

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC. D Employer identification number 61-6053466
E Telephone number 859-225-3343
G Gross receipts \$ 95,094,206.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: WWW.BGCF.ORG
K Form of organization: Corporation Trust Association Other L Year of formation: 1967 M State of legal domicile: KY

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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.

Signature of officer: LISA ADKINS, PRESIDENT/CEO
Date:
Preparer: KANDY L. WISCHMEIER, CPA
Date: 05/14/24
Firm: BLUE & CO., LLC
Address: 813 WEST SECOND STREET SEYMOUR, IN 47274

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 22,750,097. including grants of \$ 22,750,097. ) (Revenue \$ 2,501,093. ) GRANTMAKING THE COMMUNITY FOUNDATION MADE OVER 3,000 GRANTS THIS FISCAL YEAR IMPACTING MORE THAN 1,000 NONPROFIT ORGANIZATIONS AND OVER 120 SCHOLARSHIP RECIPIENTS.

4b (Code: ) (Expenses \$ 3,835,973. including grants of \$ ) (Revenue \$ ) COMMUNITY ENGAGEMENT THE COMMUNITY FOUNDATION LEADS AND CONVENES ON KEY COMMUNITY ISSUES AND PROJECTS.

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

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

4e Total program service expenses 26,586,070.

**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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 127	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b>	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>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			234,516.	0.	24,092.	
(2) BRIAN DINEEN VP OF FINANCE & ADMINISTRA	40.00			X			146,234.	0.	22,448.	
(3) TIFFANY DANIELS DIRECTOR	1.00	X					0.	0.	0.	
(4) NOA GIMELLI DIRECTOR	1.00	X					0.	0.	0.	
(5) VANESSA GROSSL DIRECTOR	1.00	X					0.	0.	0.	
(6) LISA HIGGINS-HORD DIRECTOR	1.00	X					0.	0.	0.	
(7) SUSAN KRAUSS DIRECTOR	1.00	X					0.	0.	0.	
(8) DARYL LOVE DIRECTOR	1.00	X					0.	0.	0.	
(9) MARSHA MOORS-CHARLES DIRECTOR	1.00	X					0.	0.	0.	
(10) WALTER MORRIS DIRECTOR	1.00	X					0.	0.	0.	
(11) DREW RODRIGUEZ DIRECTOR	1.00	X					0.	0.	0.	
(12) ART SALOMON DIRECTOR	1.00	X					0.	0.	0.	
(13) SUZANNE SHAFFAR DIRECTOR	1.00	X					0.	0.	0.	
(14) ANTHONY B. THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(15) ANDY REYNOLDS CHAIR	5.00	X		X			0.	0.	0.	
(16) MICHELLE HOLLINGSHEAD VICE CHAIR	5.00	X		X			0.	0.	0.	
(17) SALVADOR SANCHEZ SECRETARY	5.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BILL ALVERSON TREASURER	5.00	X		X				0.	0.	0.
(19) CAROLYN F. PURCELL SCHOLARSHIPS CHAIR	5.00	X		X				0.	0.	0.
(20) FRAN TAYLOR PAST BOARD CHAIR	5.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								380,750.	0.	46,540.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								380,750.	0.	46,540.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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	303,595.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	46,563,896.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		46,563,896.				
Program Service Revenue	<b>2 a</b>	COMMUNITY SUPPORT FEES	Business Code					
			624110	2,399,505.	2,399,505.			
	<b>b</b>	MEMBERSHIPS	624110	97,006.	97,006.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		2,496,511.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		7,233,725.		403,090.	6830635.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	4,582.			
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	4,582.				
	<b>d</b>	Net rental income or (loss) .....		4,582.	4,582.			
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	38,795,492.			
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	37,934,584.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	860,908.				
<b>d</b>	Net gain or (loss) .....		860,908.			860,908.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			57,159,622.	2,501,093.	403,090.	7691543.	

**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	22,295,360.	22,295,360.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	454,737.	454,737.		
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	440,278.	236,325.	175,583.	28,370.
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	793,579.	425,963.	316,480.	51,136.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,614.	35,219.	26,167.	4,228.
9 Other employee benefits	79,922.	42,899.	31,873.	5,150.
10 Payroll taxes	87,718.	47,084.	34,982.	5,652.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,215.		12,215.	
c Accounting	12,215.		12,215.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	698,029.	698,029.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	87,747.	32,381.	48,427.	6,939.
12 Advertising and promotion	142,895.	128,605.		14,290.
13 Office expenses	82,586.		82,586.	
14 Information technology	130,513.		22,442.	108,071.
15 Royalties				
16 Occupancy	29,791.		29,791.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,871.		55,871.	
20 Interest	16,969.		16,969.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,829.	18,779.	10,822.	2,228.
23 Insurance	21,489.		21,489.	
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 <b>COMMUNITY SUPPORT FEES</b>	2,063,043.	2,063,043.		
b <b>OTHER INSURANCE PREMIUM</b>	95,987.	95,987.		
c <b>SERVICE AGREEMENTS</b>	81,477.		81,477.	
d <b>MEMBERSHIP DUES &amp; LICEN</b>	32,312.		32,312.	
e All other expenses	40,900.	11,659.	17,582.	11,659.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>27,853,076.</b>	<b>26,586,070.</b>	<b>1,029,283.</b>	<b>237,723.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	12,893,978.	<b>2</b>	21,660,097.
	<b>3</b> Pledges and grants receivable, net .....	307,417.	<b>3</b>	292,417.
	<b>4</b> Accounts receivable, net .....	0.	<b>4</b>	348.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,093,243.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 552,507.	<b>10c</b>	540,736.
	<b>11</b> Investments - publicly traded securities .....	165,199,579.	<b>11</b>	191,857,592.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,121,824.	<b>15</b>	9,021,873.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	187,166,931.	<b>16</b>	223,373,063.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,289.	<b>17</b>	3,746.
	<b>18</b> Grants payable .....	787,104.	<b>18</b>	908,223.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	17,458,320.	<b>21</b>	21,191,871.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	465,338.	<b>23</b>	450,308.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,716,051.	<b>26</b>	22,554,148.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,068,465.	<b>27</b>	727,186.
	<b>28</b> Net assets with donor restrictions .....	167,382,415.	<b>28</b>	200,091,729.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	168,450,880.	<b>32</b>	200,818,915.
<b>33</b> Total liabilities and net assets/fund balances .....	187,166,931.	<b>33</b>	223,373,063.	

**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	57,159,622.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,853,076.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,306,546.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168,450,880.
5	Net unrealized gains (losses) on investments	5	6,793,573.
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	-3,732,084.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,818,915.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18541237.	17159035.	22429835.	43476808.	46563896.	148170811
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	18541237.	17159035.	22429835.	43476808.	46563896.	148170811
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						35261736.
<b>6 Public support.</b> Subtract line 5 from line 4.						112909075

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	18541237.	17159035.	22429835.	43476808.	46563896.	148170811
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4166825.	3302764.	3303023.	5885055.	6830635.	23488302.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	-58,124.	-18,420.	-2,208.	1,399.	403,090.	325,737.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,856.					20,856.
<b>11 Total support.</b> Add lines 7 through 10						172005706
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	8,978,203.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	65.64 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	73.52 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>18,782,145.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>3,500,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>2,190,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>2,111,608.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>961,384.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>18,782,145.</u>	<u>12/21/22</u>
2	REAL ESTATE _____ _____ _____	\$ <u>3,500,000.</u>	<u>08/10/22</u>
4	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>2,111,608.</u>	<u>01/20/23</u>
6	PUBLICLY TRADED STOCK _____ _____ _____	\$ <u>961,384.</u>	<u>02/15/23</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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 .....	395	
2 Aggregate value of contributions to (during year) .....	31,740,582.	
3 Aggregate value of grants from (during year) .....	13,319,175.	
4 Aggregate value at end of year .....	117,220,090.	
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 July 25,2006, 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? .....

