

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE GRASS COMMUNITY FOUNDATION, INC.		D Employer identification number 61-6053466
	Doing business as		E Telephone number 859-225-3343
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 38,985,527.
	499 EAST HIGH STREET		112
	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: LISA ADKINS SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BGCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1967 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ESTABLISHED IN 1967, BLUE GRASS COMMUNITY FOUNDATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 16,139,127.	Current Year 13,891,243.
	9 Program service revenue (Part VIII, line 2g)	946,123.	854,362.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,912,576.	4,082,317.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,992.	-17,637.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,005,818.	18,810,285.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,146,288.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		767,836.	833,524.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,346.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,605,548.	1,627,562.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,519,672.	11,048,372.	
19 Revenue less expenses. Subtract line 18 from line 12	1,486,146.	7,761,913.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 72,228,769.	End of Year 75,078,042.
	21 Total liabilities (Part X, line 26)	9,497,667.	8,527,605.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,731,102.	66,550,437.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	LISA ADKINS, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KANDY L. WISCHMEIER, CPA	Preparer's signature KANDY L. WISCHMEIER,	Date 03/18/16	Check if self-employed <input type="checkbox"/>	PTIN P00118327
	Firm's name ▶ BLUE & CO., LLC	Firm's EIN ▶ 35-1178661	Phone no. 812-522-8416		
	Firm's address ▶ 106 COMMUNITY DR. 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 \$ 10,584,799. including grants of \$ 8,587,286.) (Revenue \$ 854,362.) THE COMMUNITY FOUNDATION MADE OVER 1,200 GRANTS IMPACTING MORE THAN 580 NON PROFIT ORGANIZATIONS AND 94 SCHOLARSHIP RECIPIENTS. THE GRANTS WERE MADE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES. THE COMMUNITY FOUNDATION CURRENTLY HOUSES MORE THAN 400 CHARITABLE FUNDS ESTABLISHED TO SUPPORT THE CHARITABLE CAUSES THAT ARE IMPORTANT TO DONORS AND ADMINISTERS 10 COMPETITIVE GRANT MAKING PROGRAMS IN KENTUCKY. THROUGH THE LEADERSHIP AND ENGAGEMENT ARM OF THE COMMUNITY FOUNDATION A NEW MODEL FOR COMMUNITY ENGAGEMENT HAS BEEN REALIZED. THE FOUNDATION WORKS CLOSELY WITH COMMUNITY LEADERS TO IDENTIFY AREAS OF NEED, FACILITATE PUBLIC FORUMS AND OVERSEE PROJECTS THAT HAVE A LASTING IMPACT ON OUR COMMUNITY.

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

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

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

4e Total program service expenses 10,584,799.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6 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>	7	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>	8	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>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15	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>	16	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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUD WATSON GRANTS/SCHOLARSHIPS CHAIR	2.00	X		X				0.	0.	0.
(2) ARTHUR R. SALOMON CHAIR	3.00	X		X				0.	0.	0.
(3) JONATHAN BARKER TREASURER	2.00	X		X				0.	0.	0.
(4) JOHN MILWARD AT-LARGE	1.00	X		X				0.	0.	0.
(5) JOE ROSENBERG INVESTMENT CHAIR	2.00	X		X				0.	0.	0.
(6) FRAN TAYLOR SECRETARY	2.00	X		X				0.	0.	0.
(7) MADONNA TURNER VICE CHAIR	2.00	X		X				0.	0.	0.
(8) ALEXANDER (ZANDY) G. CAMPBELL I DIRECTOR	1.00	X						0.	0.	0.
(9) GRIFFIN VANMETER DIRECTOR	1.00	X						0.	0.	0.
(10) TRAVIS MUSGRAVE DIRECTOR	1.00	X						0.	0.	0.
(11) DR. RONALD SAYKALY DIRECTOR	1.00	X						0.	0.	0.
(12) RUFUS FRIDAY DIRECTOR	1.00	X						0.	0.	0.
(13) LISA HIGGINS-HORD DIRECTOR	1.00	X						0.	0.	0.
(14) ASHLEY ROBBINS DIRECTOR	1.00	X						0.	0.	0.
(15) NANCY ALLEN TURNER DIRECTOR	1.00	X						0.	0.	0.
(16) LISA ADKINS CEO	40.00			X				141,725.	0.	12,352.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for FUND EVALUATION GROUP.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	96,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,794,743.				
	g Noncash contributions included in lines 1a-1f: \$		1,657,877.				
	h Total. Add lines 1a-1f		13,891,243.				
Program Service Revenue	2 a COMMUNITY SUPPORT FEES	Business Code 900099	854,362.	854,362.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		854,362.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,310,050.			2,310,050.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		21,910,257.					
		b Less: cost or other basis and sales expenses		20,137,990.			
		c Gain or (loss)		1,772,267.			
	d Net gain or (loss)		1,772,267.			1,772,267.	
	8 a Gross income from fundraising events (not including \$ 96,500. of contributions reported on line 1c). See Part IV, line 18	a	19,615.				
		b Less: direct expenses	b	37,252.			
		c Net income or (loss) from fundraising events		-17,637.			-17,637.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11	a _____						
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			18,810,285.	854,362.	0.	4,064,680.	

