

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.		D Employer identification number 61-6053466
	Doing business as		E Telephone number 859-225-3343
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	499 EAST HIGH STREET		G Gross receipts \$ 56,543,023.
	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: LISA ADKINS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: WWW.BGCF.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967	M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,208.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,159,035.	22,429,835.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,440,122.	1,732,544.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,452,055.	8,729,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,051,212.	32,891,839.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	17,124,862.	16,596,935.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,096,519.	1,114,258.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,594.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,725,694.	2,771,039.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,947,075.	20,482,232.
19 Revenue less expenses. Subtract line 18 from line 12	3,104,137.	12,409,607.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	132,271,880.	180,680,895.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,457,015.	20,499,811.
		117,814,865.	160,181,084.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LISA ADKINS, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	05/10/22		P00118327
Firm's name ▶ BLUE & CO., LLC			Firm's EIN ▶ 35-1178661		
Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274			Phone no. 812-522-8416		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 18,934,793. including grants of \$ 16,596,935.) (Revenue \$ 1,732,544.) GRANTMAKING THE COMMUNITY FOUNDATION MADE OVER 3,000 GRANTS THIS FISCAL YEAR IMPACTING MORE THAN 1,000 NONPROFIT ORGANIZATIONS AND OVER 120 SCHOLARSHIP RECIPIENTS. ALL GRANTS WERE MADE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES. THE COMMUNITY FOUNDATION CURRENTLY ADMINISTERS MORE THAN 800 CHARITABLE FUNDS ESTABLISHED TO SUPPORT CHARITABLE CAUSES THAT ARE IMPORTANT TO OUR DONORS AND THEIR COMMUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 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 "LEXINGTON BLACK PROSPERITY INITIATIVE", "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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,934,793.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 59	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
THE ORGANIZATION - 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. See instructions for the order in which to list the persons above.

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) LISA ADKINS PRESIDENT/CEO	40.00			X			203,175.	0.	20,819.	
(2) BRIAN DINEEN VP OF FINANCE & ADMINISTRATION	40.00			X			130,962.	0.	19,156.	
(3) FRAN TAYLOR CHAIR	5.00	X		X			0.	0.	0.	
(4) TRAVIS MUSGRAVE SECRETARY	5.00	X		X			0.	0.	0.	
(5) ARTHUR SALOMON TREASURER	5.00	X		X			0.	0.	0.	
(6) ANDY REYNOLDS VICE CHAIR	5.00	X		X			0.	0.	0.	
(7) BILL ALVERSON DIRECTOR	1.00	X					0.	0.	0.	
(8) B. BLANTON COATES, JR. DIRECTOR	1.00	X					0.	0.	0.	
(9) JOSEPH COLEMAN DIRECTOR	1.00	X					0.	0.	0.	
(10) TIFFANY DANIELS DIRECTOR	1.00	X					0.	0.	0.	
(11) TIMOTHY W. DUNN DIRECTOR	1.00	X					0.	0.	0.	
(12) LORI GARKOVICH DIRECTOR	1.00	X					0.	0.	0.	
(13) VANESSA GROSSL DIRECTOR	1.00	X					0.	0.	0.	
(14) MICHELLE HOLLINGSHEAD DIRECTOR	1.00	X					0.	0.	0.	
(15) JENNA MITCHELL DIRECTOR	1.00	X					0.	0.	0.	
(16) DAN PRATER DIRECTOR	1.00	X					0.	0.	0.	
(17) CAROLYN F. PURCELL 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) RICKI ROSENBERG DIRECTOR	1.00	X					0.	0.	0.	
(19) SALVADOR SANCHEZ DIRECTOR	1.00	X					0.	0.	0.	
(20) RICHARD WEHRLE DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							334,137.	0.	39,975.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							334,137.	0.	39,975.	

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT SERVICES	253,661.
BARBARA GRYGUTIS SCULPTURE PO BOX 3028, TUCSON, AZ 85702	ARTIST FEES	210,237.

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 **2**

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	175,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,254,835.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,271,140.				
	h	Total. Add lines 1a-1f			22,429,835.			
Program Service Revenue	2 a	COMMUNITY SUPPORT FEES	Business Code	900099	1,732,544.	1,732,544.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,732,544.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,300,815.		-2,208.	
	4	Income from investment of tax-exempt bond proceeds					3,303,023.	
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						29,079,829.		
	b	Less: cost or other basis and sales expenses	7b	23,651,184.				
	c	Gain or (loss)	7c	5,428,645.				
d	Net gain or (loss)			5,428,645.		5,428,645.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			32,891,839.	1,732,544.	-2,208.	8,731,668.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,281,745.	16,281,745.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	315,190.	315,190.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	374,113.	220,727.	127,198.	26,188.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	568,012.	335,127.	193,124.	39,761.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,810.	30,568.	17,615.	3,627.
9 Other employee benefits	52,222.	30,811.	17,755.	3,656.
10 Payroll taxes	68,101.	40,180.	23,154.	4,767.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,082.		11,082.	
c Accounting	11,082.		11,082.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	626,756.		626,756.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	42,568.	11,632.	28,443.	2,493.
12 Advertising and promotion	78,403.	70,563.		7,840.
13 Office expenses	55,550.		55,550.	
14 Information technology	127,258.		17,252.	110,006.
15 Royalties				
16 Occupancy	33,909.		33,909.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,027.		4,027.	
20 Interest	18,104.		18,104.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,565.	13,313.	7,672.	1,580.
23 Insurance	15,914.		15,914.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY SUPPORT FEES	1,486,274.	1,486,274.		
b OTHER INSURANCE PREMIUM	95,987.	95,987.		
c SERVICE AGREEMENTS	84,960.		84,960.	
d MEMBERSHIP DUES & LICEN	18,598.		18,598.	
e All other expenses	38,002.	2,676.	32,650.	2,676.
25 Total functional expenses. Add lines 1 through 24e	20,482,232.	18,934,793.	1,344,845.	202,594.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,820,285.	2	10,997,478.
	3 Pledges and grants receivable, net	395,132.	3	356,375.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,025,537.		
	b Less: accumulated depreciation	10b 498,168.	549,934.	10c 527,369.
	11 Investments - publicly traded securities	116,993,564.	11	161,567,907.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,512,965.	15	7,231,766.
16 Total assets. Add lines 1 through 15 (must equal line 33)	132,271,880.	16	180,680,895.	
Liabilities	17 Accounts payable and accrued expenses	1,847.	17	1,897.
	18 Grants payable	0.	18	1,000,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,787,444.	21	19,018,092.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	492,724.	23	479,822.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	175,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	14,457,015.	26	20,499,811.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	447,922.	27	847,584.
	28 Net assets with donor restrictions	117,366,943.	28	159,333,500.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	117,814,865.	32	160,181,084.
	33 Total liabilities and net assets/fund balances	132,271,880.	33	180,680,895.