Yes  No

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)? .....

Yes  No

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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	111,727,250.	124,343,621.	90,756,067.	92,641,008.	87,887,561.
b Contributions	6,761,782.	4,695,716.	5,400,688.	3,839,463.	5,283,927.
c Net investment earnings, gains, and losses	10,618,303.	-12,643,545.	31,895,480.	-1,570,396.	3,024,735.
d Grants or scholarships	3,782,619.	3,810,106.	3,283,559.	3,254,381.	3,079,912.
e Other expenditures for facilities and programs					
f Administrative expenses	1,252,073.	858,436.	425,055.	899,627.	475,303.
g End of year balance	124,072,643.	111,727,250.	124,343,621.	90,756,067.	92,641,008.

- 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 checked="" type="checkbox"/> |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		656,314.	175,446.	480,868.
c Leasehold improvements				
d Equipment		436,929.	377,061.	59,868.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				540,736.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

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

**PART V, LINE 4:**

ENDOWED ASSETS INCLUDE THOSE ASSETS OF DONOR RESTRICTED FUNDS THAT THE

**Part XIII** Supplemental Information (continued)

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

PART X, LINE 2:

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

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2023 AND 2022, 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 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

Schedule F (Form 990) 2022

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH - EVP 1789 MASSACHUSETTS AVE, NW - WASHINGTON, DC 20036	53-0218495	501(C)3	2,700,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS - 200 EAST MAIN STREET SIXTH FLOOR - LEXINGTON, KY 40507		GOVERNMENT	851,106.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROBERT L. BROWN FOUNDATION, INC. 499 E HIGH STREET SUITE 112 LEXINGTON, KY 40507	88-2334409	501(C)3	759,021.	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	611,032.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONTGOMERY COUNTY COMMUNITY FOUNDATION - 119 EAST MAIN STREET - PO BOX 334 - CRAWFORDSVILLE, IN 47933	35-1836315	501(C)3	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE MR. HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE., SUITE 110 STUDIO CITY, CA 91604	95-4604927	501(C)3	350,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **367.**

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

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLOYD COUNTY COMMUNITY FOUNDATION AT THE FOUNDATION FOR APPALACHIAN KENTUCKY - PO BOX 1734 - PRESTONSBURG, KY 41653	61-1329396	501(C)3	322,494.	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	317,241.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN BRANCH PARK ATTN: BEN SHAFFAR 249 E MAIN ST STE LEXINGTON, KY 40507	83-4621324	501(C)3	311,513.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WHETSTONE BOYS RANCH 6850 CR 2660 MOUNTAIN VIEW, MO 65548	20-2577841	501(C)3	300,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEGACY GREENSCAPES P.O. BOX 4844 WINCHESTER, KY 40392	81-5257939	501(C)3	299,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOUSING DEVELOPMENT ALLIANCE P.O. BOX 7284 HAZARD, KY 41702	61-1253346	501(C)3	270,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC EDUCATION FOR YOUTH FOUNDATION, INC. - PO BOX 2439 - ASHLAND, KY 41105-2439	61-1169325	501(C)3	250,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROWN HILL CEMETERY PO BOX 183 SHARPSBURG, KY 40374	80-0654604	501(C)3	181,839.	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	173,699.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON RESCUE MISSION PO BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)3	161,639.	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	157,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)3	156,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD'S CREEK NATURE AND HERITAGE PRESERVE - C/O KARIS PUMPHREY 6691 COLBY ROAD - WINCHESTER, KY 40391	87-0934883	501(C)3	151,709.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
APPALACHIAN ARTISAN CENTER OF KENTUCKY INC - PO BOX 833 - HINDMAN, KY 41822	61-1369294	501(C)3	150,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE WORKING WORLD, INC. C/O SEED COMMONS 228 PARK AVENUE SOUTH, SUITE 65768 - NEW YORK, NY 10003-150	20-2264584	501(C)3	150,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST METHODIST CHURCH PO BOX 307 CYNTHIANA, KY 41031		CHURCH	140,156.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHEDRAL OF CHRIST THE KING ATTN: BUSINESS MANAGER 299 COLONY B LEXINGTON, KY 40502	61-1132894	501(C)3	137,731.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROWLAND ARTS CENTER 57 S. MAIN STREET, SUITE 2 WINCHESTER, KY 40391	81-5011439	501(C)3	132,199.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPERANZA INC C/O SKW CPAS & ADVISORS 183 WALTON LEXINGTON, KY 40508	37-1910596	501(C)3	128,860.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS AP MAIN ACCOUNT PO BOX 55490 LEXINGTON, KY 40555	61-6001059	501(C)3	124,032.	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	120,582.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REDWOOD COOPERATIVE SCHOOL 166 CRESTWOOD DR LEXINGTON, KY 40503	47-3474333	501(C)3	116,667.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY LAW ENFORCEMENT MEMORIAL FOUNDATION, INC. - 4449 KIT CARSON DRIVE - RICHMOND, KY 40475	61-1356926	501(C)3	109,600.	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	106,907.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY STATE TREASURER TEAM EASTERN KENTUCKY FLOOD RELIEF FUND 500 MERO STREET, 218 NC - FRANKFORT,		GOVERNMENT	106,667.	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	106,577.	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	104,585.	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.)

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EKVNV YEFOLCVLKE P.O. BOX 148 WEOGUFKA, AL 35183	81-2293314	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARH FOUNDATION FOR HEALTHIER COMMUNITIES INC. - PO BOX 8086 - LEXINGTON, KY 40533	20-4840007	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR THIRD WORLD ORGANIZING 1714 FRANKLIN STREET SUITE 100-245 OAKLAND, CA 94612	52-1211059	501(C)3	100,000.	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
HOUSING ORIENTED MINISTRIES ESTABLISHED FOR SERVICES INC. - 65 BENTLEY AVE - WHITESBURG, KY 41858	61-1060053	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KNOTT COUNTY LONG TERM RECOVERY GROUP, INC. - C/O BANK OF HINDMAN PO BOX 786 - HINDMAN, KY 41822	92-0533311	501(C)3	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CENTER FOR EDUCATION LEADERSHIP INC. - 87 C. MICHAEL DAVENPORT BLVD - FRANKFORT, KY 40601	31-1105518	501(C)3	100,000.	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	93,716.	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	92,576.	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.)

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CYNTHIANA-HARRISON COUNTY CHAMBER TRUST INC - 141 EAST PIKE STREET, SUITE 3 - CYNTHIANA, KY 41031	83-3420902	501(C)3	86,419.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CIVICLEX PAM MILLER DOWNTOWN ARTS CENTER 141 EAST MAIN STREET, SUITE 400 - LEXINGTON,	46-1517609	501(C)3	84,768.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOLLYWOOD FOUNDATION - DOLLY PARTON'S IMAGINATION LIBRARY - 111 E MAIN ST, 2ND FLOOR - SEVIERVILLE, TN 37862	62-1348105	501(C)3	79,034.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF THE BLUEGRASS - P.O. BOX 22414 - LEXINGTON, KY 40522	61-0986164	501(C)3	78,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE - CLARK COUNTY CAMPUS 2020 ROLLING HILLS LN - WINCHESTER, KY 40391		SCHOOL	75,331.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
APPALSHOP, INC. PO BOX 1325 WHITESBURG, KY 41858	61-0890210	501(C)3	75,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HINDMAN SETTLEMENT SCHOOL PO BOX 844 51 CENTER STREET HINDMAN, KY 41822	61-0447248	501(C)3	75,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - C/O PNC BANK PO BOX 931113 - CLEVELAND, OH 44193	61-6033693	501(C)3	72,803.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY 114 WOODLAND AVENUE LEXINGTON, KY 40502	53-0242652	501(C)3	70,000.	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.)