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	8,371,125.	8,371,125.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	216,161.	216,161.		
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	152,956.	137,660.	10,707.	4,589.
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	533,255.	479,929.	37,328.	15,998.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,239.	37,115.	2,887.	1,237.
9 Other employee benefits	54,017.	48,616.	3,781.	1,620.
10 Payroll taxes	52,057.	46,851.	3,644.	1,562.
11 Fees for services (non-employees):				
a Management				
b Legal	13,117.	6,559.	6,558.	
c Accounting	13,117.	6,559.	6,558.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	228,252.		228,252.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	67,316.	67,316.		
12 Advertising and promotion	74,426.	66,902.		7,524.
13 Office expenses	27,013.	18,733.	7,538.	742.
14 Information technology	15,578.	4,198.	11,380.	
15 Royalties				
16 Occupancy	22,427.	20,184.	1,570.	673.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,952.	14,976.	14,976.	
20 Interest	19,956.	17,960.	1,397.	599.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,421.	67,879.	5,279.	2,263.
23 Insurance	8,069.		8,069.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY SUPPORT FEES	922,729.	922,729.		
b SERVICE AGREEMENTS	58,482.		58,482.	
c MEMBERSHIP DUES & LICEN	14,177.	11,895.	1,886.	396.
d EQUIPMENT	10,945.	9,851.	766.	328.
e All other expenses	26,585.	11,601.	10,169.	4,815.
25 Total functional expenses. Add lines 1 through 24e	11,048,372.	10,584,799.	421,227.	42,346.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,818,704.	2	5,202,540.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,064,179.		
	b Less: accumulated depreciation	10b 251,700.	875,356.	10c 812,479.
	11 Investments - publicly traded securities	62,103,979.	11	65,178,828.
	12 Investments - other securities. See Part IV, line 11	3,386,368.	12	3,225,006.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	44,362.	15	659,189.
16 Total assets. Add lines 1 through 15 (must equal line 34)	72,228,769.	16	75,078,042.	
Liabilities	17 Accounts payable and accrued expenses	650.	17	1,454.
	18 Grants payable		18	
	19 Deferred revenue	1,317.	19	191.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	8,927,736.	21	7,970,147.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	567,964.	23	555,813.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,497,667.	26	8,527,605.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,908,981.	27	17,704,069.
	28 Temporarily restricted net assets	45,822,121.	28	48,846,368.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	62,731,102.	33	66,550,437.	
34 Total liabilities and net assets/fund balances	72,228,769.	34	75,078,042.	

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	18,810,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,048,372.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,761,913.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,731,102.
5	Net unrealized gains (losses) on investments	5	-4,900,167.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	948,662.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,927.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,550,437.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9705221.	14309565.	13603526.	16139127.	13734925.	67492364.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9705221.	14309565.	13603526.	16139127.	13734925.	67492364.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20025188.
6 Public support. Subtract line 5 from line 4.						47467176.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	9705221.	14309565.	13603526.	16139127.	13734925.	67492364.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1348758.	1447274.	2078804.	2408938.	2310050.	9593824.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				48,295.	19,615.	67,910.
11 Total support. Add lines 7 through 10						77154098.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	61.52 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	56.77 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,003,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 657,876.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK _____ _____ _____	\$ <u>1,000,000.</u>	<u>06/30/15</u>
5	STOCK _____ _____ _____	\$ <u>657,876.</u>	<u>06/30/15</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014
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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	234	132
2 Aggregate value of contributions to (during year)	7,425,588.	1,803,841.
3 Aggregate value of grants from (during year)	5,036,269.	929,893.
4 Aggregate value at end of year	26,815,792.	20,326,163.

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? Yes 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of a historically important land area
 - Preservation of a certified historic structure
- 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 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	45,787,681.	39,091,964.	33,188,829.	33,319,280.	29,256,464.
b Contributions	5,406,459.	2,953,543.	3,266,607.	1,739,149.	4,041,091.
c Net investment earnings, gains, and losses	-932,651.	6,470,564.	4,682,119.	-235,676.	515,423.
d Grants or scholarships	1,494,028.	1,891,605.	1,363,794.	1,092,386.	
e Other expenditures for facilities and programs					
f Administrative expenses	922,729.	836,785.	681,797.	541,538.	493,698.
g End of year balance	48,793,394.	45,787,681.	39,091,964.	33,188,829.	33,319,280.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment 100.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input 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" to 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		645,843.	41,381.	604,462.
c Leasehold improvements				
d Equipment		418,336.	210,319.	208,017.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				812,479.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,184,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,900,167.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-4,900,167.	
3	Subtract line 2e from line 1	3	18,084,899.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	228,252.	
b	Other (Describe in Part XIII.)	4b	497,134.	
c	Add lines 4a and 4b	4c	725,386.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,810,285.	

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

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

1	Total expenses and losses per audited financial statements		1	10,314,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	37,252.	
e	Add lines 2a through 2d	2e	37,252.	
3	Subtract line 2e from line 1	3	10,276,807.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	228,252.	
b	Other (Describe in Part XIII.)	4b	543,313.	
c	Add lines 4a and 4b	4c	771,565.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,048,372.	

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, 2015 AND 2014, 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 XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

SFAS 136 ADJUSTMENT 534,386.