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	32,891,839.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,482,232.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,409,607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,814,865.
5	Net unrealized gains (losses) on investments	5	35,116,273.
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 on Schedule O)	9	-5,159,661.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	160,181,084.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 [X] 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29946486.	22668053.	18541237.	17159035.	22429835.	110744646
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29946486.	22668053.	18541237.	17159035.	22429835.	110744646
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24090135.
6 Public support. Subtract line 5 from line 4.						86654511.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	29946486.	22668053.	18541237.	17159035.	22429835.	110744646
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2436582.	3496630.	4166825.	3302764.	3303023.	16705824.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-7,986.	5,433.	-58,124.	-18,420.	-2,208.	-81,305.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,842.	24,167.	20,856.			74,865.
11 Total support. Add lines 7 through 10						127444030
12 Gross receipts from related activities, etc. (see instructions)					12	6,756,955.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	67.99 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.76 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>675,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>597,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>482,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>690,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,307,829.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part 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
7	_____ _____ _____	\$ <u>1,108,615.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>656,696.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>542,442.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>516,284.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>449,274.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	INTEREST IN LLC _____ _____ _____	\$ <u>690,000.</u>	<u>10/01/20</u>
6	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>1,307,829.</u>	<u>10/01/20</u>
7	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>1,108,615.</u>	<u>10/01/20</u>
8	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>656,696.</u>	<u>10/01/20</u>
9	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>542,442.</u>	<u>10/01/20</u>
10	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>516,284.</u>	<u>10/01/20</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	PUBLICLY TRADED STOCK _____ _____ _____	\$ 348,274.	10/01/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	334	
2 Aggregate value of contributions to (during year)	11,019,079.	
3 Aggregate value of grants from (during year)	8,415,781.	
4 Aggregate value at end of year	82,795,269.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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	90,756,067.	92,641,008.	87,887,561.	69,067,630.	53,507,657.
b Contributions	5,400,688.	3,839,463.	5,283,927.	15,297,124.	13,484,780.
c Net investment earnings, gains, and losses	31,895,480.	-1,570,396.	3,024,735.	8,142,666.	6,559,318.
d Grants or scholarships	3,283,559.	3,254,381.	3,079,912.	4,188,691.	3,460,344.
e Other expenditures for facilities and programs					
f Administrative expenses	425,055.	899,627.	475,303.	431,168.	1,023,781.
g End of year balance	124,343,621.	90,756,067.	92,641,008.	87,887,561.	69,067,630.

- 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 Term endowment 100 %
- 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.	140,998.	506,216.
c Leasehold improvements				
d Equipment		378,323.	357,170.	21,153.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				527,369.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	61,836,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	35,116,273.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	35,116,273.	
3	Subtract line 2e from line 1	3	26,720,266.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	626,756.	
b	Other (Describe in Part XIII.)	4b	5,544,817.	
c	Add lines 4a and 4b	4c	6,171,573.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,891,839.	

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

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

1	Total expenses and losses per audited financial statements		1	19,470,320.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	19,470,320.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	626,756.	
b	Other (Describe in Part XIII.)	4b	385,156.	
c	Add lines 4a and 4b	4c	1,011,912.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,482,232.	

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, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

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

Part 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)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	45,000.	GRANT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 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

Multiple horizontal lines for supplemental information.