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CLARK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS INC DBA STRIDE, INC. - P.O. BOX 643 - WINCHESTER, KY 40392	61-0670763	501(C)3	68,818.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY YOUTH ORCHESTRA SOCIETY, INC. - 161 NORTH MILL STREET - LEXINGTON, KY 40507	61-6027055	501(C)3	67,999.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HEARTWOOD, INC. P.O. BOX 1486 BERE A, KY 40403	01-0701145	501(C)3	67,667.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE, INC. - COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE - PO BOX 1870 - MERRIFIELD, VA 22116	13-1685039	501(C)3	66,000.	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	65,339.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARD AS NAILS MINISTRIES INC. ATTN: KAREN PULLANO 905 7TH NORTH S LIVERPOOL, NY 13088	36-4562815	501(C)3	65,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)3	63,045.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501(C)3	60,634.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY FOUNDATION OF WEST KENTUCKY - PO BOX 7 - PADUCAH, KY 42001	61-1304905	501(C)3	59,306.	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.)

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HOLY TRINITY CATHOLIC NEWMAN CENTER - 520 W. RIORDAN ROAD - FLAGSTAFF, AZ 86001	53-0196617	501(C)3	58,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY RESPONSE COALITION OF KENTUCKY, INC. - 153 PATCHEN DRIVE SUITE 39 - LEXINGTON, KY 40517	84-2433939	501(C)3	56,466.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE NEST - CENTER FOR WOMEN, CHILDREN AND FAMILIES - 530 NORTH LIMESTONE STREET - LEXINGTON, KY 40508	31-0904247	501(C)3	55,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501(C)3	54,512.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BREATHITT HIGH SCHOOL PO BOX 750 420 COURT STREET JACKSON, KY 41339		SCHOOL	54,450.	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	50,941.	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	50,345.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAVE THE CHILDREN FEDERATION, INC. ATTN: GIFT PROCESSING 501 KINGS HIGHWAY EAST, SUITE 400 - FAIRFIELD, CT 0682	06-0726487	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITING VOICES ATTN: DEVELOPMENT 78 E WASHINGTON S CHICAGO, IL 60602	51-0140419	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

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BEWELL IN SCHOOL 357 PRESTON AVE. LEXINGTON, KY 40502	83-4463338	501(C)3	50,000.	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	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPRINGDALE PRESBYTERIAN CHURCH 7812 BROWNSBORO RD LOUISVILLE, KY 40241		CHURCH	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OLD FRIENDS, INC. 1841 PAYNES DEPOT ROAD GEORGETOWN, KY 40324	20-0049798	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CIVIC ENGAGEMENT TABLE INC. - 2508 PORTLAND AVE STE 14 - LOUISVILLE, KY 40212	83-2413836	501(C)3	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COALITION FOUNDATION PO BOX 596 WINCHESTER, KY 40392	86-1380829	501(C)3	48,655.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CHRISTIAN CHURCH 219 E. SHORT STREET LEXINGTON, KY 40507	61-0525160	501(C)3	47,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF WINCHESTER C/O WINCHESTER FIRST PO BOX 40 WINCHESTER, KY 40392		GOVERNMENT	47,525.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RURAL WOMEN PEACE LINK P.O. BOX 7303-30100 KENYATTA STREET ELDORET, KENYA		SCHOOL	46,730.	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.)