SPECIAL EVENTS -37,252.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 497,134.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 37,252.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 543,313.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENTS	10,844,233.
3 a Sub-total	0	0			10,844,233.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,844,233.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number
61-6053466

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISING ACTIVITY		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	116,115.			116,115.
	2 Less: Contributions	96,500.			96,500.
	3 Gross income (line 1 minus line 2)	19,615.			19,615.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,500.			18,500.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,752.			18,752.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				37,252.
11 Net income summary. Subtract line 10 from line 3, column (d)				-17,637.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer
 Employee
 Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information *(continued)*

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 500 FIFTH AVENUE, SUIT 2540 - NEW YORK, NY 10110	23-7182582	501C(3)	10,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501C(3)	11,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RED CROSS - BLUEGRASS AREA CHAPTER - BLUEGRASS AREA CHAPTER 1450 NEWTOWN PIKE - LEXINGTON, KY 40511	61-0444644	501C(3)	8,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ARBOR YOUTH SERVICES 540 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501C(3)	15,638.	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	501C(3)	8,020.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSISTING DEAF ADULTS TO PARTICIPATE TOTALLY - P.O. BOX 1814 - DANVILLE, KY 40423	30-0098055	501C(3)	22,223.	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 ▶ **209.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOL 225 WALTON AVENUE SUITE 110 LEXINGTON, KY 40502	61-1149457	501C(3)	6,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BABY HEALTH SERVICE, INC. 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501C(3)	15,275.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BELMONT CHILD CARE ASSOCIATION 2150 HEMPSTEAD TURNPIKE - GATE 6 ELMONT, NY 11003	31-1646091	501C(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREA COLLEGE 101 CHESTNUT STREET BEREA, KY 40404	61-0444650	501C(3)	14,442.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS/BIG SISTERS OF THE BLUEGRASS - 436 GEORGETOWN STREET, SUITE B - LEXINGTON, KY 40511	61-0523288	501C(3)	24,164.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSING HANDS 106 TIMBER LANE MOREHEAD, KY 40351	20-4794276	501C(3)	16,377.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUE GRASS FARMS CHARITIES, INC. 340 LEGION DRIVE #20 LEXINGTON, KY 40514	20-0374962	501C(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE FOUNDATION - 164 OPPORTUNITY WAY - LEXINGTON, KY 40511	76-0826082	501C(3)	5,453.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS CONSERVANCY 380 SOUTH MILL STREET SUITE 205 LEXINGTON, KY 40508	61-1293032	501C(3)	9,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEGRASS HERITAGE MUSEUM, INC 217 SOUTH MAIN STREET WINCHESTER, KY 40391	61-1377512	501C(3)	35,580.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLUEGRASS RAPE CRISIS CENTER P.O. BOX 1603 LEXINGTON, KY 40588	61-0916756	501C(3)	20,827.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA BLUE GRASS COUNCIL, BSA-204 3445 RICHMOND ROAD - LEXINGTON, KY 40509	61-0444653	501C(3)	6,453.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY EDUCATION ENDOWMENT FUND INC - 352 N DANVILLE BYPASS - DANVILLE, KY 40422	20-8375080	501C(3)	10,523.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYLE COUNTY SCHOOLS BOARD OF EDUCATION - 352 NORTH DANVILLE BY-PASS - DANVILLE, KY 40422	61-6001269	501C(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BROKE SPOKE COMMUNITY BIKE SHOP INC - 501 WEST SIXTH STREET SUITE 130 - LEXINGTON, KY 40508	27-3933001	501C(3)	6,979.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY BAPTIST CHURCH 150 E. HIGH STREET LEXINGTON, KY 40507	20-2824933	501C(3)	6,695.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY CHRISTIAN CHURCH 15 REDWING DRIVE WINCHESTER, KY 40391	61-1018211	501C(3)	197,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	76-0714967	501C(3)	167,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL HILL HEALTHCARE SYSTEM 2050 VERSAILLES ROAD LEXINGTON, KY 40504-1499	61-0444712	501C(3)	12,479.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARLISLE-NICHOLAS COUNTY TOURISM 295 MOOREFIELD ROAD CARLISLE, KY 40311	61-1185009	501C(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARNEGIE CENTER FOR LITERACY AND LEARNING - 251 WEST SECOND STREET - LEXINGTON, KY 40507	61-1185631	501C(3)	24,104.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF LEXINGTON 1155 RED MILE PLACE LEXINGTON, KY 40504	61-1339185	501C(3)	10,118.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD DANVILLE, KY 40422	61-0445828	501C(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHARITIES OF THE DIOCESE OF LEXINGTON INC - 1310 WEST MAIN STREET - LEXINGTON, KY 40508	61-1138597	501C(3)	8,424.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL CHRISTIAN CHURCH 205 E. SHORT STREET LEXINGTON, KY 40507	61-0525160	501C(3)	23,466.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY COMPUTER SOCIETY 160 MOORE DRIVE SUITE 107 LEXINGTON, KY 40503	31-1119333	501C(3)	6,098.