**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 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
12 BASKETS FOOD PANTRY AT THE FIRST CHURCH OF GOD - 205 8TH ST. - PAINTSVILLE, KY 41240		501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
A CARING PLACE 1870 ARMSTRONG MILL ROAD LEXINGTON, KY 40517	84-3093905	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
A CHANCE TO DANCE 305 CEDAR STREET LEXINGTON, KY 40508	81-4348004	501(C)3	7,978.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ABLE, INC. C/O RACHEL SCANLON 607 BROOKGREEN L LEXINGTON, KY 40509	27-3407003	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ACHIEVING RECOVERY TOGETHER, INC. PO BOX 4827 WINCHESTER, KY 40392	82-4172445	501(C)3	22,141.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501(C)3	7,040.	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 **▶ 358.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALICE LLOYD COLLEGE 100 PURPOSE ROAD PIPPA PASSES, KY 41844	61-0492351	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ALLEGRO DANCE PROJECT, INC. 315 SIERRA DR. LEXINGTON, KY 40505	46-4066462	501(C)3	29,847.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ALLEN-CHASE FOUNDATION DBA EAGLEBROOK SCHOOL - 271 PINE NOOK ROAD P.O. BOX 7 - DEERFIELD, MA 01342-9901	04-2108341	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMEN HOUSE PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501(C)3	21,412.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICA-ISRAEL CULTURAL FOUNDATION 178 COLUMBUS AVENUE P.O. BOX 237133 NEW YORK, NY 10023	13-1664048	501(C)3	13,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV - 1001 AVENUE OF THE AMERICAS 19TH FLOOR - NEW YORK, NY 10018	23-7270753	501(C)3	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN CANCER SOCIETY - 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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE 20TH FLOOR - NEW YORK, NY 10017	13-1623886	501(C)3	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF 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 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 300 S. RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606-6637	13-5613797	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 E. 42ND STREET ROOM 400 - NEW YORK, NY 10017-5833	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	53-0196605	501(C)3	56,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN SADDLEBRED HORSE ASSOCIATION, INC. - 4083 IRON WORKS PARKWAY - LEXINGTON, KY 40511	61-1182397	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN SPIRITUAL ENSEMBLE, INC. PO BOX 21872 LEXINGTON, KY 40522-1872	20-4106910	501(C)3	9,071.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARBOR YOUTH SERVICES 536 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501(C)3	24,737.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ART CENTER OF THE BLUEGRASS 401 WEST MAIN STREET DANVILLE, KY 40422	16-1674338	501(C)3	28,524.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARTS COMMISSION OF DANVILLE/BOYLE COUNTY - 105 EAST WALNUT FISHER'S ROW 1 IN CONSTITUTION SQUARE - DANVILLE, KY 40422	61-1335123	501(C)3	8,299.	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	21,215.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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
ASPCA ATTN: FOUNDATION PARTNERSHIPS 520 EIGHTH AVENUE 7TH FLOOR - NEW YORK, NY 10	13-1623829	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASPIRE APPALACHIA, INC. P.O. BOX 1255 JACKSON, KY 41339	84-4515260	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BABY HEALTH SERVICE, INC. 1401 HARRODSBURG ROAD A-420 LEXINGTON, KY 40504	61-0518017	501(C)3	17,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BACKPACK KIDS, INC. PO BOX 802 DANVILLE, KY 40423	83-2257532	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEACON OF HOPE EMERGENCY SHELTER, INC. - 850 BYPASS ROAD - WINCHESTER, KY 40391	47-2374897	501(C)3	22,675.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEATTYVILLE HOUSING & DEVELOPMENT CORPORATION, INC. - 65 EAST MAIN STREET - BEATTYVILLE, KY 41311	61-1254002	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COLLEGE ADVANCEMENT SERVICES CPO 2216 BEREA, KY 40404	61-0444650	501(C)3	20,859.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA UNITED METHODIST CHURCH 101 FEE STREET BEREA, KY 40403-1581	61-1006556	501(C)3	6,582.	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	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS OF THE BLUEGRASS - 181 W. LOWRY LANE SUITE 150 - LEXINGTON, KY 40508	61-0523288	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG CREEK MISSIONS 90 BULLSKIN ROAD BEARBRANCH, KY 41714	26-1312622	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS 106 TIMBER LANE MOREHEAD, KY 40351	20-4794276	501(C)3	30,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUE GRASS CHRISTIAN CAMP 7463 ATHENS BOONESBORO RD LEXINGTON, KY 40509	61-0714628	501(C)3	95,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUE GRASS TRUST FOR HISTORIC PRESERVATION - 210 N. BROADWAY - LEXINGTON, KY 40507	61-0518029	501(C)3	105,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CARE NAVIGATORS 1733 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0978097	501(C)3	32,038.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COMMUNITY & TECHNICAL COLLEGE - CLARK COUNTY CAMPUS 2020 ROLLING HILLS LN - WINCHESTER, KY 40391	76-0826082	501(C)3	35,303.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COUNCIL OF THE BLIND 1093 S. BROADWAY SUITE 1214 LEXINGTON, KY 40504	61-0971827	501(C)3	11,440.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS GREENSOURCE 835 NATIONAL AVENUE LEXINGTON, KY 40502	61-1395175	501(C)3	5,612.	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	29,379.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS LAND CONSERVANCY 450 OLD VINE ST. SUITE 105 LEXINGTON, KY 40507	61-1293032	501(C)3	10,000.	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	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BROKE SPOKE COMMUNITY BIKE SHOP INC - 501 WEST SIXTH STREET SUITE 130 - LEXINGTON, KY 40508	27-3933001	501(C)3	10,052.	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	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY BAPTIST CHURCH 150 E. HIGH STREET LEXINGTON, KY 40507		501(C)3	10,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 RD PERRYVILLE, KY 40468	76-0714967	501(C)3	12,000.	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	5,829.	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	58,176.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF THE BLUEGRASS PO BOX 45 DANVILLE, KY 40423-0045	26-1841458	501(C)3	20,645.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASE ALUMNI ASSOCIATION 10900 EUCLID AVENUE NORD HALL 504 CLEVELAND, OH 44106	20-0401095	501(C)3	12,772.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATAWBA COLLEGE DEVELOPMENT OFFICE 2300 W INNES ST SALISBURY, NC 28144	56-0530251	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC DIOCESE OF LEXINGTON 1310 WEST MAIN STREET LEXINGTON, KY 40508		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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CATHOLIC EDUCATION OPPORTUNITIES FOUNDATION - 100 WEST MAIN STREET SUITE 700 - LEXINGTON, KY 40507	83-0910844	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC SOCIAL SERVICES, INC. 197 E. GAY ST. 2ND STREET COLUMBUS, OH 43123	31-4379437	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CALIFORNIA ANIMAL DISASTER TEAM - 5132 N. PALM AVE. PMB 113 - FRESNO, CA 93704-2203	45-1686477	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CHRISTIAN CHURCH 219 E. SHORT STREET LEXINGTON, KY 40507	61-0525160	501(C)3	25,713.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL EUROPEAN CHRISTIAN EDUCATION FOUNDATION - 455 MCNALLY DR - NASHVILLE, TN 37211	47-1556323	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY YOUTH ORCHESTRA 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6027055	501(C)3	36,198.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MUSIC ACADEMY 644 GEORGETOWN ST LEXINGTON, KY 40508	61-1466695	501(C)3	16,953.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRE COLLEGE OFFICE OF DEVELOPMENT 600 W. WALNUT DANVILLE, KY 40422	61-0444671	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHARLOTTE HORNETS FOUNDATION HORNETS SPORTS & ENTERTAINMENT 333 EAST TRADE STREET - CHARLOTTE, NC 28202	20-0946449	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CHILD CARE COUNCIL OF KENTUCKY INC 2501 SANDERSVILLE RD SUITE 120 LEXINGTON, KY 40511	31-1102545	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST THE KING CATHEDRAL 299 COLONY BOULEVARD LEXINGTON, KY 40502	61-1132894	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTIAN & MISSIONARY ALLIANCE ATTN: OFFICE OF DONOR ACCOUNTING 8595 EXPLORER DR - COLORADO SPRINGS, CO 809	13-1623940	501(C)3	11,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)3	37,816.