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HOLY SPIRIT PARISH / UK CATHOLIC NEWMAN CENTER - 320 ROSE LANE - LEXINGTON, KY 40508	61-0857703	501(C)3	46,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER'S EPISCOPAL CHURCH 311 HIGH STREET PARIS, KY 40361		CHURCH	45,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY MARKEY CANCER FOUNDATION INC. - 115 WALLER AVE, STE 204 - LEXINGTON, KY 40503	31-0944925	501(C)3	45,000.	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	44,211.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CARE NAVIGATORS 1733 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0978097	501(C)3	43,270.	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	42,539.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIGHTHOUSE MINISTRIES, INC. P.O. BOX 54494 LEXINGTON, KY 40555	52-2137309	501(C)3	42,197.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE17 PO BOX 55190 LEXINGTON, KY 40555-5190	20-1965942	501(C)3	42,103.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG MAYOR DEBORAH COLE PO BOX 128 SHARPSBURG, KY 40374		GOVERNMENT	41,992.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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CROSSROADS CHRISTIAN CHURCH ATTN: GIVING 3500 MADISON ROAD CINCINNATI, OH 45209	61-1133403	501(C)3	40,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITALS FOR CHILDREN 110 CONN TERRACE LEXINGTON, KY 40508	36-2193608	501(C)3	40,198.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF CENTRAL KENTUCKY 381 W LOUDON AVE LEXINGTON, KY 40508	61-0444842	501(C)3	40,181.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION 275 W. LEXINGTON AVE WINCHESTER, KY 40391	27-1281819	501(C)3	40,105.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS 106 TIMBER LANE MOREHEAD, KY 40351	20-4794276	501(C)3	39,984.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON SCHOOL INC 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501(C)3	39,520.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS LAND CONSERVANCY 450 OLD VINE ST., STE 200 LEXINGTON, KY 40507	61-1293032	501(C)3	37,543.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARCO SHEMWELL FOUNDATION 431 LYNNWAY DRIVE WINCHESTER, KY 40391	83-2581137	501(C)3	36,383.	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	36,352.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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FAYETTE ALLIANCE FOUNDATION, INC. 169 N LIMESTONE, SUITE 1B LEXINGTON, KY 40507	47-2128336	501(C)3	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF LOUISVILLE FOUNDATION, INC - PO BOX 772050 - CHICAGO, IL 60677-2050	23-7078461	501(C)3	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHAKERTOWN AT PLEASANT HILL KENTUCKY INC. DBA SHAKER VILLAGE OF PLEASANT HILL - 3501 LEXINGTON ROAD - HARRODSBURG, KY 40330-8846	61-0592561	501(C)3	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPHINK ACADEMY 1591 WINCHESTER ROAD, SUITE 101 LEXINGTON, KY 40505	47-3487919	501(C)3	32,489.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUNRISE CHILDREN'S SERVICES 1080 SHAKERTOWN ROAD DANVILLE, KY 40422	61-0597273	501(C)3	31,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEAN KENTUCKY 628 N. BROADWAY LEXINGTON, KY 40508	27-4087963	501(C)3	30,992.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF FRANKFORT, KY 800 LOUISVILLE ROAD FRANKFORT, KY 40601		GOVERNMENT	30,599.	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	30,395.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ACCESS MINISTRIES KY INC DBA MCLEOD'S COFFEE HOUSE - P.O. BOX 12106 - LEXINGTON, KY 40580	83-1337245	501(C)3	30,329.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXARTS ARTSPLACE 161 NORTH MILL STREET LEXINGTON, KY 40507	61-1163184	501(C)3	30,271.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501(C)3	30,192.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. LUKE CHURCH 2351 ALUMNI DRIVE LEXINGTON, KY 40517	61-0945448	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 50 EAST NORTH TEMPLE, FLOOR 22 - SALT LAKE CITY, UT 84150	87-0234341	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHAPING OUR APPALACHIAN REGION INC. - 137 MAIN ST STE 300 - PIKEVILLE, KY 41501	37-1760428	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CADDIE 127 INC. 20 AVENUE OF CHAMPIONS NICHOLASVILLE, KY 40356	84-4914511	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FLORIDA STATE UNIVERSITY FOUNDATION - 325 W. COLLEGE AVENUE - TALLAHASSEE, FL 32301	59-6152180	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PISGAH PRESBYTERIAN CHURCH 710 PISGAH PIKE VERSAILLES, KY 40383		CHURCH	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHEPHERD'S HOUSE, INC. 365 WALLER AVE, STE 230 LEXINGTON, KY 40504	61-1105573	501(C)3	28,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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BLUEGRASS HERITAGE MUSEUM, INC 217 SOUTH MAIN STREET WINCHESTER, KY 40391	61-1377512	501(C)3	28,636.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMON GOOD COMMUNITY DEVELOPMENT CORPORATION - 1015 N LIMESTONE ST - LEXINGTON, KY 40505	45-3950421	501(C)3	28,549.	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	28,440.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RADIOLEX P.O. BOX 526 LEXINGTON, KY 40588-0526	36-4662643	501(C)3	28,360.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTOPHER 2X GAME CHANGERS INC. 1800 MUHAMMAD ALI BLVD, STE 2D2 LOUISVILLE, KY 40203	83-0655030	501(C)3	28,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARNEGIE CENTER FOR LITERACY & LEARNING - 251 WEST SECOND STREET - LEXINGTON, KY 40507	61-1185631	501(C)3	27,735.	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	27,244.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSION HEALTH LEXINGTON 230 S MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)3	26,684.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST CHILDREN'S HOMES - PO BOX 930 - NICHOLASVILLE, KY 40340	61-0458375	501(C)3	26,267.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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EASTERN KENTUCKY UNIVERSITY FOUNDATION - ATTN: CARRIE FOSTER 521 LANCASTER AVENUE CPO 19 - RICHMOND, KY 40475	61-1131682	501(C)3	25,424.	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	25,317.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK, NY 10017	13-1623886	501(C)3	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF HEBREW UNIVERSITY - 1930 HARRISON STREET SUITE 201 - HOLLYWOOD, FL 33020	13-1568923	501(C)3	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICANS FOR BEN-GURION UNIVERSITY INC - 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
LIVING ARTS AND SCIENCE CENTER 362 NORTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	61-0675663	501(C)3	25,110.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BUSINESS EXECUTIVES FOR NATIONAL SECURITY - 1030 15TH ST NW SUITE 200 EAST - WASHINGTON, DC 20005	52-1271179	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NOLI CDC 101 W. LOUDON AVE. SUITE 150 LEXINGTON, KY 40508	46-2090782	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRE COLLEGE OFFICE OF DEVELOPMENT AND ALUMNI ENGAGEMENT 600 W. WALNUT STREET - DANVILLE,	61-0444671	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY RIVER REGIONAL HUMANE SOCIETY INC. - PO BOX 465 - HAZARD, KY 41702	61-1155329	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHALLENGER LEARNING CENTER OF KENTUCKY - PO BOX 2064 - HAZARD, KY 41702	31-1492348	501(C)3	25,000.	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	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADOPT ME BLUEGRASS PET RESCUE PO BOX 202 LAGRANGE, KY 40031	30-0845133	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRESTONWOOD CHRISTIAN ACADEMY 6801 WEST PARK BLVD. PLANO, TN 75093	75-2707809	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRACE CHRISTIAN CHURCH OF SCOTT COUNTY INC - 1648 LEXINGTON RD - GEORGETOWN, KY 40324	61-1162799	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOUISVILLE CENTRAL COMMUNITY CENTER - 1300 W MUHAMMAD ALI BLVD - LOUISVILLE, KY 40203	61-0590743	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MUSANA COMMUNITY DEVELOPMENT ORGANIZATION - 8100 E ARAPAHOE RD, STE 305 - CENTENNIAL, CO 80112	26-4198446	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMPIONS 4 CHILDREN INC. 16600 BEAR CUB COURT FORT MYERS, FL 33908	81-1114307	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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COMMUNITY AGRICULTURAL AND NUTRITIONAL ENTERPRISES INC. - P.O. BOX 211 - WHITESBURG, KY 41858	81-1583005	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE, SUITE B LOUISVILLE, KY 40222	61-0463938	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHSIDE COMMON MARKET 101 W. LOUDON AVE SUITE 150 LEXINGTON, KY 40508	83-4226201	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLE FORK VOLUNTEER FIRE DEPT. PO BOX 433 SALYERSVILLE, KY 41465	14-1903983	501(C)3	24,802.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS INDEPENDENT SCHOOLS ATTN: JENNIFER GRAVES 310 W. 7TH S PARIS, KY 40361		SCHOOL	24,136.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTER PO BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)3	24,096.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF CYNTHIANA ATTN: MAYOR JAMES SMITH 141 E. PIKE CYNTHIANA, KY 41031		GOVERNMENT	23,925.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601-8932	27-0686281	501(C)3	23,169.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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BEREA COLLEGE ADVANCEMENT SERVICES CPO 2216 BEREA, KY 40404	61-0444650	501(C)3	22,946.	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	22,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MUSTARD SEED COMMUNITIES 29 JANES AVENUE MEDFIELD, MA 02052	58-1657207	501(C)3	22,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILD P.O. BOX 256 MOREHEAD, KY 40351	61-1197730	501(C)3	22,189.	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	21,318.	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	21,279.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ALLEGRO DANCE PROJECT, INC. 315 SIERRA DR. LEXINGTON, KY 40505	46-4066462	501(C)3	21,252.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONEIDA BAPTIST INSTITUTE P.O. BOX 67 ONEIDA, KY 40972	61-0479627	501(C)3	21,098.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EXPLORIUM OF LEXINGTON 440 W SHORT ST LEXINGTON, KY 40507	61-1183278	501(C)3	20,908.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)3	20,461.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RED OAKS CENTER FOR NATURE AND THE ARTS, INC. - 3200 BLENHEIM WAY - LEXINGTON, KY 40503	82-2119872	501(C)3	20,394.	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
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD. ERLANGER, KY 41018	26-4549213	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTIAN APPALACHIAN PROJECT CAP DEVELOPMENT OFFICE PO BOX 55911 LEXINGTON, KY 40555-5911	61-0661137	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RUAH WOODS 6675 WESSELMAN RD. CINCINNATI, OH 45248	26-2221421	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLEMSON UNIVERSITY FOUNDATION ANNUAL GIVING OFFICE PO BOX 1889 CLEMSON, SC 29633-1889	57-0426335	501(C)3	20,000.	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
SOUTHLAND CHRISTIAN CHURCH PO BOX 23338 LEXINGTON, KY 40523-3338	61-6013200	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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BLUE GRASS TRUST FOR HISTORIC PRESERVATION - 210 N. BROADWAY - LEXINGTON, KY 40507	61-0518029	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS, KY 40361	61-0676727	501(C)3	20,000.	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	19,820.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TALL TIMBERS FOUNDATION, INC. ATTN: CRYSTAL DAVIS 13093 HENRY BEADEL DRIVE - TALLAHASSEE, FL 32312	59-3681376	501(C)3	19,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DELTA WATERFOWL FOUNDATION ATTN: DR. SCOTT PETRIE 1412 BASIN A BISMARCK, ND 58504	53-0259796	501(C)3	19,617.	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	18,794.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF HEMP PO BOX 811 WINCHESTER, KY 40392	81-0933864	501(C)3	18,610.	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	18,539.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD OPTIMIST CLUB INC. C/O BILL REDWINE, PRESIDENT 446 FOREST HILLS DRIVE - MOREHEAD, KY 40351	61-6038425	501(C)3	18,000.	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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NEWTON'S ATTIC 4974 OLD VERSAILLES ROAD LEXINGTON, KY 40510-9756	52-2115824	501(C)3	17,911.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	17,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF PARKS AND RECREATION 15 WHEELER AVE WINCHESTER, KY 40391	85-3909990	501(C)3	17,182.	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	17,073.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARTNERS IN EDUCATION OF CLARK COUNTY INC. - 620 BOONE AVE - WINCHESTER, KY 40391	27-5436682	501(C)3	17,064.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY & TECHNICAL COLLEGE FOUNDATION OF ASHLAND INC - 1400 COLLEGE DRIVE - ASHLAND, KY 41101	61-1274401	501(C)3	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODS & WATERS LAND TRUST 306 W MAIN ST STE 602 FRANKFORT, KY 40601	26-1340083	501(C)3	16,946.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SEEDLEAF 714 N LIMESTONE ST LEXINGTON, KY 40508	45-0582109	501(C)3	16,867.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTORS & MEALS 160 LEXINGTON ST VERSAILLES, KY 40383	47-5354733	501(C)3	16,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)3	16,763.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY NATURAL LANDS TRUST 433 CHESTNUT STREET BEREA, KY 40403	61-1276913	501(C)3	16,612.	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	16,486.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHARLIE'S HEART CHARITY 41 DAMON COURT WINCHESTER, KY 40391	84-4793525	501(C)3	16,462.	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	16,260.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY YOUTH ATHLETICS PO BOX 4765 WINCHESTER, KY 40392	85-1916822	501(C)3	16,128.	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	16,084.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER BLACK HISTORY HERITAGE COMMITTEE - PO BOX 4494 - WINCHESTER, KY 40392	47-2220858	501(C)3	16,043.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MADISON COUNTY PUBLIC LIBRARY 507 WEST MAIN STREET RICHMOND, KY 40475	61-1158963	501(C)3	15,741.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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BLUEGRASS GREENSOURCE 835 NATIONAL AVENUE LEXINGTON, KY 40502	61-1395175	501(C)3	15,718.	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	15,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RURAL HEALTH COLLABORATIVE - 651 COMANCHE TRAIL - FRANKFORT, KY 40601	85-1600980	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANKLIN COUNTY SCHOOLS ATTN: FINANCE 190 KINGS DAUGHTERS D FRANKFORT, KY 40601		SCHOOL	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEE INITIATIVE INC. 610 W MAGNOLIA AVE LOUISVILLE, KY 40208	82-3884798	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH 200 W. HIGH STREET LEXINGTON, KY 40507		CHURCH	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY CHRISTIAN ACADEMY OF LEXINGTON - 3900 RAPID RUN DR - LEXINGTON, KY 40515	45-4109893	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WE ARE FAMILY 1801 REYNOLDS AVE UNIT B NORTH CHARLESTON, SC 29405	57-1008020	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASHLAND BLAZER HIGH SCHOOL 1500 BLAZER BLVD ASHLAND, KY 41102		SCHOOL	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FELLOWSHIP OF CHRISTIAN ATHLETES 841 CORPORATE DRIVE, SUITE #105 LEXINGTON, KY 40503	44-0610626	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COACHES FOR THE KIDS INC 2421 MEMBERS WAY LEXINGTON, KY 40504	82-1164766	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODSONGS FRONT PORCH ASSOCIATION INCORPORATED - PO BOX 200 - LEXINGTON, KY 40588	81-4438770	501(C)3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH COMMUNITY OF LOUISVILLE, INC. - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)3	15,000.	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	15,000.	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	14,667.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISTRICT 3 VOLUNTEER FIRE DEPARTMENT - 5625 ROYALTON ROAD - SALYERSVILLE, KY 41465	31-1550369	501(C)3	14,153.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER COMMUNITY WORK GROUP 30 TAYLOR AVE WINCHESTER, KY 40391	84-1157651	501(C)3	13,993.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON LEADERSHIP FOUNDATION PO BOX 54642 LEXINGTON, KY 40555	61-1359956	501(C)3	13,819.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST. PETER CATHOLIC CHURCH 125 BARR ST LEXINGTON, KY 40507		CHURCH	13,642.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY RESOURCES COUNCIL, INC. PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)3	13,551.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OPERATION MAKING A CHANGE PO BOX 23238 LEXINGTON, KY 40523	85-4368150	501(C)3	13,546.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY NATURE PRESERVES 300 SOWER BLVD., 4TH FLOOR FRANKFORT, KY 40601		GOVERNMENT	13,454.	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	13,447.	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
SURGERY ON SUNDAY, INC. 1594 HARRODSBURG ROAD LEXINGTON, KY 40504	20-3187452	501(C)3	13,101.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GLEANINGS HOUSING INC 286 MALABU CT. LEXINGTON, KY 40502	85-2640339	501(C)3	13,067.	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	12,659.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FAYETTE COUNTY BAR FOUNDATION, INC. - 219 NORTH UPPER STREET - LEXINGTON, KY 40507	20-4761072	501(C)3	12,519.	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	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHALLENGER TENNIS CHARITY, INC. - C/O MS. BROOKS LUNDY, LEX TENNIS CLUB 410 REDDING RD - LEXINGTON, KY 40517	90-0793920	501(C)3	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PRIDE CENTER 389 WALLER AVE STE 100 LEXINGTON, KY 40504	31-0994061	501(C)3	12,480.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUE GRASS COUNCIL BOY SCOUTS OF AMERICA - BSA-204 2134 NICHOLASVILLE ROAD, SUITES 3 & 4 - LEXINGTON, KY 40503	61-0444653	501(C)3	12,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITNBLUEGRASS 1206 N. LIMESTONE LEXINGTON, KY 40505	26-1341780	501(C)3	12,292.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE JUSTIN KING FOUNDATION INCORPORATED - 3705 HIGH BRIDGE RD. - WILMORE, KY 40390	84-4489767	501(C)3	12,245.	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	12,200.	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	11,807.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOSPICE EAST, INC. 407 SHOPPERS DRIVE WINCHESTER, KY 40391	61-0993839	501(C)3	11,801.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THY WILL BE DONE - PRODUCTION AND PERFORMANCE FUND, INC. DBA COMPOSEARTS - 1223 KASTLE RD - LEXINGTON, KY 40502	81-1934253	501(C)3	11,649.	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	11,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS & VETS HELPING PETS PO BOX 910117 LEXINGTON, KY 40591	45-3113935	501(C)3	11,479.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ADVENTURE CENTER OF THE BLUEGRASS - 570 MILNER ROAD - VERSAILLES, KY 40383	61-0461733	501(C)3	11,298.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE WELL OF LEXINGTON, INC. 1890 STARSHOOT PKWY SUITE 170-438 LEXINGTON, KY 40509	61-1367567	501(C)3	11,155.	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 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
THE PROVISION SCHOOL AND FAMILY COUNSELING CENTER - 301 HARVARD DR, 2ND FLOOR - LEXINGTON, KY 40517	47-3929351	501(C)3	10,691.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NEIGHBORS HELPING NEIGHBORS INC. 2516 CARTER AVE ASHLAND, KY 41101	61-1450110	501(C)3	10,632.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ASSISTANCE AND REFERRAL SERVICE (CARES) - 2516 CARTER AVENUE - ASHLAND, KY 41101	61-1255918	501(C)3	10,632.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
A CHANCE TO DANCE 138 ANNE JENNINGS WAY GEORGETOWN, KY 40324	81-4348004	501(C)3	10,521.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH OF THE GOOD SHEPHERD 533 EAST MAIN STREET LEXINGTON, KY 40508	61-6030578	501(C)3	10,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH 171 MARKET STREET LEXINGTON, KY 40507	91-1793615	501(C)3	10,443.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE KENTUCKY CENTER FOR GRIEVING CHILDREN AND FAMILIES - 2333 ALEXANDRIA DRIVE - LEXINGTON, KY 40504	84-4815951	501(C)3	10,165.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE POST CLINIC, INC. 15 STERLING AVENUE MOUNT STERLING, KY 40353	31-1515325	501(C)3	10,133.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409	59-0948696	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
IRONTON CATHOLIC SCHOOLS / ST. JOSEPH - ST. LAWRENCE SCHOOLS - 912 S 6TH ST - IRONTON, OH 45638	31-0746247	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GEORGETOWN COLLEGE OFFICE OF ADVANCEMENT 400 EAST COLLEGE STREET - GEORGETOWN, KY 40324	61-0444695	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHURCH OF THE ANNUNCIATION - 1007 MAIN STREET - PARIS, KY 40361		CHURCH	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HIS WAY AT WORK 1790 DEWBERRY ROAD SPARTANBURG, SC 29307	26-2522139	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HAPPY FEET EQUALS LEARNING FEET PO BOX 1742 DANVILLE, KY 40423	45-5231361	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAROLINA COONHOUND RESCUE PO BOX 80223 CHARLESTON, SC 29416	80-0611301	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
U.S. HOLOCAUST MUSEUM PO BOX 90988 WASHINGTON, DC 90988	52-1309391	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED METHODIST RETIREMENT COMMUNITY INC - 1125 LEXINGTON ROAD - WILMORE, KY 40390	61-1164550	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TWO HEARTS-ASHLAND AREA PREGNANCY CARE CENTER - 2200 29TH ST - ASHLAND, KY 41101	61-1366831	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANCISCAN UNIVERSITY OF STEUBENVILLE - OFFICE OF ADVANCEMENT 1235 UNIVERSITY BLVD - STEUBENVILLE, OH 43952	34-0714818	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOFFMAN INSTITUTE FOUNDATION 1299 4TH ST, 6TH FLOOR SAN RAFAEL, CA 94901	33-0627187	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAPRI CHRISTIAN CHURCH 111 E. HILO ST. NAPLE, FL 34113		CHURCH	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC EDUCATION OPPORTUNITIES FOUNDATION - 100 WEST MAIN STREET, SUITE 700 - LEXINGTON, KY 40507	83-0910844	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FORKS OF ELKHORN BAPTIST CHURCH 495 DUCKERS ROAD MIDWAY, KY 40347		CHURCH	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FERD AND GLADYS ALPERT JEWISH FAMILY & CHILDRENS SERVICE OF PALM BEACH - 5841 CORPORATE WAY, SUITE 200 - WEST PALM BEACH, FL 33407	59-1520581	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF THE BLUEGRASS - 2420 SPURR ROAD, SUITE 150 - LEXINGTON, KY 40511	61-0606480	501(C)3	10,000.	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	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MY SISTERS HOUSE INC P.O. BOX 71171 NORTH CHARLESTON, SC 29415	57-0730861	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HORSE PARK FOUNDATION 4075 IRON WORKS PKWY LEXINGTON, KY 40511	62-1257717	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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INTERNATIONAL SPA ASSOCIATION FOUNDATION LTD - 2365 HARRODSBURG RD STE A325 - LEXINGTON, KY 40504	61-1341364	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAROLINA PHILHARMONIC INC 5 MARKET SQUARE PINEHURST, NC 28374	27-0741753	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ALICE LLOYD COLLEGE 100 PURPOSE ROAD PIPPA PASSES, KY 41844	61-0492351	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
USA CARES, INC. 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EVANGELISM RESOURCES INC. 425 EPWORTH AVENUE WILMORE, KY 40390	61-0906215	501(C)3	10,000.	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	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY HIGH SCHOOL FOUNDATION, INC. - 4011 SHELBYVILLE ROAD - LOUISVILLE, KY 40207	31-1105966	501(C)3	10,000.	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
ASPIRING HOPE 133 SOUTHPOINT DRIVE LEXINGTON, KY 40515	82-2978912	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES BOTANICAL GARDEN 4820 BAYSHORE DRIVE NAPLES, FL 34112	65-0511429	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY OF CENTRAL KENTUCKY - PO BOX 1057 - GEORGETOWN, KY 40324	58-0660607	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NASHVILLE PUBLIC LIBRARY FOUNDATION - 615 CHURCH STREET - NASHVILLE, TN 37219	62-1681766	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WATERFRONT BOTANICAL GARDENS PO BOX 5056 LOUISVILLE, KY 40255	61-1297238	501(C)3	10,000.	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
THE LEXINGTON DREAM FACTORY P.O. BOX 707 LEXINGTON, KY 40588	31-1009812	501(C)3	10,000.	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
DAVIDSON COLLEGE PO BOX 7162 DAVIDSON, NC 28035	56-0529961	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PRESBYTERIAN CHURCH OF DANVILLE - 500 WEST MAIN STREET - DANVILLE, KY 40422	61-0587173	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THISTLE FARMS, INC. ATTN: DEVELOPMENT DIRECTOR 5122 CHARLOTTE PIKE - NASHVILLE, TN 37209	58-2050089	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WARRIOR SURF FOUNDATION PO BOX 585 FOLLY BEACH, SC 29439	47-4151098	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THREE RIVERS LAND TRUST INC 204 EAST INNES STREET, SUITE 120 SALISBURY, NC 28144	56-1920846	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EMBODIED PUBLISHING 2615 FAIRHILL DR CINCINNATI, OH 45239	86-1537201	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWCOUNTRY ORPHAN RELIEF PO BOX 70185 N. CHARLESTON, SC 29415	26-1108081	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY SCHOOLS BOARD OF EDUCATION - 101 CITATION WAY SUITE C - DANVILLE, KY 40422		SCHOOL	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BATTLE GROUND ACADEMY 336 ERNEST RICE LANE FRANKLIN, TN 37069	62-0125920	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF LEXINGTON 3245 LOCH NESS DR LEXINGTON, KY 40517	61-1138597	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PHILLIPS COLLECTION 1600 21ST STREET NW WASHINGTON, DC 20009	53-0204620	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATTY MARSH BIDDLE ARCHIVES C/O DANNY BIDDLE 2120 SUNSET DRIVE PARIS, KY 40361	83-3541266	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRISTIAN STUDENT FELLOWSHIP INC. 507 COLUMBIA AVENUE LEXINGTON, KY 40508	61-0711889	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201	36-2208386	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRO LATINO DE DANVILLE/BOYLE 225 W WALNUT ST. DANVILLE, KY 40422	26-3668416	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PSALM 82:3 MISSION, INC. PO BOX 23259 LEXINGTON, KY 40523	81-2657996	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE 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
YOUNG LIFE - MADISON COUNTY KY109 321 GENERAL SMITH DR RICHMOND, KY 40475	84-0385934	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NIAGARA UNITED METHODIST CHURCH C/O JANICE FISHER 760 BARREN CHURCH ROAD SOUTH - HENDERSON, KY 42420		CHURCH	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW HOPE FOOD PANTRY 310 YOUNG DRIVE STANFORD, KY 40484	46-4518416	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS CONNECT, INC. PO BOX 1691 LEXINGTON, KY 40588	83-2443086	501(C)3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREEN FORESTS WORKS UNIVERSITY OF KENTUCKY THOMAS POE COOPER BUILDING, 730 ROSE STREET - LEXINGT	46-1296612	501(C)3	9,887.	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	9,811.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE SPAY NEUTER CLINIC PO BOX 23 VERSAILLES, KY 40383	27-0913082	501(C)3	9,806.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TREES LEXINGTON INC. PO BOX 1046 LEXINGTON, KY 40588	82-1288472	501(C)3	9,774.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SWIMCHESTER SAILFISH C/O HEATH TUCKER 177 CASA LANDA WAY WINCHESTER, KY 40391	46-2793441	501(C)3	9,412.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASHLAND TERRACE 475 SOUTH ASHLAND AVENUE LEXINGTON, KY 40502	23-7082862	501(C)3	9,362.	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	9,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARY QUEEN OF THE HOLY ROSARY SCHOOL - 605 HILL-N-DALE DRIVE - LEXINGTON, KY 40503-2116		SCHOOL	9,200.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARBOR YOUTH SERVICES PO BOX 904 LEXINGTON, KY 40588	61-0926861	501(C)3	9,156.	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	9,135.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TN 77210	76-0300816	501(C)3	9,114.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. CLAIRE HOSPICE AND PALLIATIVE CARE - 222 MEDICAL CIRCLE - MOREHEAD, KY 40351	61-0605336	501(C)3	9,114.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COOPERATING PRESCHOOL 109 ROSEMENT GARDEN LEXINGTON, KY 40503	23-7212696	501(C)3	9,092.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE FOR PETS PO BOX 4304 WINCHESTER, KY 40392	61-1371393	501(C)3	8,982.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY BAPTIST CHURCH 150 E. HIGH STREET LEXINGTON, KY 40507		CHURCH	8,915.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP YOUNG JUDAEA MIDWEST 4411 NORTH RAVENSWOOD AVE. SUITE 30 CHICAGO, IL 60640	39-1672846	501(C)3	8,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MUSIC ACADEMY 3295 EAGLE VIEW LANE LEXINGTON, KY 40509	61-1466695	501(C)3	8,601.	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.)