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL KENTUCKY RADIO EYE 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501C(3)	7,091.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL KENTUCKY YOUTH ORCHESTRAS 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6027055	501C(3)	6,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MUSIC ACADEMY 219 EAST SHORT STREET LEXINGTON, KY 40507	61-1466695	501C(3)	5,631.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRE COLLEGE 600 WEST WALNUT STREET DANVILLE, KY 40422	61-0444671	501C(3)	13,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS, INC. - 290 ALUMNI DRIVE - LEXINGTON, KY 40503	61-0543367	501C(3)	23,846.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN OF THE AMERICAS P.O. BOX 25046 LEXINGTON, KY 40524	61-1196577	501C(3)	6,448.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS, INC. - 162 N. ASHLAND AVENUE - LEXINGTON, KY 40502	61-1221470	501C(3)	20,185.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S CHARITY FUND OF THE BLUEGRASS - 230 LEXINGTON GREEN CIRCLE, SUITE 600 - LEXINGTON, KY 40503	31-1078176	501C(3)	32,367.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST CHURCH CATHEDRAL 166 MARKET STREET LEXINGTON, KY 40507	61-0444674	501C(3)	14,528.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST THE KING CATHEDRAL 299 COLONY BLVD LEXINGTON, KY 40502	61-1132894	501C(3)	9,150.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501C(3)	27,641.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF OWINGSVILLE P.O. BOX 639 19 GOODPASTER AVENUE OWINGSVILLE, KY 40360		GOVT	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF SHARPSBURG P.O. BOX 128 SHARPSBURG, KY 40374		GOVT	34,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY COMMUNITY SERVICES PO BOX 574 WINCHESTER, KY 40391	31-1005844	501C(3)	33,259.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY FISCAL COURT 34 SOUTH MAIN STREET WINCHESTER, KY 40391		GOVT	93,397.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY HOMELESS COALITION INC - P.O. BOX 4692 - WINCHESTER, KY 40392	27-1281819	501C(3)	38,401.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLARK COUNTY/WINCHESTER HERITAGE COMMISSION - 28 BECKNER STREET - WINCHESTER, KY 40391	61-0900865	501C(3)	40,203.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMERCE LEXINGTON INC. 330 EAST MAIN STREET SUITE 100 LEXINGTON, KY 40507	61-0258800	501C(3)	10,223.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY ACTION COUNCIL FOR LEX-FAYETTE BOURB HARR - P.O. BOX 11610 - LEXINGTON, KY 40576	61-0650121	501C(3)	5,695.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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COMMUNITY ARTS CENTER, INC. 401 WEST MAIN STREET DANVILLE, KY 40422	16-1674338	501C(3)	27,389.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONFRONTATION POINT MINISTRIES P.O. BOX 127 WILMORE, KY 40390	58-1475965	501C(3)	6,898.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COURT APPOINTED SPECIAL ADVOCATES (CASA) OF LEXINGTON - 1155 RED MILE PLACE - LEXINGTON, KY 40504	61-1339185	501C(3)	14,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROSSROADS CHRISTIAN CHURCH 4128 TODDS ROAD LEXINGTON, KY 40509	61-1133403	501C(3)	49,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE SCHOOLS EDUCATION FOUNDATION INC. - 152 E. MARTIN LUTHER KING BOULEVARD - DANVILLE, KY 40422	20-5409746	501C(3)	13,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DANVILLE/BOYLE COUNTY HAPPY FEET EQUALS LEARNING FEET - 1131 SECRETARIAT DRIVE EAST - DANVILLE, KY 40422	45-5231361	501C(3)	7,088.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA INC. P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501C(3)	5,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN LITTLE LEAGUE 124 HUDSON STREET APT 3A NEW YORK, NY 10013	23-1622231	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DRESS FOR SUCCESS LEXINGTON 1301 WINCHESTER ROAD SUITE 29 LEXINGTON, KY 40505	46-2472399	501C(3)	6,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ELDER HEART P.O. BOX 1511 NASHVILLE, IN 47448	46-2750726	501C(3)	22,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EPISCOPAL DIOCESE OF LEXINGTON 203 EAST 4TH STREET P.O. BOX 610 LEXINGTON, KY 40588	61-0536772	501C(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH FEEDS OF KENTUCKY, INC. PO BOX 4448 LEXINGTON, KY 40544	27-4087963	501C(3)	21,763.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE ALLIANCE FOUNDATION INC. FUND - 499 EAST HIGH STREET SUITE 112 - LEXINGTON, KY 40507	47-2128336	501C(3)	26,191.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COOPERATING NURSERY SCHOOL 109 ROSEMENT GARDEN LEXINGTON, KY 40503	23-7212696	501C(3)	7,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAYETTE COUNTY PUBLIC SCHOOLS BOARD OF EDUCATION 1126 RUSSELL CAV LEXINGTON, KY 40505	61-6001059	501C(3)	18,141.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501C(3)	15,496.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FLEMING COUNTY BOARD OF EDUCATION 211 WEST WATER STREET FLEMINGSBURG, KY 41041		GOVT	48,774.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOODCHAIN, INC. 501 WEST SIXTH STREET LEXINGTON, KY 40508	45-4088193	501C(3)	11,084.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FOUNDATION FOR AFFORDABLE HOUSING, INC - 169 DEWEESE STREET - LEXINGTON, KY 40507	61-1192747	501C(3)	48,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIEDEL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATION - PO BOX 910953 - LEXINGTON, KY 40591	42-6674534	501C(3)	22,941.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS & VETS HELPING PETS P.O. BOX 910117 LEXINGTON, KY 40591	45-3113935	501C(3)	13,743.