	(000	** PUBLIC DISCLOSURE COPY Return of Organization Exempt From	** n Income Tay	OMB No. 1545-0047
For	m 🖣	990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except private foundation	ons) 2018
		nt of the Treasury	Do not enter social security numbers on this form as it r	nay be made public.	Open to Public
		evenue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection
-			ar year, or tax year beginning JUL 1,2018 and ending	<u>JUN 30, 2019</u>	
	cha	dress ange INC.	ORGANIZATION OF LOUISVILLE FOUNDATION,	D Employer identif	ication number
	cha	in l	usiness as		078461
	Init retu Fini retu		and street (or P.O. box if mail is not delivered to street address)Room/2CENTRAL AVENUE212	suite E Telephone numbe	
	terr		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	58,880,805
	retu	In LOUI	SVILLE, KY 40208	H(a) Is this a group r	
		F Name ar	nd address of principal officer:KEITH SHERMAN	for subordinates	
			AS C ABOVE	H(b) Are all subordinates i	
		exempt status:			list. (see instructions)
JV	Nebs	site: 🕨 LOUI	SVILLEFOUNDATION.ORG	H(c) Group exemptic	
		of organization:	Corporation Trust Association X Other L	Year of formation: 1970	A State of legal domicile: K
Pa	art l				
ø	1	Briefly describe	e the organization's mission or most significant activities: THE FOUN	DATION SUPPOR	TS THE
and		UNIVERS.	ITY OF LOUISVILLE (SEE SCHEDULE O)		
ern	2	Check this box	if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets
Š	3	Number of voti		3	1
ର ଅ	4	Number of inde	ependent voting members of the governing body (Part VI, line 1b)		1
es	5	lotal number o	f individuals employed in calendar year 2018 (Part V. line 2a)	5	1
Activities & Governance	6	i otal number o	r volunteers (estimate if necessary)		2
Ş	7 a	a Total unrelated	business revenue from Part VIII, column (C), line 12		2,651,644
_	k	Net unrelated b	pusiness taxable income from Form 990-T, line 38	7b	0
				Prior Year	Current Year
e	8	Contributions a	nd grants (Part VIII, line 1h)	36,311,750.	40,863,854
Revenue	9	Program service	e revenue (Part VIII, line 2g)	0.	
ě	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	33,000,273.	1 902 964
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,475,398.	1,803,864
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,787,421.	14,744,500
	13	Grants and simi	lar amounts paid (Part IX, column (A), lines 1-3)	68,581,985.	57,412,218
	14		or for members (Part IX, column (A), line 4)	0,00,001,985.	61,740,939
s			compensation, employee benefits (Part IX, column (A), lines 5-10)	3,356,219.	0
	16a	Professional fur	idraising fees (Part IX, column (A), line 11e)		2,978,419
cxpenses	b	Total fundraising		0.	0
<u> </u> ۵	17	Other expenses	g expenses (Part IX, column (D), line 25) ▶0 . (Part IX, column (A), lines 11a-11d, 11f-24e)	10 011 707	11 040 045
	18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	12,811,787.	11,213,381
	19	Revenue less ex	spenses. Subtract line 18 from line 12	84,749,991.	75,932,739
				-12,962,570.	-18,520,521
an	20	Total assets (Pa	rt X line 16)	Beginning of Current Year	End of Year
йI	21	Total liabilities (F		866,487,768.	861,586,142
ğ i			art X, line 26) nd balances. Subtract line 21 from line 20	75,635,439.	68,121,102
	t II	Signature	Block	790,852,329.	793,465,040
ie r	Orre	ct and complete D	eclare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
-, 0	5110		eclaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	
		Signature o	f officer		

Sign	Signature of officer			Date		
Here	KEITH SHERMAN, EXECUTI Type or print name and title	VE DIRECTOR & COO				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
	CHRISTINE N KOENIG		L	self-employed P01022180		
Preparer Use Only	Firm's name DEMING MALONE LI	VESAY & OSTROFF PSC		Firm's EIN 61-1064249		
Use Only	Firm's address 9300 SHELBYVILLE	RD STE 1100				
	LOUISVILLE, KY 40222-5187 Phone no. (502) 426-9660					
	May the IRS discuss this return with the preparer shown above? (see instructions)					
	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