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AMEN HOUSE PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501(C)3	8,543.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISABLED AMERICAN VETERANS - SALYERSVILLE - PO BOX 277 - SALYERSVILLE, KY 41465	31-1024053	501(C)3	8,381.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOSTERING GOODWILL PO BOX 54561 LEXINGTON, KY 40555	46-3264218	501(C)3	8,215.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DV8 KITCHEN VOCATIONAL TRAINING FOUNDATION - 405 RIDGEWAY ROAD - LEXINGTON, KY 40502	82-2835051	501(C)3	8,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LYRIC THEATRE AND CULTURAL ARTS CENTER - 300 EAST THIRD STREET - LEXINGTON, KY 40508	27-2608879	501(C)3	8,000.	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	7,992.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AVOL KENTUCKY, INC. 1824 HILL RISE DR STE 100 LEXINGTON, KY 40504	61-1149457	501(C)3	7,793.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARDINGTON-LINCOLN HIGH SCHOOL 349 CHESTERVILLE AVENUE CARDINGTON, OH 43315	81-2697688	501(C)3	7,667.	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	7,614.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH PO BOX 216 RICHMOND, KY 40476		CHURCH	7,373.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE PARENT SCHOLAR HOUSE PO BOX 1458 LEXINGTON, KY 40588	61-1080310	501(C)3	7,307.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY SCHOOL FOR THE DEAF CHARITABALE FOUNDATION - P.O. BOX 27 - DANVILLE, KY 40423	61-1091577	501(C)3	7,222.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501(C)3	7,120.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHELTER OF HOPE 2944 WINCHESTER AVENUE ASHLAND, KY 41101	61-1148320	501(C)3	7,088.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENDYL AND FRIENDS FOUNDATION, INC. - PO BOX 298 - BURGIN, KY 40310	82-1129419	501(C)3	7,077.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRODSBURG-MERCER COUNTY RECREATIONAL PARK BOARD - 1501 LOUISVILLE ROAD - HARRODSBURG, KY 40330	61-1279422	501(C)3	7,035.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PIARIST SCHOOL PO BOX 369 7279 S. KY RT. 321 HAGERHILL, KY 41222	61-1177865	501(C)3	7,000.	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	6,943.	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.)