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GATEWAY AREA DEVELOPMENT DISTRICT GENERAL OPERATING FUND - 110 COUNTY ROAD 1429 - MOREHEAD, KY 40351	61-0701310	501C(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GATEWAY REGIONAL ARTS CENTER 101 EAST MAIN STREET MOUNT STERLING, KY 40353	61-1224757	501C(3)	6,187.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501C(3)	55,732.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENHOUSE 17 P.O. BOX 55190 LEXINGTON, KY 40555	20-1965942	501C(3)	19,917.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HADASSAH ASSOCIATION 40 WALL STREET 8TH FLOOR NEW YORK, NY 10268	13-1656651	501C(3)	13,673.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HARRODSBURG-MERCER COUNTY RECREATIONAL PARK BOARD - 1501 LOUISVILLE ROAD - HARRODSBURG, KY 40330	61-1279422	501C(3)	5,761.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HEADLEY-WHITNEY MUSEUM 4435 OLD FRANKFORT PIKE LEXINGTON, KY 40510	61-0850306	501C(3)	7,835.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HENRY CLAY MEMORIAL FOUNDATION ASHLAND, THE HENRY CLAY ESTATE 120 SYCAMORE ROAD - LEXINGTON, KY 40502	61-0461732	501C(3)	20,647.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HERITAGE HOSPICE, INC. P.O. BOX 1213 120 ENTERPRISE DRIVE DANVILLE, KY 40423	31-0988104	501C(3)	25,561.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HISTORIC PARIS-BOURBON COUNTY, INC. HOPEWELL MUSEUM - 800 PLEASANT STREET - PARIS, KY 40361	61-0947643	501C(3)	18,403.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CENTER P.O. BOX 6 LEXINGTON, KY 40588	61-1107296	501C(3)	29,194.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE'S WINGS, INC. P.O. BOX 488 RICHMOND, KY 40476	20-4496496	501C(3)	21,760.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOSPICE OF THE BLUEGRASS, INC. 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504	61-0978097	501C(3)	61,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INTERNATIONAL CIVIL SOCIETY ACTION NETWORK INC. - C/O: WEDO 1776 MASSACHUSETTS AVENUE NW SUITE 100 - WASHINGTON, DC 20036	20-3951175	501C(3)	12,275.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ITNBLUEGRASS 436 GEORGETOWN STREET LEXINGTON, KY 40508	26-1341780	501C(3)	8,984.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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JEWISH FEDERATION OF PALM BEACH COUNTY - 4601 COMMUNITY DRIVE - WEST PALM BEACH, FL 33417	59-0948696	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JEWISH FEDERATION OF THE BLUEGRASS 1050 CHINOE ROAD SUITE 112 LEXINGTON, KY 40502	31-0906786	501C(3)	42,569.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF THE BLUEGRASS - 1092 DUVAL STREET, SUITE 240 - LEXINGTON, KY 40515	84-1267604	501C(3)	6,224.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUST FUND EDUCATION PROJECT INC. PO BOX 21815 LEXINGTON, KY 40522	20-8465456	501C(3)	21,696.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CANCERLINK P.O. BOX 25088 LEXINGTON, KY 40524	26-2704188	501C(3)	9,233.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY CHURCH OF GOD MINISTRIES 2494 COLBY ROAD WINCHESTER, KY 40391	61-1128825	501C(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EDUCATIONAL TELEVISION 600 COOPER DRIVE LEXINGTON, KY 40502	61-0722558	501C(3)	7,067.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET SUITE 310 LEXINGTON, KY 40508	61-0909545	501C(3)	28,867.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HISTORICAL SOCIETY FOUNDATION - 100 WEST BROADWAY P.O. BOX 6856 - FRANKFORT, KY 40602	61-1204590	501C(3)	5,092.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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KENTUCKY HORSE PARK FOUNDATION 4089 IRON WORKS PIKE LEXINGTON, KY 40511	62-1257717	501C(3)	22,854.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY HUMANITIES COUNCIL 206 EAST MAXWELL STREET LEXINGTON, KY 40508	31-0981031	501C(3)	5,050.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY REFUGEE MINISTRIES 1206 NORTH LIMESTONE LEXINGTON, KY 40505	61-1229842	501C(3)	9,449.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY SCHOOL FOR THE DEAF FOUNDATION - PO BOX 27 - DANVILLE, KY 40423	61-1091577	501C(3)	5,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTH - PO BOX 749 - VERSAILLES, KY 40383	61-0458375	501C(3)	6,688.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LARRY H. SPEARS FOUNDATION 118 HOGANS PARKWAY DRY RIDGE, KY 41035	20-8674980	501C(3)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXARTS ARTSPLACE 161 NORTH MILL STREET LEXINGTON, KY 40507	61-1163184	501C(3)	19,694.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CATHOLIC HIGH SCHOOL 2250 CLAYS MILL ROAD LEXINGTON, KY 40503	61-1132894	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON CHILDREN'S THEATRE 418 WEST SHORT STREET LEXINGTON, KY 40507	61-0929277	501C(3)	135,128.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON COMMUNITY RADIO P.O. BOX 526 LEXINGTON, KY 40588	36-4662643	501C(3)	9,169.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON DOWNTOWN DEVELOPMENT AUTHORITY - 101 EAST VINE STREET SUITE 100 - LEXINGTON, KY 40507		GOVT	185,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON FAIRNESS 333 WEST VINE STREET, SUITE 1210 PO LEXINGTON, KY 40588	26-2147307	501C(3)	11,273.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT - 200 EAST MAIN STREET - LEXINGTON, KY 40507		GOVT	114,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HABITAT FOR HUMANITY 700 EAST LOUDON AVENUE LEXINGTON, KY 40508	61-1139529	501C(3)	16,774.