Electronic filles (a file) is	1
Lice one ming (e-file). You can electronically file E	
Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the Contractor forms listed below with the exception of Form 8870, Information Return for Transferr Associate all files and the file any of the Contractor forms is a second	L
forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filling of the form which an extension request must be sent to the IBS in paper format (as included).	าย
ling of the format (as instantian extension request must be sent to the IRS in paper format (as instantian Personal Benefit	
Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the ele- filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profile	actronic

.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or	Name of exempt organization or other filer, see ins	tructions		Enter filer's identifying n	umber
print	INC EMPIOY LOUISVILLE FOUNDATION.		Employer identification nu	mber (EIN) o	
File by the due date for					
filing your return. See	Number, street, and room or suite no. If a P.O. box 215 CENTRAL AVENUE, NO. 23	, see instru	ctions.	23-70784	61
instructions.	only, town of post office, state and ZIP code Far	12		Social security number (SS	SN)
Entropy	LOUISVILLE, KY 40208	toreign ad	dress, see instructions.		
Enter the H	or the return that this application is for the	file a separ	ate application (
		Return	Application for each return)		0 1
Is For		Code	Application Is For		Return
Form 990-B	Form 990-EZ	01	Form 990-T (corporation)		Code
Form 4720 (02	Form 1041-A		07
Form 990-PI		03	Form 4720 (other than individual)		08
		04	Form 5227		09
Orm 990.T (sec. 401(a) or 408(a) trust) trust other than above)	05	Form 6069		10
		06	Form 8870		11
The book	KEITH SHERMAN				12
Telephone	KEITH SHERMAN s are in the care of \blacktriangleright <u>215 CENTRAL AVI</u> No. \blacktriangleright <u>502-852-7300</u>	ENUE,	NO. 212 - LOUTOUT	TTT.	
If the orga	Dization does not have a sil		Fax No.	LLE, KY 40208	
If this is fo	nization does not have an office or place of business r a Group Return, enter the organization's four digit (. If it is for part of the group, check this box \blacktriangleright	s in the Unit	ted States, check this box		
ox 🕨 🗌	. If it is for part of the group, check this box	Group Exen	nption Number (GEN)	lé abla to r an	
	stand group, check this box	and attac	h a list with the names and FINs of	foll manual and the whole group, cl	neck this
2 If the tax	ax year beginning <u>JUL 1, 2018</u> year entered in line 1 is for less than 12 months, che		ending <u>JUN 30, 2019</u>		
			terrara I	inal return	
a If this app	plication is for Forms 990-BL, 990-PF, 990-T, 4720, o fundable credits. See instructions	r 6069 ent	or the testation is a second		
If this app	fundable credits. See instructions.		er the teritative tax, less		
estimated	lication is for Forms 990-PF, 990-T, 4720, or 6069, e tax payments made. Include any prior year outpress	nter anv re	fundable credite and	3a \$	0.
Balance	tax payments made. Include any prior year overpay lue. Subtract line 3b from line 3a Include	ment allow			
Balance o	lue. Subtract line 3b from line 3a. Include your payn PS (Electronic Federal Tax Payment System) See in	nent with th	is form, if required, by	3b \$	0.
tion: If you	PS (Electronic Federal Tax Payment System). See in are going to make ap ploater in the second system.	structions.			
uctions.	te going to make an electronic funds withdrawal (di	rect debit)	with this Form 8868 see Form 84	3c \$	0.
For Priv	are going to make an electronic funds withdrawal (di		845 Form 845	3-EO and Form 8879-EO for pa	ayment
	and a perwork Heduction Act Nation				
	IO. DEPARTMENT	OF THI		MAILED	1-2019)
	THISKNAD KE	VENUE	SERVICE OFILMER		
	OGDEN, UT 8	4201-0	045	NOV	
				NOV 1 1 2019	
1 12-19-18					
• • •				DMLO	
030 75	7979 796901 2018 04	000	1		
	2018.04	030 01	NIVERSITY OF LOUIS	SVILLE TO TOCOC	
					1 1