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CAMP HORSIN' AROUND 1159 CLAUNCH RD PERRYVILLE, KY 40468	76-0714967	501(C)3	6,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARTS COMMISSION OF DANVILLE/BOYLE COUNTY - 105 EAST WALNUT FISHER'S ROW 1 IN CONSTITUTION SQUARE - DANVILLE, KY 40422	61-1335123	501(C)3	6,868.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON THEATRE COMPANY PO BOX 12067 LEXINGTON, KY 40580	46-4867178	501(C)3	6,580.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEAUMONT PRESBYTERIAN CHURCH 1070 LANE ALLEN RD. LEXINGTON, KY 40504		CHURCH	6,500.	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	6,500.	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	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LADY VETERANS CONNECT 11400 IRVINE ROAD WINCHESTER, KY 40391	46-0848546	501(C)3	6,411.	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	6,400.	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	6,360.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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PRIMATE RESCUE CENTER INC 2515 BETHEL ROAD NICHOLASVILLE, KY 40356	61-1325369	501(C)3	6,346.	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	6,249.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KAS CONSULTING, LLC 681 KENOVA TRACE LEXINGTON, KY 40511	83-3312548	501(C)3	6,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIYATTI 867 LARMON RD ONALASKA, WA 98570-9534	80-0038336	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIPASSANA COMMUNITY FOUNDATION 411 PIGEON SPRINGS RD ONALASKA, WA 98570	26-3577879	501(C)3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOOD SHEPHERD EPISCOPAL CHURCH 533 EAST MAIN STREET LEXINGTON, KY 40508		CHURCH	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON AREA PARKINSON DISEASE SUPPORT GROUP DBA BLUEGRASS PARKINSON'S ALLIANC - PO BOX 4424 - LEXINGTON, KY 40544-4424	61-1308517	501(C)3	5,955.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VOICES OF HOPE- LEXINGTON INC. 644 N BROADWAY STE 101 LEXINGTON, KY 40508	81-0821411	501(C)3	5,860.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE HARSTAD FINE ARTS SERIES 1000 TATES CREEK RD LEXINGTON, KY 40502	81-0905880	501(C)3	5,839.	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.)