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HEARING AND SPEECH CENTER - 350 HENRY CLAY BOULEVARD - LEXINGTON, KY 40502	61-0593951	501C(3)	11,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501C(3)	36,505.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON OPERA SOCIETY PO BOX 8463 LEXINGTON, KY 40533	61-1170162	501C(3)	20,412.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON PHILHARMONIC ARTS PLACE 161 NORTH MILL STREET LEXINGTON, KY 40507	61-6033529	501C(3)	19,585.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEXINGTON PUBLIC LIBRARY FOUNDATION, INC. - 140 EAST MAIN STREET - LEXINGTON, KY 40507	31-1565272	501C(3)	18,177.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON RESCUE MISSION PO BOX 1050 LEXINGTON, KY 40588	61-1387338	501C(3)	16,030.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501C(3)	8,483.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE FOR PETS PO BOX 4304 WINCHESTER, KY 40392	61-1371393	501C(3)	10,948.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE PLAN OF KENTUCKY 2333 ALEXANDRIA DRIVE LEXINGTON, KY 40504	45-3567607	501C(3)	5,028.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFEHOUSE 2710 RIEDLING DRIVE LOUISVILLE, KY 40206	20-8514733	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIVING ARTS AND SCIENCE CENTER 362 NORTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	61-0675663	501C(3)	37,624.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOWER HOWARD CREEK HERITAGE PARK FUND - CLARK COUNTY HERITAGE COMMISSION 28 BECKNER ST - WINCHESTER, KY 40391	61-0900865	501C(3)	7,014.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LYRIC THEATRE AND CULTURAL ARTS CENTER - 300 EAST THIRD STREET - LEXINGTON, KY 40508	27-2608879	501C(3)	5,331.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MADISON COUNTY PUBLIC LIBRARY 507 WEST MAIN STREET RICHMOND, KY 40475	61-0600662	501C(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARCH MADNESS MARCHING BAND 125 EDGEMOOR DRIVE LEXINGTON, KY 40503	27-1735896	501C(3)	6,451.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARKEY CANCER FOUNDATION UNIVERSITY OF KENTUCKY 800 ROSE STREET CC 160 - LEXINGTON, KY 40536	31-0944925	501C(3)	11,398.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARY TODD LINCOLN HOUSE P.O. BOX 132 LEXINGTON, KY 40588	23-7002838	501C(3)	6,473.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON, TX 77210	74-6000203	501C(3)	7,229.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWAY COLLEGE 512 EAST STEPHENS STREET MIDWAY, KY 40347	61-0444708	501C(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSION LEXINGTON 230 SOUTH MARTIN LUTHER KING BOULEV LEXINGTON, KY 40508	20-2824933	501C(3)	12,797.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD STATE UNIVERSITY FOUNDATION - MOREHEAD STATE UNIVERSITY 150 UNIVERSITY BOULEVARD P.O. BOX 1887 -	31-1003236	501C(3)	6,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOREHEAD THEATRE GUILD P.O. BOX 256 MOREHEAD, KY 40351	61-1197730	501C(3)	15,936.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MOVEABLE FEAST LEXINGTON, INC. P.O. BOX 367 LEXINGTON, KY 40588	31-1604759	501C(3)	13,577.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MUSTARD SEED COMMUNITIES 29 JANES AVENUE MEDFIELD, MA 02052	58-1657207	501C(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY OF KENTUCKY 114 WOODLAND AVENUE LEXINGTON, KY 40508	53-0242652	501C(3)	9,050.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW BEGINNINGS OF WINCHESTER INC. 139 JEFFERSON STREET WINCHESTER, KY 40391	61-1180957	501C(3)	31,742.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW OPPORTUNITY SCHOOL FOR WOMEN, INC - 204 CHESTNUT STREET - BERE, KY 40403	61-1323868	501C(3)	14,103.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEWTON'S ATTIC 4974 OLD VERSAILLES ROAD LEXINGTON, KY 40510	52-2115824	501C(3)	16,203.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTH LIMESTONE COMMUNITY DEVELOPMENT CORPORATION - ATTN: DIRECTOR 714 N. LIMESTONE - LEXINGTON, KY 40505	46-2090782	501C(3)	45,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS, INC. - SENIOR CITIZENS' CENTER 1530 NICHOLASVILLE ROAD - LEXINGTON, KY	61-0996520	501C(3)	5,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OHAVAY ZION SYNAGOGUE 2048 EDGEWATER COURT LEXINGTON, KY 40502	61-0649672	501C(3)	19,091.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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OHIO UNIVERSITY SOUTHERN OFFICE OF STUDENT FINANCIAL AID AND SCHOLARSHIPS 020 CHUBB HALL - ATHENS, OH	31-6402269	501C(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OLD FRIENDS, INC. 1841 PAYNES DEPOT ROAD GEORGETOWN, KY 40324	20-0049798	501C(3)	12,441.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE PARENT FACILITY/VIRGINIA PLACE 1156 HORSEMAN'S LANE LEXINGTON, KY 40504	61-1080310	501C(3)	7,468.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OWINGSVILLE, BATH COUNTY, PARKS, TOURISM & CONVENTION COMMIS - P.O. BOX 639 19 GOODPASTER AVENUE - OWINGSVILLE, KY 40360	61-6000912	501C(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARENT AND FAMILY ENRICHMENT CENTER - 118 CONSTITUTION STREET SUITE 200 - LEXINGTON, KY 40507	46-3733470	501C(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARIS ANIMAL WELFARE SOCIETY P.O. BOX 222 PARIS, KY 40362	61-1224933	501C(3)	13,080.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARTNERS IN EDUCATION 24 WEST LEXINGTON AVENUE WINCHESTER, KY 40391	27-5436682	501C(3)	25,526.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