	m 990 (2018) INC.	SITY OF LOUISVILLE FOU	23-7078463	1
Pa	art III Statement of Program Se			<u> </u>
	Check if Schedule O contains a re	esponse or note to any line in this Part III		
1	Briefly describe the organization's missi	ion:		
	THE FOUNDATION SUPPO	ORTS THE UNIVERSITY IN	I ITS EFFORTS TO MAINTAIN	IΤ
	DISTINCTION AS A PRE	EMIER, NATIONALLY RECO	GNIZED METROPOLITAN RESEA	ARC
	UNIVERSITY WHILE PRO	MOTING THE UNIVERSITY	'S DEPARTMENTS IN THEIR	<u></u>
	EDUCATIONAL, SCIENTI	FIC, AND LITERARY EFF	ORTS AND ENTERPRISES.	
2	Did the organization undertake any sign	ificant program services during the year w	hich were not listed on the	
				es []
	If "Yes," describe these new services or	Schedule O	······	es L
3		or make significant changes in how it conc		
	If "Yes," describe these changes on Sch	adule O		es 🗋
4			largest program services, as measured by expens	
-	Section 501(c)(3) and 501(c)(4) organization	tions are required to report the emount of	hargest program services, as measured by expension	ses.
	revenue, if any, for each program service	tions are required to report the amount of	grants and allocations to others, the total expense	es, an
4a			1 840 000	
чa	(Code:) (Expenses \$ 70,	647,915. including grants of \$ 6	<u>1,740,939.</u>) (Revenue \$ <u>11,978</u>	3,4
	DISTINCTION AG & DDD	RTS THE UNIVERSITY IN	ITS EFFORTS TO MAINTAIN	IT
	DISTINCTION AS A PRE	MIER, NATIONALLY RECO	GNIZED METROPOLITAN RESEA	ARCI
	UNIVERSITY WHILE PRO	MOTING THE UNIVERSITY	'S DEPARTMENTS IN THEIR	
	EDUCATIONAL, SCIENTI	FIC, AND LITERARY EFF	ORTS AND ENTERPRISES.	
	BY INVESTING WISELY,	THE FOUNDATION HELPS	KEEP THE UNIVERSITY IN A	1
	LEADERSHIP POSITION	FOR RESEARCH OF ALL K	INDS, WHETHER THAT MEANS	
	SUPPORTING ONE OF TH	E COUNTRY'S FINEST CA	NCER TREATMENT AND RESEAR	CH
	INSTITUTIONS OR ENSU	RING OUR MEDICAL PROF	ESSIONALS RECEIVE WORLD-C	τ.Δ (
	TRAINING IN EMERGENC	Y PREPAREDNESS.		- 11
4b	CONTINUED ON SCHEDUL (Code:) (Expenses \$)) (Revenue \$	
4b		E O.) (Revenue \$)	
4b) (Revenue \$	
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4b 4c	(Code:) (Expenses \$	including grants of \$		
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4c	(Code:) (Expenses \$	including grants of \$		
4c	(Code:) (Expenses \$ 	including grants of \$		
4c	(Code:) (Expenses \$ 	including grants of \$) (Revenue \$)	

UNIVERSITY OF LOUISVILLE FOUNDATION, Form 990 (2018) INC .
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)?			
~	If "Yes," complete Schedule A	1	X	
2 3	is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I			
4		3		X
-	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? If "Yes," complete Schedule C. Part II.			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
Ŭ	similar amounts as defined in Bevenue Procedure 98 192 (f "Voo " complete Schoolule O. Bert III			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
Ŭ	Schedule D. Part III			
9	Schedule D, Part III	8		X
Ŭ	amounts not listed in Part X; or provide credit equipacing, debt menonement, and it must have been as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10		9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	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.			
~		15732	a da da se	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
h	Part VI	<u>11a</u>	X	
U U	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? If "Yes," complete Schedule D, Part VII	11b	X	
U	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
u	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? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
۲.		12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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? If "Ves." complete Schedule 5. Parts Land IV.			
15	or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yoo " complete Schoolder 5, Date II was hills			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
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? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (2018) INC .
Part IV Checklist of Required Schedules (continued)