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IMAGINATION LIBRARY OF FRANKFORT 720 REED AVENUE FRANKFORT, KY 40601	87-2355218	501(C)3	5,782.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE PLAN OF KENTUCKY 230 LEXINGTON GREEN CIRCLE, SUITE 1 LEXINGTON, KY 40503	45-3567607	501(C)3	5,725.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAGOFFIN COUNTY SENIOR CITIZENS PO BOX 888 74 SOUTH CHURCH STREET, LLOYD M. HALL COMMUNITY BLDG. - SALYERSVI	61-1161769	501(C)3	5,698.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CENTER FOR ECONOMIC POLICY - 433 CHESTNUT STREET - BEREA, KY 40403	84-4979582	501(C)3	5,638.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ORGANIC ASSOCIATION OF KENTUCKY PO BOX 22244 LEXINGTON, KY 40522	27-1207146	501(C)3	5,632.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA - 660 WOODWARD AVENUE 2290 FIRST NATIONAL BUILDING - DETROIT, MI 48226	38-2420887	501(C)3	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
APPALRED LEGAL AID 114 N 3RD ST RICHMOND, KY 40475	61-0848948	501(C)3	5,369.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SECOND CHRISTIAN CHURCH P.O. BOX 603 MIDWAY, KY 40347	61-1210531	501(C)3	5,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON CEMETERY 833 WEST MAIN STREET LEXINGTON, KY 40508	61-0258835	501(C)3	5,134.	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	218	454,737.	0.		