POST CLINIC, INC. 125 W MAIN STREET PO BOX 550 MT. STERLING, KY 40353	31-1515325	501C(3)	9,415.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE - 271 WEST SHORT STREET, SUITE 202 - LEXINGTON, KY 40507	61-1026214	501C(3)	44,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE MONTESSORI SCHOOL, INC. 1209 TEXACO ROAD LEXINGTON, KY 40508	31-1041787	501C(3)	32,841.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RACE FOR EDUCATION, INC. 1818 VERSAILLES ROAD LEXINGTON, KY 40504	42-1546327	501C(3)	7,964.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
READING CAMP PO BOX 610 LEXINGTON, KY 40508	61-0536772	501C(3)	13,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REITZ MEMORIAL HIGH SCHOOL 520 SOUTH BENNINGHOF AVENUE EVANSVILLE, IN 47714	27-1480068	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RICHMOND AREA ARTS COUNCIL 399 W. WATER STREET RICHMOND, KY 40475	61-1168831	501C(3)	11,133.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROSE MARY C. BROOKS PLACE 200 ROSE MARY DRIVE WINCHESTER, KY 40391	61-1370614	501C(3)	52,086.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAYRE SCHOOL 194 NORTH LIMESTONE LEXINGTON, KY 40507	61-0449657	501C(3)	7,454.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SEEDLEAF 931 IDLEWILD COURT LEXINGTON, KY 40505	45-0582109	501C(3)	15,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHARPSBURG WORSHIP CENTER PO BOX 257 SHARPSBURG, KY 40374	61-0705763	501C(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOULDER TO SHOULDER GLOBAL 111 WASHINGTON AVENUE OFFICE 203C LEXINGTON, KY 40536	61-6001218	501C(3)	18,840.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITAL FOR CHILDREN 1900 RICHMOND ROAD LEXINGTON, KY 40502	36-2193608	501C(3)	24,284.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SING FOR HOPE 575 EIGHTH AVENUE, SUITE 1812 NEW YORK, NY 10018	01-0856384	501C(3)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SMOKY MOUNTAIN SERVICE DOGS 110 TOOWEKA CIRCLE LOUDON, TN 37774	27-3365083	501C(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHLAND CHRISTIAN CHURCH 5001 HARRODSBURG ROAD NICHOLASVILLE, KY 40356	61-6013200	501C(3)	5,075.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL PERSONS ADVOCACY NETWORK, INC. (SPAN) - 106 SOUTH ALTA AVENUE - DANVILLE, KY 40422	61-1349003	501C(3)	5,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. AGATHA ACADEMY 244 S MAIN ST WINCHESTER, KY 40391	61-1132894	501C(3)	51,092.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. CLAIRE HOSPICE AND PALLIATIVE CARE - 222 MEDICAL CIRCLE - MOREHEAD, KY 40351	61-0605336	501C(3)	7,229.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. ELIZABETH ANNE SETON CATHOLIC CHURCH - 1730 SUMMERHILL - LEXINGTON, KY 40515	61-1132894	501C(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE UNITED METHODIST CHURCH 2351 ALUMNI DRIVE LEXINGTON, KY 40517	61-0945448	501C(3)	10,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PETER CLAVER CATHOLIC CHURCH 410 JEFFERSON STREET LEXINGTON, KY 40508	61-1132894	501C(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SURGERY ON SUNDAY, INC. 650 NEWTOWN PIKE LEXINGTON, KY 40508	20-3187452	501C(3)	5,627.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TEMPLE ADATH ISRAEL 124 NORTH ASHLAND AVENUE LEXINGTON, KY 40502	61-0546638	501C(3)	8,349.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ARBORETUM 500 ALUMNI DRIVE LEXINGTON, KY 40503		GOVT	10,417.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE ART MUSEUM AT THE UNIVERSITY OF KENTUCKY - 405 ROSE STREET - LEXINGTON, KY 40506	61-6033693	501C(3)	8,647.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE AVIATION MUSEUM OF KENTUCKY 4029 AIRPORT ROAD, SUITE 100 LEXINGTON, KY 40510	31-1028870	501C(3)	7,653.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE BULLDOG CLUB P.O. BOX BT BRYAN BUILDING LAKEVIEW DRIVE - MISSISSIPPI STATE, MS 39762	51-0163622	501C(3)	9,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CENTER FOR COURAGEOUS KIDS ATTN: DEVELOPMENT DIRECTOR 1501 BURNLEY ROAD - SCOTTSVILLE, KY 42164	20-1789905	501C(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GOVERNOR'S SCHOLARS PROGRAM FOUNDATION, INC. - 1024 CAPITAL CENTER DRIVE SUITE 210 - FRANKFORT, KY 40601	61-1393028	501C(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE LEXINGTON SCHOOL 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501C(3)	25,643.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501C(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE NEST - CENTER FOR WOMEN, CHILDREN & FAMILIES - 530 NORTH LIMESTONE STREET - LEXINGTON, KY 40508	31-0904247	501C(3)	54,809.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PLANTORY (KCCJ) 501 WEST SIXTH STREET SUITE 250 LEXINGTON, KY 40508	37-1500795	501C(3)	35,272.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE PRESBYTERIAN CHURCH OF DANVILLE - 500 WEST MAIN STREET - DANVILLE, KY 40422	61-0587173	501C(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40508	13-5562351	501C(3)	51,030.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THY KINGDOM COME NETWORK 110 DENNIS DRIVE LEXINGTON, KY 40503	61-1256833	501C(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWNE BOULEVARD CHURCH OF GOD 3722 TOWNE BOULEVARD MIDDLETOWN, OH 45005	31-0721817	501C(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSYLVANIA UNIVERSITY FINANCIAL AID OFFICE 300 NORTH BROA LEXINGTON, KY 40508	61-0444825	501C(3)	10,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY CHRISTIAN ACADEMY 3900 RAPID RUN LEXINGTON, KY 40515	58-1582598	501C(3)	6,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TWEENS NUTRITION AND FITNESS COALITION - 220 DELMAR AVENUE - LEXINGTON, KY 40508	46-3018740	501C(3)	5,453.