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH OF GOD OF PROPHECY 2612 MORRIS CREEK ROAD STANTON, KY 40380		501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH OF THE ASCENSION 311 WASHINGTON STREET FRANKFORT, KY 40601		501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF PAINTSVILLE PO BOX 38 PAINTSVILLE, KY 41240		GOVERNMENT	6,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG PO BOX 128 SHARPSBURG, KY 40374		GOVERNMENT	21,905.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CIVICLEX 141 EAST MAIN STREET SUITE 450 LEXINGTON, KY 40507	46-1517609	501(C)3	51,235.	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	66,926.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY FISCAL COURT 34 SOUTH MAIN STREET WINCHESTER, KY 40391	61-6000993	501(C)3	102,106.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION PO BOX 4692 WINCHESTER, KY 40392	27-1281819	501(C)3	66,721.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY PUBLIC SCHOOLS 1600 W. LEXINGTON AVENUE WINCHESTER, KY 40391		PUBLIC SCHOOL	240,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY YOUTH SPORTS ASSOCIATION - 15 REDWING DRIVE - WINCHESTER, KY 40391	83-4632390	501(C)3	20,499.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLEAR CREEK BAPTIST BIBLE COLLEGE DEVELOPMENT OFFICE 300 CLEAR CREEK PINEVILLE, KY 40977	61-6002351	501(C)3	15,372.	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	49,026.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR NICH COUNTIES - PO BOX 11610 - LEXINGTON, KY 40576	61-0650121	501(C)3	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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COMMUNITY FARM ALLIANCE PO BOX 130 BEREA, KY 40403	61-1092056	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY FOUNDATION FOR GREATER ATLANTA - 191 PEACHTREE STREET NE SUITE 1000 - ATLANTA, GA 30303	58-1344646	501(C)3	84,138.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY INSPIRED SOLUTIONS PO BOX 1501 LEXINGTON, KY 40588-1501	45-2543064	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY RESPONSE COALITION OF KENTUCKY, INC. - 237 TAHOMA ROAD - LEXINGTON, KY 40503	84-2433939	501(C)3	10,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONGREGATION OF DIVINE PROVIDENCE 5300 ST. ANNE DRIVE MELBOURNE, KY 41059	61-0449660	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF LEXINGTON - 3245 LOCH NESS DR. - LEXINGTON, KY 40517	61-1339185	501(C)3	19,374.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)3	113,508.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CYNTHIANA MAIN STREET 141 E. PIKE STREET SUITE 2 CYNTHIANA, KY 41031	46-5478606	501(C)3	12,382.	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	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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DANVILLE/BOYLE COUNTY HAPPY FEET EQUALS LEARNING FEET - PO BOX 1742 - DANVILLE, KY 40423	45-5231361	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE-BOYLE COUNTY SENIOR CITIZENS INC. - 569 JEAN DRIVE - DANVILLE, KY 40422	61-0888740	501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DAVIDSON COLLEGE PO BOX 7162 DAVIDSON, NC 28035	56-0529961	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 01342-9901	04-2103563	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIRECT RELIEF 6100 WALLACE BECKNELL SANTA BARBARA, CA 93117	95-1831116	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIVINE PROVIDENCE INC DBA CATHOLIC ACTION CENTER - PO BOX 324 - LEXINGTON, KY 40588-0324	20-1895043	501(C)3	17,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	26-4549213	501(C)3	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDITH & HENRY HEUSER HEARING INSTITUTE - 117 E KENTUCKY ST - LOUISVILLE, KY 40203	61-1383955	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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EDUCATIONAL FOUNDATION INC. PO BOX 2446 CHAPELHILL, NC 27515	56-6058412	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EMERGENCY COMMUNITY FOOD PANTRY OF FRANKLIN COUNTY INC - PO BOX 48 - FRANKFORT, KY 40602	31-1047022	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EMMANUEL BAPTIST CHURCH 755 W. COLLEGE AVE. STANTON, KY 40380		501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ESPERANZA INC C/O SKW CPAS & ADVISORS 183 WALTON LEXINGTON, KY 40508	37-1910596	501(C)3	37,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ESTILL COUNTY 21ST CENTURY, INC. PO BOX 361 IRVINE, KY 40336	61-1300981	501(C)3	6,922.	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	27,547.	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	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COOPERATING PRESCHOOL 109 ROSEMENT GARDEN LEXINGTON, KY 40503	23-7212696	501(C)3	17,577.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FAYETTE COUNTY PUBLIC SCHOOLS 450 PARK PLACE GRANT ACCOUNTING ROOM 1061 - LEXINGTON, KY 40505-3412	61-6001059	PUBLIC SCHOOL	155,635.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FEED FAYETTE EATING EDUCATION AND DELIVERY INC - 2406 HARRODS POINTE TRACE - LEXINGTON, KY 40514	83-4009257	501(C)3	10,688.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - PO BOX 17408 - DENVER, CO 80217-9814	84-1522811	501(C)3	52,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST BAPTIST CHURCH 37 NORTH HIGHLAND STREET WINCHESTER, KY 40391		501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST CHRISTIAN CHURCH PO BOX 216 RICHMOND, KY 40476		501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH 171 MARKET STREET LEXINGTON, KY 40507	91-1793615	501(C)3	7,430.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH PO BOX 307 CYNTHIANA, KY 41031		501(C)3	74,717.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOOD PANTRY FOR WOODFORD COUNTY INC. - PO BOX 1066 20 FIELD OF DREAMS RD - VERSAILLES, KY 40383	47-4731398	501(C)3	5,000.	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	242,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FOSTER CARE COUNCIL OF LEXKY 2121 RICHMOND RD STE 105 LEXINGTON, KY 40502	45-4403520	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOSTERING GOODWILL PO BOX 54561 LEXINGTON, KY 40555	46-3264218	501(C)3	11,468.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOUNDATION FOR APPALACHIAN KENTUCKY - 420 MAIN STREET - HAZARD, KY 41701	61-1329396	501(C)3	955,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN COUNTY COUNCIL ON AGING 202 MEDICAL HEIGHTS DRIVE FRANKFORT, KY 40601	61-6041002	501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS & VETS HELPING PETS PO BOX 910117 LEXINGTON, KY 40591	45-3113935	501(C)3	8,920.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF HEMP PO BOX 811 WINCHESTER, KY 40392	81-0933864	501(C)3	7,633.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE CLARK COUNTY ANIMAL SHELTER - P.O. BOX 4795 - WINCHESTER, KY 40392	82-4070512	501(C)3	22,008.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE LEXINGTON SENIOR CENTER - 195 LIFE LANE - LEXINGTON, KY 40502	81-2573985	501(C)3	26,973.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF UNITED HATZALAH 208 EAST 51ST STREET SUITE 303 NEW YORK, NY 10022	11-3533002	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FUND FOR THE ARTS 803 QUARRIER STREET CHARLESTON, WV 25301	55-0614854	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FUNDACION HOMBRO A HOMBRO		501(C)3	45,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GATEWAY REGIONAL ARTS CENTER 101 E MAIN ST MT. STERLING, KY 40353	61-1224757	501(C)3	20,905.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GEORGETOWN COLLEGE OFFICE OF ADVANCEMENT 400 EAST COLLEGE STREET - GEORGETOWN, KY 40324	61-0444695	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEAN KENTUCKY 628 N. BROADWAY LEXINGTON, KY 40508	27-4087963	501(C)3	57,343.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEANINGS HOUSING INC 645 E HIGH ST LEXINGTON, KY 40502	85-2640339	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S APPALACHIAN PARTNERSHIP PO BOX 704 MCDOWELL, KY 41647	61-1391656	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S OUTREACH ESTILL COUNTY FOOD BANK - P. O. BOX 1226 - RICHMOND, KY 40476	05-0593895	501(C)3	31,922.	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	162,476.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GRACE ON THE HILL 1632 CUMBERLAND FALLS HWY CORBIN, KY 40701		501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRACE TO GLORY DISCIPLESHIP MINISTRIES INC. - PO BOX 1375 - NICHOLASVILLE, KY 40340	27-2874794	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRAYSON-JOCKEY CLUB RESEARCH FOUNDATION - 821 CORPORATE DRIVE - LEXINGTON, KY 40503	61-6031750	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREAT AMERICAN BRASS BAND FESTIVAL 105 EAST WALNUT STREET PO BOX 429 DANVILLE, KY 40423-0429	61-1214290	501(C)3	13,312.