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

Employer identification number

**61-6053466**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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)	234,516.	0.	0.	23,452.	640.	258,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN DINEEN VP OF FINANCE & ADMINISTRA	(i)	146,234.	0.	0.	15,687.	6,761.	168,682.	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

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	21,855,134.	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	X	1	3,500,000.	FMV
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**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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

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

Schedule O (Form 990) 2022

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	-3,732,084.
CHANGE IN VALUE OF CASH SURRENDER VALUE OF LIFE INSURANCE	
TOTAL TO FORM 990, PART XI, LINE 9	-3,732,084.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**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
ROBERT L. BROWN FOUNDATION, INC. - 88-2334409, 499 E HIGH STREET SUITE 112, LEXINGTON, KY 40507	TO SUPPORT THE ROBERT L. BROWN FOUNDATION, INC.	KENTUCKY	501(C)	LINE 12A, I	BLUE GRASS COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2022



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

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

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

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

**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) ROBERT L. BROWN FOUNDATION, INC.	B	759,021.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	<b>D</b> Employer identification number <b>61-6053466</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. <b>499 EAST HIGH STREET, 112</b> City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40507</b>	<b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.	
		<b>C</b> Book value of all assets at end of year ..... <b>223,980,320.</b>	

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university

**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	80,061.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	80,061.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	4	325.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	79,736.
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	79,736.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	78,736.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	16,535.
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	16,535.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		16,535.
3 Other amounts due. 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) .....	<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		16,535.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
6a Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>	1,791.	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		1,791.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		14,744.
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2022 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 .....	\$ _____		
4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
90001	\$ 407,149.		
	\$ _____		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.				
		Date	Title		
	Signature of officer		PRESIDENT/CEO		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER, CPA	05/14/24		P00118327
	Firm's name	Firm's EIN		Firm's address	
BLUE & CO., LLC	35-1178661		813 WEST SECOND STREET		
Firm's address	Phone no.		SEYMOUR, IN 47274		
	812-522-8416				

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FEG PRIVATE OPP FUND II LP	N/A	125.
FEG PRIVATE OPP FUND LP	N/A	3.
CHARITABLE CONTRIBUTIONS - FEG	N/A	
PRIVATE OPPORTUNITIES FUND LP		4.
TOTAL TO FORM 990-T, PART I, LINE 4		132.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018 46  
 FOR TAX YEAR 2019 47  
 FOR TAX YEAR 2020 98  
 FOR TAX YEAR 2021 2

TOTAL CARRYOVER 193  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 132

TOTAL CONTRIBUTIONS AVAILABLE 325  
 TAXABLE INCOME LIMITATION AS ADJUSTED 7,906

EXCESS CONTRIBUTIONS 0  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 0

ALLOWABLE CONTRIBUTIONS DEDUCTION 325

TOTAL CONTRIBUTION DEDUCTION 325

**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](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

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

<b>A</b> Name of the organization <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>61-6053466</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900001</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance _____	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>	11,552.		11,552.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> .....	<b>5</b>	391,538.		391,538.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	403,090.		403,090.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>	
<b>2</b> Salaries and wages .....		<b>2</b>	
<b>3</b> Repairs and maintenance .....		<b>3</b>	
<b>4</b> Bad debts .....		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions .....		<b>5</b>	
<b>6</b> Taxes and licenses .....		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion .....		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>	
<b>11</b> Employee benefit programs .....		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 4</b> .....		<b>14</b>	2,786.
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>	2,786.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>	400,304.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 5 STMT 7</b> .....		<b>17</b>	320,243.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>	80,061.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**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 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> 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 <b>Total deductions.</b> 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

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

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

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)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>-748.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>-748.</b>

**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)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>274.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>12,026.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>12,300.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>11,552.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>11,552.</b>

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



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

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

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

**61-6053466**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	FEG PRIVATE OPPORTUNITIES FUND LP							274.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								274.

**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.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

**61-6053466**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 8</b>						

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

**12,026.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

**12,026.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):



- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

( )

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS INCOME (LOSS)		50,872.
FEG PRIVATE OPPORTUNITIES FUND II LP - NET RENTAL REAL ESTATE INCOME		120.
FEG PRIVATE OPPORTUNITIES FUND II LP - INTEREST INCOME		75.
FEG PRIVATE OPPORTUNITIES FUND II LP - DIVIDEND INCOME		65,672.
FEG PRIVATE OPPORTUNITIES FUND II LP - ROYALTIES		228.
FEG PRIVATE OPPORTUNITIES FUND II LP - OTHER INCOME (LOSS)		-52,946.
FEG PRIVATE OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS)		766.
FEG PRIVATE OPPORTUNITIES FUND LP - NET RENTAL REAL ESTATE INCOME		-6,345.
FEG PRIVATE OPPORTUNITIES FUND LP - INTEREST INCOME		393.
FEG PRIVATE OPPORTUNITIES FUND LP - OTHER PORTFOLIO INCOME (LOSS)		10,825.
FEG PRIVATE OPPORTUNITIES FUND LP - OTHER INCOME (LOSS)		-1.
ALLIANCE RESOURCE PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)		321,879.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		391,538.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES FUND II LP		2,765.
OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES FUND LP		21.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,786.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
407,149.	320,243.	86,906.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	58,124.	18,908.	39,216.	39,216.
06/30/20	178,231.	0.	178,231.	178,231.
06/30/21	189,702.	0.	189,702.	189,702.
NOL CARRYOVER AVAILABLE THIS YEAR			407,149.	407,149.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 7

TAXABLE INCOME FROM ALL ENTITIES	400,304.
THIS ENTITIES PORTION OF TAXABLE INCOME	400,304.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	400,304.
80% INCOME LIMITATION	320,243.
POST-2017 AVAILABLE	407,149.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	320,243.

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FEG PRIVATE OPPORTUNITIES FUND II LP						5,266.
FEG PRIVATE OPPORTUNITIES FUND LP						6,760.
TOTAL TO 4797, PART I, LINE 2						12,026.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

Name <b>BLUE GRASS COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>61-6053466</b>
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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)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>-748.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>-748.</b>

**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)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>274.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>12,026.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>12,300.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>11,552.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>11,552.</b>

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



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

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

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

**61-6053466**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	FEG PRIVATE OPPORTUNITIES FUND LP							274.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								274.

**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.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**BLUE GRASS COMMUNITY FOUNDATION, INC.**

**61-6053466**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 9</b>						
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>12,026.</b>
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b> <b>12,026.</b>

**Part II Ordinary Gains and Losses** (see instructions)

<b>10</b>	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....						<b>18a</b>
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 9

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FEG PRIVATE OPPORTUNITIES FUND II LP						5,266.
FEG PRIVATE OPPORTUNITIES FUND LP						6,760.
TOTAL TO 4797, PART I, LINE 2						12,026.