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UK ATHLETICS - K FUND JOE CRAFT CENTER 338 LEXINGTON AVEN LEXINGTON, KY 40506	61-0501295	501C(3)	120,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF CHICAGO KOVLER DIABETES CENTER 900 EAST 57TH STREET EIGHT FLOOR, ROOM 8144 - CHICAGO	36-2177139	501C(3)	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY ATHLETICS 338 LEXINGTON AVENUE JOE CRAFT CENT LEXINGTON, KY 40506	61-0501295	501C(3)	2,170,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY DANCEBLUE STUDENT VOLUNTEER CENTER 106 STUDENT CENTER - LEXINGTON, KY 40506	61-6001218	501C(3)	26,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	61-6033693	501C(3)	10,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWEESE STREET - LEXINGTON, KY 40507	61-6054655	501C(3)	10,801.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA CARES, INC. 562B NORTH DIXIE BOULEVARD SUITE 3 RADCLIFF, KY 40160	05-0588761	501C(3)	63,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIPS (VISUALLY IMPAIRED PRESCHOOL SERVICES) - 161 BURT ROAD, STE. 4 - LEXINGTON, KY 40503	61-1061973	501C(3)	12,664.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WARRIOR MEDITATION FOUNDATION SAVE A WARRIOR P.O. BOX 2416 MALIBU, CA 90265	45-5571507	501C(3)	104,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WILDERNESS TRACE CHILD DEVELOPMENT CENTER INC. - 409 NORTH STEWARTS LANE - DANVILLE, KY 40422	61-1230722	501C(3)	31,065.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER DRUG COALITION P.O. BOX 856 WINCHESTER, KY 40392	20-4988322	501C(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINCHESTER YOUTH SOCCER LEAGUE, INC. - PO BOX 4122 - WINCHESTER, KY 40392	61-1336455	501C(3)	14,681.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOODFORD HUMANE SOCIETY P.O. BOX 44 VERSAILLES, KY 40383	61-0992070	501C(3)	12,468.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF WINCHESTER 645 WESTMEADE DRIVE WINCHESTER, KY 40391	61-1206677	501C(3)	32,787.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICA-ISRAEL CULTURAL FOUNDATION 1140 BROADWAY, SUITE 2540 NEW YORK, NY 10001	13-1664048	501C(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV - 1430 BROADWAY, 8TH FLOOR - NEW YORK, NY 10018	23-7270753	501C(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE - 633 THIRD AVENUE, 2ND FLOOR - NEW YORK, NY 10017	13-1623886	501C(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF HEBREW UNIVERSITY - 7280 WEST PALMETTO PARK ROAD SUITE 301 - BOCA RATON, FL 33433	13-1568923	501C(3)	25,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN FRIENDS OF MAGEN DAVID ADOM (AFMDA) - 3300 PGA BOULEVARD, SUITE 510 - PALM BEACH GARDENS, FL 33410	13-1790719	501C(3)	8,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR FAMILY AND COMMUNITY SERVICES - 540 EAST THIRD STREET - LEXINGTON, KY 40507		501C(3)	9,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIP	105	216,161.	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. GRANTEEES ARE ASKED TO EVALUATE THE SUCCESS OF THEIR PROJECT. IF THE GRANT HAS BEEN INSTRUMENTAL IN ATTRACTING ADDITIONAL SUPPORT, TO PROVIDE INCOME AND EXPENSE INFORMATION INCLUDING WHETHER ALL GRANT DOLLARS WERE SPENT, FUTURE SUSTAINABILITY OF THE PROJECT, AND IF THERE WAS ANY VARIANCE IN THE PROJECT OR IN SPENDING. STAFF MEMBERS READ GRANT REPORTS, FILL OUT A GRANT REVIEW REPORT FORM, AND ATTACH THIS TO THE GRANT RECORD. GRANT COMMITTEES REVIEW A SUMMARY OF THE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number
61-6053466

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 in line 1a?

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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 in 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 in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2014

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA ADKINS CEO	(i)	141,725.	0.	0.	0.	12,352.	154,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BLUE GRASS COMMUNITY FOUNDATION, INC.

Employer identification number

61-6053466

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	1,657,877.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not 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) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

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 11:

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

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

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

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

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

Name of the organization BLUE GRASS COMMUNITY FOUNDATION, INC.	Employer identification number 61-6053466
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COMPLETED DURING THE CURRENT FISCAL YEAR.

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

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

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

SFAS 136 ADJUSTMENT	8,927.
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FORM 990, PART XII, LINE 2C

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2014

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

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

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

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

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

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

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