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE17 PO BOX 55190 LEXINGTON, KY 40555	20-1965942	501(C)3	29,725.	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	24,885.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARDIN COUNTY SCHOOLS 65 W. A. JENKINS RD ELIZABETHTOWN, KY 42701		PUBLIC SCHOOL	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	62-0501916	501(C)3	5,000.	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	14,711.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HARRODSBURG-MERCER COUNTY RECREATIONAL PARK BOARD - 1501 LOUISVILLE ROAD - HARRODSBURG, KY 40330	61-1279422	501(C)3	6,634.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEADLEY-WHITNEY MUSEUM 4435 OLD FRANKFORT PIKE LEXINGTON, KY 40510	61-0850306	501(C)3	11,777.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEBREW IMMIGRANT AID SOCIETY HIAS DEVELOPMENT DEPARTMENT 411 FIFTH AVENUE SUITE 1006 - NEW YORK, NY 10016	13-5633307	501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HELPING HANDS OUTREACH MINISTRIES, INC. - PO BOX 451 - IRVINE, KY 40336	46-1296475	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENRY CLAY CENTER FOR STATESMANSHIP - BOX 210 838 E HIGH ST - LEXINGTON, KY 40502	47-2531773	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENRY CLAY MEMORIAL FOUNDATION THE HENRY CLAY ESTATE 120 SYCAMORE ROAD - LEXINGTON, KY 40502	61-0461732	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HIGHLAND CHURCH OF CHRIST 813 EUCLID AVENUE PAINTSVILLE, KY 41240		501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HIGHLANDS MUSEUM AND DISCOVERY CENTER - 1620 WINCHESTER AVENUE - ASHLAND, KY 41101	31-1061542	501(C)3	15,000.	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	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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HOLY SPIRIT PARISH - NEWMAN CENTER 320 ROSE LANE LEXINGTON, KY 40508	61-0857703	501(C)3	85,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY TRINITY CATHOLIC NEWMAN CENTER - 520 W. RIORDAN ROAD - FLAGSTAFF, AZ 86001		501(C)3	100,000.	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	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTER PO BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)3	26,229.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE SPAY NEUTER CLINIC PO BOX 23 VERSAILLES, KY 40383	27-0913082	501(C)3	11,851.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOSPICE EAST, INC. 407 SHOPPERS DRIVE WINCHESTER, KY 40391	61-0993839	501(C)3	11,719.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOUSING DEVELOPMENT ALLIANCE P.O. BOX 7284 HAZARD, KY 41702	61-1253346	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INSTITUTE 193 193 NORTH LIMESTONE LEXINGTON, KY 40507	27-1871255	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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INTERNATIONAL FUND FOR ANIMAL WELFARE - 290 SUMMER STREET - YARMOUTH PORT, MA 02675	31-1594197	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ISRAEL TENNIS CENTERS FOUNDATION 3275 WEST HILLSBORO BOULEVARD SUITE 102 - DEERFIELD BEACH, FL 33442	13-2961273	501(C)3	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITN BLUEGRASS 1206 N. LIMESTONE LEXINGTON, KY 40505	26-1341780	501(C)3	22,853.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIRCLE SUITE 100 - WESTPALM BEACH, FL 33409	59-0948696	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF THE BLUEGRASS, INC. - 124 N ASHLAND AVE - LEXINGTON, KY 40502	31-0906786	501(C)3	61,640.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH NATIONAL FUND 7280 WEST PALMETTO PARK ROAD SUITE BOCARATON, FL 33434	13-1659627	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601-8932	27-0686281	501(C)3	37,236.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUST FUND EDUCATION PROJECT INC. PO BOX 21815 LEXINGTON, KY 40522-1815	20-8465456	501(C)3	14,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUSTIN KING FOUNDATION INCORPORATED - 3705 HIGH BRIDGE RD. - WILMORE, KY 40390	84-4489767	501(C)3	78,478.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KAPPA SIGMA ENDOWMENT FUND 1610 SCOTTSVILLE ROAD CHARLOTTESVILLE, VA 22902	36-6018518	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHILDREN'S HOSPITAL PO BOX 34184 LEXINGTON, KY 40588	61-6001218	501(C)3	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CONSERVATION FOUNDATION, INC. - PO BOX 1152 - FRANKFORT, KY 40602	31-0999716	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EDUCATIONAL TELEVISION 560 COOPER DRIVE LEXINGTON, KY 40502-2296	61-0722558	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY ENTREPRENEURSHIP EDUCATION NETWORK - PO BOX 910130 - LEXINGTON, KY 40591	81-1399402	501(C)3	5,176.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET SUITE 310 LEXINGTON, KY 40507	61-0909545	501(C)3	66,327.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HABITAT FOR HUMANITY, INC. - 330 NORTH HUBBARDS LANE #3 - LOUISVILLE, KY 40207	61-1267867	501(C)3	5,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HEARTWOOD, INC. P.O. BOX 1486 BEREA, KY 40403	01-0701145	501(C)3	55,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HISTORICAL SOCIETY FOUNDATION - P.O. BOX 6856 - FRANKFORT, KY 40602	61-1204590	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE SUITE B LOUISVILLE, KY 40222	61-0463938	501(C)3	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY NATURAL LANDS TRUST 433 CHESTNUT STREET BEREA, KY 40403	61-1276913	501(C)3	21,677.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY NATURE PRESERVES 300 SOWER BLVD. 4TH FLOOR FRANKFORT, KY 40601		GOVERNMENT	11,460.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES 501 W 6TH ST SUITE 250 LEXINGTON, KY 40508	61-1229842	501(C)3	23,532.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RESOURCES COUNCIL, INC. PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)3	11,651.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY SCHOOL FOR THE DEAF FOUNDATION - P.O. BOX 27 - DANVILLE, KY 40423	61-1091577	501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY STATE BEEKEEPERS ASSOCIATION - P.O. BOX 636 - LAWRENCEBURG, KY 40342	23-7116601	501(C)3	58,695.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST CHILDREN'S HOMES - 1115 ASHGROVE RD - NICHOLASVILLE, KY 40356	61-0458375	501(C)3	11,972.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KVC BEHAVIORAL HEALTHCARE KENTUCKY 2250 THUNDERSTICK DR. SUITE 1104 LEXINGTON, KY 40505	27-0795565	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LAMP AND LIGHT MINISTRIES, INC. OPEN HANDS FOOD PANTRY PO BOX 664 LAWRENCEBURG, KY 40342	20-0862587	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEE COUNTY SENIOR CENTER 611 BROADWAY STREET BEATTYVILLE, KY 41311		GOVERNMENT	11,922.	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	39,597.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEGACY GREENSCAPES P.O. BOX 4844 WINCHESTER, KY 40392	81-5257939	501(C)3	385,910.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET COVINGTON, KY 41011	61-0668572	501(C)3	12,121.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LESLIE COUNTY BOARD OF EDUCATION 108 MAPLE STREET P.O. BOX 949 HYDEN, KY 41749	61-6001300	PUBLIC SCHOOL	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET LEXINGTON, KY 40507	61-1163184	501(C)3	73,029.	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	143,657.	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	154,810.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON COMMUNITY RADIO (RADIO LEX) - P.O. BOX 526 - LEXINGTON, KY 40588-0526	36-4662643	501(C)3	22,337.	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 HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)3	35,018.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON LEADERSHIP FOUNDATION C/O DAVID COZART 436 GEORGETOWN ST LEXINGTON, KY 40508	61-1359956	501(C)3	24,929.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501(C)3	38,191.	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	28,194.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)3	88,758.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LFUCG DIVISION OF FAMILY SERVICES FAMILY CARE CENTER FACILITY 1135 HARRY SYKES WAY - LEXINGTON, KY 40504		GOVERNMENT	8,871.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIBERTY HALL HISTORIC SITE 202 WILKINSON STREET FRANKFORT, KY 40601	61-6029757	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LIFE FOR PETS PO BOX 4304 WINCHESTER, KY 40392	61-1371393	501(C)3	19,491.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)3	20,692.