INC. 465 EAST HIGH STREET/SUITE 109 LEXINGTON, KY 40507	61-1313872	501(C)(3)	23,783.	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
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET P.O. BOX 1429 - MOUNT WASHINGTON, KY 40047	61-0597273	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET P.O. BOX 1429 - MOUNT WASHINGTON, KY 40047	61-0597273	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SURGERY ON SUNDAY, INC. P.O. BOX 8578 LEXINGTON, KY 40533	20-3187452	501(C)(3)	5,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TEAM EXPANSION ATTN: ACCOUNT 1023 R&D S 4112 OLD ROUTT ROAD - LOUISVILLE, KY 40299	31-1043937	501(C)(3)	10,675.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TEXAS CHILDREN'S HOSPITAL OFFICE OF DEVELOPMENT, SUITE 52140P HOUSTON, TX 77230	74-1100555	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ART VILLAGE P. O. BOX 806 VERSAILLES, KY 40383	27-2548030	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CLAY CENTER ONE CLAY SQUARE CHARLESTON, WV 25301	55-0702401	501(C)(3)	80,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE GOVERNOR'S SCHOLARS PROGRAM FOUNDATION, INC. - 1024 CAPITAL CENTER DRIVE SUITE 210 - FRANKFORT, KY 40601	61-1393028	501(C)(3)	11,036.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE GROUNDTRUTH PROJECT 10 GUEST STREET BOSTON, MA 02135	46-0908502	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE HENRY CLAY CENTER FOR STATESMANSHIP - 421 N. BROADWAY, SUITE 200 - LEXINGTON, KY 40508	61-0461732	501(C)(3)	70,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON CANCER FOUNDATION, INC. - 1504 COLLEGE WAY - LEXINGTON, KY 40502	56-2472701	501(C)(3)	29,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SCHOOL 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SUNRISE ROTARY FOUNDATION - POST OFFICE BOX 102 - LEXINGTON, KY 40588	26-3390598	501(C)(3)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MACLEAN, VA 22102	54-0505925	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE 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
THE NATURE CONSERVANCY OF KENTUCKY 114 WOODLAND AVENUE LEXINGTON, KY 40508	53-0242652	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE NEST - CENTER FOR WOMEN, CHILDREN & FAMILIES - 530 NORTH LIMESTONE STREET - LEXINGTON, KY 40508	31-0904247	501(C)(3)	6,125.	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)	9,000.	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)	5,000.	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)	24,272.	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)	9,000.	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)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PIARIST SCHOOL PO BOX 369 7279 S. KY RT. 321 - HAGERHILL, KY 41222	61-1177865	501(C)(3)	7,500.	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)	8,778.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40508	13-5562351	501(C)(3)	8,798.	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
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40508	13-5562351	501(C)(3)	5,863.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40508	13-5562351	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE STRIDE PROGRAM P.O. BOX 643 WINCHESTER, KY 40392	61-0670763	501(C)(3)	48,447.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE UNIVERSITY OF THE SOUTH OFFICE OF UNIVERSITY ADVANCEMENT 735 UNIVERSITY AVENUE - SEWANEE, TN 37383	62-0475697	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE WELL OF LEXINGTON, INC. 110 E. THIRD STREET LEXINGTON, KY 40508	61-1367567	501(C)(3)	13,569.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRANSYLVANIA UNIVERSITY DEVELOPMENT OFFICE 300 NORTH BROADWAY - LEXINGTON, KY 40508	61-0444825	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UK ATHLETIC DEPARTMENT JOE CRAFT CENTER 338 LEXINGTON AVENUE - LEXINGTON, KY 40506	61-0501295	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UK ATHLETIC DEPARTMENT JOE CRAFT CENTER 338 LEXINGTON AVENUE - LEXINGTON, KY 40506	61-0501295	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
UK ATHLETICS 338 LEXINGTON AVENUE LEXINGTON, KY 40508		501(C)(3)	235,000.	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)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF FRANKLIN COUNTY P.O. BOX 1544 FRANKFORT, KY 40602	61-0709640	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVENUE, SUITE 300 LEXINGTON, KY 40508	61-0444679	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF FLORIDA FOUNDATION, INC. - ATTN: GIFT PROCESSING PO BOX 14425 - GAINESVILLE, FL 33019	59-0974739	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF HOUSTON LAW FOUNDATION - 4604 CALHOUN - HOUSTON, TX 77204-6060	74-1732551	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY 1451 UNIVERSITY DRIVE LEXINGTON, KY 40546-0097		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY 100 STURGILL PHILANTHROPY BUILDING LEXINGTON, KY 40506-0015		501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY UK OFFICE OF PHILANTHROPY 210 MALABU DRIVE, SUITE 200 - LEXINGTON, KY 40502		501(C)(3)	375,000.	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 KENTUCKY 100 STURGILL PHILANTHROPY BUILDING LEXINGTON, KY 40506-0015		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY UK OFFICE OF PHILANTHROPY 210 MALABU DRIVE, SUITE 200 - LEXINGTON, KY 40502		501(C)(3)	11,562.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY COLLEGE OF ARTS AND SCIENCES 202 PATTERSON OFFICE TOWER - LEXINGTON, KY 4050		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY COLLEGE OF ARTS AND SCIENCES 202 PATTERSON OFFICE TOWER - LEXINGTON, KY 4050		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY COLLEGE OF ARTS AND SCIENCES 202 PATTERSON OFFICE TOWER - LEXINGTON, KY 4050		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY COLLEGE OF ARTS AND SCIENCES 202 PATTERSON OFFICE TOWER - LEXINGTON, KY 4050		501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ART MUSEUM 405 ROSE STREET LEXINGTON, KY 40506-0241	61-6001218	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ART MUSEUM 405 ROSE STREET LEXINGTON, KY 40506-0241	61-6001218	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 THE CUMBERLANDS 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769-1372		501(C)(3)	38,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF THE CUMBERLANDS 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769-1372		501(C)(3)	16,656.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF THE CUMBERLANDS 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769-1372		501(C)(3)	8,698.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWESE STREET - LEXINGTON, KY 40507	61-6054655	501(C)(3)	5,377.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWESE STREET - LEXINGTON, KY 40507	61-6054655	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
USA CARES, INC. 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	8,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIPS (VISUALLY IMPAIRED PRESCHOOL SERVICES) - 350 HENRY CLAY BLVD. - LEXINGTON, KY 40502	61-1061973	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WALNUT HILL CHURCH 575 WALNUT HILL ROAD LEXINGTON, KY 40515		501(C)(3)	20,000.	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
WESLEY VILLAGE 1125 LEXINGTON ROAD WILMORE, KY 40390	61-1164550	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WEST VIRGINIA UNIVERSITY FOUNDATION - PO BOX 9008 - MORGANTOWN, WV 26506	55-6017181	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVENUE BUCKHANNON, WV 26201	55-0357056	501(C)(3)	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WEST VIRIGINA UNIVERSITY FOUNDATION - PO BOX 1650 - MORGANTOWN, WV 26507		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)	28,195.	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)	5,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER CLARK COUNTY FAMERS MARKET - 1400 FORTUNE DRIVE - WINCHESTER, KY 40391	45-5199365	501(C)(3)	16,681.	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
WINCHESTER CLARK COUNTY HERITAGE COMMISSION - 28 BECKNER STREET - WINCHESTER, KY 40391	61-0900865	501(C)(3)	14,532.	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)	8,765.	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 265 THOMAS LANE PO BOX 44 VERSAILLES, KY 40383	61-0992070	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD HUMANE SOCIETY PO BOX 44 VERSAILLES, KY 40383	61-0992070	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD HUMANE SOCIETY PO BOX 44 VERSAILLES, KY 40383	61-0992070	501(C)(3)	5,000.	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)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WORLD GOSPEL MISSION P.O. BOX 948 MARION, IN 46952	35-0911947	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF CENTRAL KENTUCKY 239 EAST HIGH STREET LEXINGTON, KY 40507	61-0444842	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

**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	98	274,298.	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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 PRESIDENT/CEO	(i)	189,375.	0.	0.	0.	19,368.	208,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	78	3,874,236.	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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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) 2018

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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
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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	-339,179.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	462,260.
CHANGE IN VALUE OF CASH SURRENDER VALUE OF LIFE INSURANCE	43,536.
TOTAL TO FORM 990, PART XI, LINE 9	166,617.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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

**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





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

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>499 EAST HIGH STREET, NO. 112</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LEXINGTON, KY 40507</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>61-6053466</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>900001</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>137,909,823.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> 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</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ INVESTMENTS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 796.		796.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> -58,920.	STMT 1	-58,920.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -58,124.		-58,124.

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2	<b>20</b>	0.
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	-58,124.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	-58,124.



<b>Part III Total Unrelated Business Taxable Income</b>		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 -58,124.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36 -58,124.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 -58,124.

<b>Part IV Tax Computation</b>		
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39 0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	<b>Proxy tax.</b> See instructions	41
42	Alternative minimum tax (trusts only)	42
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 0.

<b>Part V Tax and Payments</b>		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	<b>Total credits.</b> Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 0.
47	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)	47
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b 1,000.
c	Tax deposited with Form 8868	50c 1,500.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51	<b>Total payments.</b> Add lines 50a through 50g	51 2,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 2,500.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 2,500.   <b>Refunded</b>	55 0.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
56	At any time during the 2018 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 <input type="checkbox"/> <input checked="" type="checkbox"/> X
57	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.	<input type="checkbox"/> <input checked="" type="checkbox"/> X
58	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: \_\_\_\_\_ Title: **PRESIDENT/CEO**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KANDY L. WISCHMEIER, CPA</b>	Preparer's signature <b>KANDY L. WISCHMEIER, CPA</b>	Date <b>03/02/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00118327</b>
	Firm's name <b>BLUE &amp; CO., LLC</b>			Firm's EIN <b>35-1178661</b>	
	Firm's address <b>813 WEST SECOND STREET SEYMOUR, IN 47274</b>			Phone no. <b>812-522-8416</b>	

**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	<b>Cost of goods sold.</b> 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							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							<b>X</b>

**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) .....

(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)		%		
<b>Totals</b> .....			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.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	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).
<b>Totals</b> .....			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).
<b>Totals</b> .....		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.
<b>Totals</b> .....		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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS INCOME (LOSS)		-79,905.
FEG PRIVATE OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS)		20,985.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-58,920.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FEG PRIVATE OPP FUND II LP	N/A	25.
FEG PRIVATE OPP FUND LP	N/A	21.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		46.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2013
- FOR TAX YEAR 2014
- FOR TAX YEAR 2015
- FOR TAX YEAR 2016
- FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

46

TOTAL CONTRIBUTIONS AVAILABLE

46

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

46

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

46

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

**Capital Gains and Losses**  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 ▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2018**

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

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>231.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b> <b>231.</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>565.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>565.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>231.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>565.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. ....	<b>18</b>	<b>796.</b>

**Note:** If losses exceed gains, see **Capital losses** in the instructions.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

**61-6053466**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	FEG PRIVATE OPPORTUNITIES FUND II LP							<854.>
	FEG PRIVATE OPPORTUNITIES FUND LP							1,419.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								565.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.