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LINDSEY WILSON COLLEGE DEVELOPMENT OFFICE 210 LINDSEY WILSON COLUMBIA, KY 42728	61-0444763	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIVE ACTION 2200 WILSON BLVD SUITE 102 ARLINGTON, VA 22201	42-1764425	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIVELIHOODS KNOWLEDGE EXCHANGE NETWORK (LIKEN) - 126 MAIN STREET - BERIA, KY 40403-1957	61-1199616	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	25,889.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOUISVILLE PUBLIC MEDIA 619 SOUTH 4TH STREET LOUISVILLE, KY 40202	61-1259787	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK NATURE AND HERITAGE PRESERVE - C/O WES MOODY 1401 ELKIN STATION RD. - WINCHESTER, KY 40391	61-0900865	501(C)3	32,324.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAGOFFIN COUNTY RESCUE SQUAD PO BOX 155 200 EAST MAPLE STREET SALYERSVILLE, KY 41465	51-0151531	501(C)3	31,344.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MAINE COMMUNITY FOUNDATION 245 MAIN STREET ELLSWORTH, ME 04605	01-0391479	501(C)3	84,138.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARCO SHEMWELL FOUNDATION 431 LYNNWAY DRIVE WINCHESTER, KY 40391	83-2581137	501(C)3	11,144.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARKEY CANCER FOUNDATION UNIVERSITY OF KENTUCKY 115 WALLER AVE. SUITE 204 - LEXINGTON, KY 40503	31-0944925	501(C)3	35,200.	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	326,376.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAXWELL STREET PRESBYTERIAN CHURCH 180 EAST MAXWELL LEXINGTON, KY 40508	61-0444775	501(C)3	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	76-0300816	501(C)3	8,822.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTORS & MEALS 160 LEXINGTON ROAD VERSAILLES, KY 40383	47-5354733	501(C)3	32,239.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MICAHA LEGAL SERVICES, INC. 219 E SHORT ST #2 LEXINGTON, KY 40507	81-4791143	501(C)3	15,568.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWAY UNIVERSITY OFFICE OF ADVANCEMENT 512 EAST STEP MIDWAY, KY 40347	61-0444708	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MISSION HEALTH LEXINGTON 230 SOUTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40508	20-2824933	501(C)3	13,517.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD GATEWAY HELPING HANDS 204 MOREHEAD PLAZA MOREHEAD, KY 40351	27-1346551	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILD P.O. BOX 256 MOREHEAD, KY 40351	61-1197730	501(C)3	20,593.	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
MOREHEAD-ROWAN COUNTY NEWCITY COMMUNITY DEVELOPMENT CORP. - PO BOX 1461 - MOREHEAD, KY 40351-5461	26-1890076	501(C)3	39,555.	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	19,641.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MT. STERLING-MONTGOMERY COUNTY CHAMBER OF COMMERCE - 124 N MAYSVILLE ST - MT. STERLING, KY 40353	20-2181847	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	150,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPLES HISTORICAL SOCIETY FOUNDATION - P.O. BOX 201 - NAPLES, FL 34106	61-1619223	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NATALIE'S SISTERS INC PO BOX 2074 LEXINGTON, KY 40588	47-3817463	501(C)3	6,529.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL CHRISTIAN FOUNDATION KENTUCKY - PO BOX 175 - LEXINGTON, KY 40588	58-1493949	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL ORGANIZATION FOR ARTS IN HEALTH - 3157 THIRD AVENUE - SAN DIEGO, CA 92103	82-0682604	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY 114 WOODLAND AVENUE LEXINGTON, KY 40502	53-0242652	501(C)3	35,000.	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	33,084.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW OPPORTUNITY SCHOOL FOR WOMEN, INC - 204 CHESTNUT STREET - BERE, KY 40403	61-1323868	501(C)3	10,145.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW VISTA COMMUNITIES, INC. 1351 NEWTOWN PIKE LEXINGTON, KY 40511	20-5452909	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW YORK GOTHAM YOUTH BASEBALL INC 3606 9TH ST ASTORIA, NY 11106	13-4091158	501(C)3	10,000.	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	40,466.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NIAGARA UNITED METHODIST CHURCH 760 BARREN CHURCH ROAD SOUTH HENDERSON, KY 42420		501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NOLI CDC 714 N. LIMESTONE LEXINGTON, KY 40508	46-2090782	501(C)3	26,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTH MAGOFFIN VOLUNTEER FIRE DEPARTMENT - 4845 COON CREEK ROAD - SALYERSVILLE, KY 41465	61-1401482	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)3	24,311.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE PARENT SCHOLAR HOUSE PO BOX 1458 LEXINGTON, KY 40588	61-1080310	501(C)3	7,441.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONEIDA BAPTIST INSTITUTE P.O. BOX 67 ONEIDA, KY 40972	61-0479627	501(C)3	15,372.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS INDEPENDENT SCHOOLS ATTN: JENNIFER GRAVES 310 W. 7TH S PARIS, KY 40361		PUBLIC SCHOOL	6,050.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS-BOURBON COUNTY PARKS AND RECREATION - 30 LEGION DR - PARIS, KY 40361		GOVERNMENT	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS, KY 40361	61-0676727	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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PARTNERS IN EDUCATION OF CLARK COUNTY INC. - 1600 WEST LEXINGTON AVENUE - WINCHESTER, KY 40391	27-5436682	501(C)3	21,245.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARTNERSHIP HOUSING, INC. BOX 997 BOONEVILLE, KY 41314	61-1486773	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PHOENIX RISING OF LEXINGTON KENTUCKY INC. - PO BOX 11834 - LEXINGTON, KY 40578-1834	81-3470585	501(C)3	6,308.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PHOENIX SUNS CHARITIES, INC. 201 E. JEFFERSON PHOENIX, AZ 85004	86-0633919	501(C)3	50,000.	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	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PLUS, INC. DBA VETERANS REFERRAL CENTER - 621 EUCLID AVENUE - PAINTSVILLE, KY 41240	61-1142308	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PORTER MEMORIAL BAPTIST CHURCH 4300 NICHOLASVILLE ROAD LEXINGTON, KY 40515		501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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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 ORGANIZATION (PCSO) - 389 WALLER AVENUE SUITE 100 - LEXINGTON, KY 40504	31-0994061	501(C)3	6,803.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRIMATE RESCUE CENTER INC 2515 BETHEL ROAD NICHOLASVILLE, KY 40356	61-1325369	501(C)3	9,374.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PROVIDENCE MONTESSORI SCHOOL, INC. ATTN: BUSINESS MANAGER 1209 TEXACO LEXINGTON, KY 40508-2026	31-1041787	501(C)3	51,766.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501(C)3	8,452.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RAINFOREST TRUST P.O. BOX 841 WARRENTON, VA 20188	13-3500609	501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RC ACTIVITIES INC. 8162 CHESTERSHIRE DRIVE CINCINNATI, OH 45241	06-1500537	501(C)3	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RED BIRD MISSION 70 QUEENDALE CENTER BEVERLY, KY 40913	61-0674373	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RED RIVER HISTORICAL SOCIETY AND MUSEUM - PO BOX 517 - CLAYCITY, KY 40312	86-1188820	501(C)3	6,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RIDGEPOINT CHURCH PO BOX 4 ALLEN, KY 41601		501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVER FIELDS, INC. 1201 STORY AVENUE SUITE 215 LOUISVILLE, KY 40206	61-6032501	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVER OF LIFE MINISTRIES 616 CLINTONVILLE RD. PARIS, KY 40361	61-1054191	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVERSIDE CHRISTIAN TRAINING SCHOOL - PO BOX 1 114 RIVERSIDE SCHOOL ROAD - LOSTCREEK, KY 41348	61-0621761	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS - 1300 SPORTS CENTER DRIVE - LEXINGTON, KY 40522	61-0986164	501(C)3	56,864.	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	21,048.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROUTE 23 CULTURAL HERITAGE NETWORK 7668 KY ROUTE 580 OIL SPRINGS, KY 41238	61-1383819	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROWAN COUNTY BOARD OF EDUCATION 415 WEST SUN STREET MOREHEAD, KY 40351		PUBLIC SCHOOL	6,677.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ROWLAND ARTS CENTER 57 S. MAIN STREET SUITE 2 WINCHESTER, KY 40391	81-5011439	501(C)3	105,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RUAH WOODS 6675 WESSELMAN RD. CINCINNATI, OH 45248	26-2221421	501(C)3	50,000.	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
SALVATION ARMY PO BOX 5143 FRANKFORT, KY 40602	36-2167910	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY LEXINGTON 736 WEST MAIN STREET LEXINGTON, KY 40508-2096	13-5562351	501(C)3	46,949.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAYRE CHRISTIAN VILLAGE NURSING HOME, INC. - 3775 BELLEAU WOOD DR - LEXINGTON, KY 40517	61-0937079	501(C)3	29,185.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SEEDLEAF 714 N LIMESTONE ST LEXINGTON, KY 40508	45-0582109	501(C)3	19,532.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHAKERTOWN AT PLEASANT HILL 3501 LEXINGTON ROAD HARRODSBURG, KY 40330-8846	61-0592561	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITALS FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)3	26,327.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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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
SOLAR SISTER INC 94 INTERPROMONTORY RD GREATFALLS, VA 22066	27-1185128	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SONOMA COUNTY ANIMAL RESPONSE TEAM 1415 FULTON ROAD SUITE 205-415 SANTAROSA, CA 95403	83-2039937	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET CHARLOTTESVILLE, VA 22902	52-1436778	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHLAND CHRISTIAN CHURCH 5001 HARRODSBURG ROAD NICHOLASVILLE, KY 40356	61-6013200	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPARK COMMUNITY CAFE PO BOX 873 VERSAILLES, KY 40383	82-1517160	501(C)3	11,829.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPHINK ACADEMY 1591 WINCHESTER ROAD SUITE 101 LEXINGTON, KY 40505	47-3487919	501(C)3	13,477.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPRINGDALE PRESBYTERIAN CHURCH 7812 BROWNSBORO RD LOUISVILLE, KY 40241		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	44,098.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST. CLAIRE HOSPICE AND PALLIATIVE CARE - 222 MEDICAL CIRCLE - MOREHEAD, KY 40351	61-0605336	501(C)3	8,822.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN PAUL II CATHOLIC HIGH SCHOOL - PRINCIPAL 3120 NORTH 137TH AVENUE - AVONDALE, AZ 85392	61-1815605	501(C)3	144,156.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOSEPH CATHOLIC CHURCH 248 SOUTH MAIN STREET WINCHESTER, KY 40391		501(C)3	5,000.	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	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER CATHOLIC CHURCH 153 BARR STREET LEXINGTON, KY 40507-1379		501(C)3	8,099.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER CLAVER CATHOLIC CHURCH 410 JEFFERSON STREET LEXINGTON, KY 40508	61-1132894	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. THOMAS CHURCH 232 ST. THOMAS LANE OWINGS MILLS, MD 21117		501(C)3	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STAY IN CLAY PO BOX 1337 MANCHESTER, KY 40962	46-1322064	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEP BY STEP, INC. 3320 TATES CREEK RD STE 200 LEXINGTON, KY 40502	61-1313872	501(C)3	38,909.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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STERLING COMMUNITY FOOD COALITION 515 MAYSVILLE RD. MTSTERLING, KY 40353	81-4823977	501(C)3	55,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STRIDE INC. P.O. BOX 643 WINCHESTER, KY 40392	61-0670763	501(C)3	66,430.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STS PETER AND PAUL CATHOLIC CHURCH 117 WEST MAIN STREET DANVILLE, KY 40422		501(C)3	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STS. PETER & PAUL SCHOOL ATTN: PAM RICE 133 BARR STREET LEXINGTON, KY 40507	61-1132894	501(C)3	6,000.	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	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUNRISE CHILDREN'S SERVICES - DANVILLE - 1080 SHAKERTOWN ROAD - DANVILLE, KY 40422	61-0597273	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SURGERY ON SUNDAY, INC. 1594 HARRODSBURG ROAD LEXINGTON, KY 40504	20-3187452	501(C)3	10,620.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUSTAINABLE BEREAL 107 GRANT ST BEREA, KY 40403	02-0769242	501(C)3	28,183.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SWIMCHESTER SAILFISH C/O BRITTANY NEELY 511 BOONE AVENUE WINCHESTER, KY 40391	46-2793441	501(C)3	18,597.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE ARBORETUM 500 ALUMNI DRIVE LEXINGTON, KY 40503	61-6001218	501(C)3	22,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE SUITE 400 - NASHVILLE, TN 37215-2519	62-1471789	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE GOVERNOR'S SCHOLARS PROGRAM FOUNDATION, INC. - 1024 CAPITAL CENTER DRIVE SUITE 210 - FRANKFORT, KY 40601	61-1393028	501(C)3	11,021.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE GROUNDTRUTH PROJECT 10 GUEST STREET BOSTON, MA 02135	46-0908502	501(C)3	19,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE HEARING & SPEECH CENTER 350 HENRY CLAY BOULEVARD LEXINGTON, KY 40502	61-0593951	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SCHOOL 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501(C)3	60,320.	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	66,856.	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	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PRISONER'S HOPE, INC 11501 PLANTSIDE DRIVE SUITE 10 LOUISVILLE, KY 40299	46-4488483	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE WELL OF LEXINGTON, INC. 110 E. THIRD STREET LEXINGTON, KY 40508	61-1367567	501(C)3	15,014.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THISTLE FARMS, INC. 5122 CHARLOTTE PIKE NASHVILLE, TN 37203	58-2050089	501(C)3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THOROUGHbred AFTERCARE ALLIANCE FOUNDATION - 821 CORPORATE DRIVE - LEXINGTON, KY 40503	45-4783644	501(C)3	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THREE FORKS HISTORICAL MUSEUM, INC. - 500 HIGHWAY 11 N. - BEATTYVILLE, KY 41311	30-0003193	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN BRANCH PARK 249 E MAIN ST STE 400 LEXINGTON, KY 40507	83-4621324	501(C)3	60,000.	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 THE BLUEGRASS 651 PERIMETER DRIVE SUITE 510 LEXINGTON, KY 40517	61-0444679	501(C)3	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY OFFICE OF PHILANTHROPY PO BOX 23552 LEXINGTON, KY 40523	61-6001218	501(C)3	2,523,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ATHLETICS JOE CRAFT CENTER 338 LEXINGTON AVEN LEXINGTON, KY 40506	61-0501295	501(C)3	270,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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UNIVERSITY OF THE CUMBERLANDS FINANCIAL AID OFFICE 6190 COLLEGE STATION DRIVE - WILLIAMSBURG, KY 40769-137	61-0470593	501(C)3	16,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWEESE STREET - LEXINGTON, KY 40507	61-6054655	501(C)3	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LOUISIANA 4640 S. CARROLLTON AVE. SUITE 210 NEW ORLEANS, LA 70119	72-0423627	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VERSAILLES POLICE DEPARTMENT 239 N. MAIN STREET VERSAILLES, KY 40383		GOVERNMENT	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIKING MINISTRIES INC. 370 WILLS RUPARD RD WINCHESTER, KY 40391	85-1126552	501(C)3	20,000.	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	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VOICES OF HOPE- LEXINGTON INC. 450 OLD VINE ST STE 101 LEXINGTON, KY 40507	81-0821411	501(C)3	6,936.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WANDA JOYCE ROBINSON FOUNDATION P.O. BOX 4591 FRANKFORT, KY 40601	83-1861429	501(C)3	21,622.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WATER INTO WINE FOOD PANTRY 5083 MIDDLE FORK RD. STE B SALYERSVILLE, KY 41465	46-5166435	501(C)3	11,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVENUE BUCKHANNON, WV 26201	55-0357056	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WHETSTONE BOYS RANCH 6850 CR 2660 MOUNTAIN VIEW, MO 65548	20-2577841	501(C)3	50,000.	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	12,268.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER CLARK COUNTY FARMERS MARKET - 1400 FORTUNE DRIVE - WINCHESTER, KY 40391	45-5199365	501(C)3	7,624.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER CLARK COUNTY HERITAGE COMMISSION - 28 BECKNER STREET - WINCHESTER, KY 40391	61-0900865	501(C)3	11,657.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINGS OF RESCUE 600 UNIVERSITY ST. SUITE 1000 SEATTLE, WA 98101	45-3343408	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD HUMANE SOCIETY PO BOX 44 VERSAILLES, KY 40383	61-0992070	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODS & WATERS LAND TRUST P.O. BOX 6967 FRANKFORT, KY 40602-6967	26-1340083	501(C)3	12,358.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WORD MADE FLESH PO BOX 70 WILMORE, KY 40390	58-1967768	501(C)3	17,267.	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	166	315,190.	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

2020

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	203,175.	0.	0.	20,180.	639.	223,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN DINEEN VP OF FINANCE & ADMINISTRATION	(i)	130,962.	0.	0.	13,096.	6,060.	150,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 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	150	5,170,140.	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

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

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

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

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

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

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

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

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

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

COMPLETED DURING THE CURRENT FISCAL YEAR.

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

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

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

SFAS 136 ADJUSTMENT	-5,230,648.
CHANGE IN VALUE OF CASH SURRENDER VALUE OF LIFE INSURANCE	70,987.
TOTAL TO FORM 990, PART XI, LINE 9	-5,159,661.

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Area with horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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

THE ORGANIZATION

- The books are in the care of ▶ **499 EAST HIGH STREET, SUITE 112 - LEXINGTON, KY 40507**
Telephone No. ▶ **859-225-3343** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 2,500.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

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

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

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Go to 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).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BLUE GRASS COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 499 EAST HIGH STREET, NO. 112</p> <p>City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507</p> <p>C Book value of all assets at end of year ▶ 180,680,895.</p>	<p>D Employer identification number 61-6053466</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

L The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **859-225-3343**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	- 2,208.
2 Reserved	2	
3 Add lines 1 and 2	3	- 2,208.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	- 2,208.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	- 2,208.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	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 statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a	2,500.	
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136			
7	Total payments. Add lines 6a through 6g	7		2,500.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		2,500.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 2,500. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 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
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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 _____	PRESIDENT/CEO	Title _____
			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER, CPA	06/01/22	
	Firm's name	Firm's EIN	PTIN	
	BLUE & CO., LLC	35-1178661	P00118327	
	Firm's address	Phone no.		
	813 WEST SECOND STREET SEYMOUR, IN 47274	812-522-8416		

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to 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).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization BLUE GRASS COMMUNITY FOUNDATION, INC.	B Employer identification number 61-6053466
C Unrelated business activity code (see instructions) ▶ 900000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 0.		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-2,208.		-2,208.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-2,208.		-2,208.

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement) (see instructions)		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)		14		
15 Total deductions. Add lines 1 through 14		15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		-2,208.
17 Deduction for net operating loss (see instructions)		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		-2,208.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with columns for Name of controlled organization, Employer identification number, Net unrelated income (loss), Total of specified payments made, Part of column 4 included in gross income, Deductions directly connected with income, Taxable Income, Net unrelated income (loss), Total of specified payments made, Part of column 9 included in gross income, Deductions directly connected with income. Includes rows (1)-(4) and a Totals row.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with columns for Description of income, Amount of income, Deductions directly connected, Set-asides, Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows for activity descriptions and corresponding amounts. Includes rows 1-7.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Direct advertising costs by periodical)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8.

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

<u>DESCRIPTION</u>	<u>NET INCOME OR (LOSS)</u>
FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-766.
FEG PRIVATE OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS)	-1,442.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-2,208.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0123

2020

Name BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				86.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	86.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-238.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-238.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

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 Note 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). See instructions.		(h) Gain or (loss). 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							<308.>
	FEG PRIVATE OPPORTUNITIES FUND LP							70.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								<238.>

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.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0123

2020

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				86.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	86.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-238.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-238.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18 0.

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