UNIVERSITY OF LOUISVILLE FOUNDATION,

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			- <u>^</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		v	
24	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		X	
	Schedule K. If "No," go to line 25a	24a		X
	 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 	24b 24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		+
25	a 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? If "Yes," complete Schedule L, Part I			x
I	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? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes,"</i> complete Schedule L, Part II	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	20		
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions):	101203	1.175	1.98
b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<u>28a</u>		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer	28b		X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	<u></u>
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	X	<u> </u>
	If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 /f "Yoo " complete Schedule D. Dert /	32		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	X	
- •				
35a		34	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	X	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254	v	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
Par	Note. All Form 990 filers are required to complete Schedule O V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
19	Enter the number reported in Roy 2 of Form 1000. Enter 0 if the investor		Yes	No
ia b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ŭ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	13883		
832004	(gambling) winnings to prize winners?	1c	X	
552004	Λ	Form	9 90 ()	2018)

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UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

Form 990 (2018) INC .
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

23-7078461 Page 5

bit at lead one is reported on ine 2, ad the organization file al regulared federal employment tax returns? 26 Note, if the sum of ines 1, and 2 as greater than 250, you may be required to e-file (see instructions) 28 b D d the organization have instructed business provide an explanation in Schedule 0 38 X d H 'Yes', that if field a form 980-T for this year? If 'No' to line 2.9, provide an explanation in Schedule 0 38 X d H 'Yes', that if field a form 980-T for this year? If 'No' to line 3.9, provide an explanation in Schedule 0 38 X d A ary time the name of the forgin country (such as a bark account, securities account, or other financial account)? 4e X See instructions for fing requirements for FinCEN Form 114. Report of Forgin Bank and Financial Accounts (FBAR). 5a X See instructions for fing requirements for FinCEN Form 114. Report of Forgin Bank and Financial Accounts (FBAR). 5a X b If any taxable party notify the organization have annual gross method that was one tay time during the size year? 5a X b If 'Yes', rid the organization in a trave solutibilition any time any time during the size year? 5a X d If Yes', rid the organization include with every solicitation an express statement that such contributions or gifts were not tax educitable? 5b X d If Yes', rinditaties that may receive deductable accontributions an	2	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				Yes	No
Note: If the sum of hines 1a and 2a is greater than 250, you may be required to <i>a</i> - <i>ille</i> (see instructions) Image: Section 2000 Image: Section 2000 <thimage: 2000<="" section="" th=""> <thimage: 2000<="" section="" th=""></thimage:></thimage:>	1	If at least one is reported on line 2a, did the organization file all required foderal employment to use	_ <u>2a</u>	16	1	4 (1999) 	
3a Dot the organization have unrelated business grose income of \$1,000 or more during the year? 3a X 3b If "Yes," has filled a Ferm Sp01 for this year? 3b X 3b If "Yes," has filled a Ferm Sp01 for this year? 3b X 3c X The organization have an interest in, or a signature or other authority your, a financial accounts (FEAR); 3b X 3c See instructions for filling requirements for FinCoEN Form 114. Report of Foreign Bank and Financial accounts (FEAR); 5a X 3c N as the organization a party to a prohibited tax shellse transaction at any time during the tax year? 5a X 3c If "Yes," to line 5a or 5b, of the organization fille Form 886-17. 5b X 3c N as the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selicit any contributions that were not tax deductible form 886-17. 5c 3c N the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 3c N the "Yes," did the organization neity the danor of the value of the good so services provided to the payor? 7a X 3c Yes, 'indicate the number of Forms 8282 filed during the year 7d 7a X 3c N the organization neache any time, dincetty or indi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a file (ass instruction	urns?		<u>2b</u>		1 52,555
b If 'Yes,'' has it field a Form 390-T for this year? If 'No' to line 2b, provide an explanation in Schedule 0 30 X 4 At any time during the calendary 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 bark account, securities account, or other financial account)? 4a X b I' Yes,'' net the mane of the foreign country is a software or other authority over, a financial account is or other financial accounts (FEAR). 5a X b Dd any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b X c If 'Yes,'' to line 6a of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c C c If 'Yes,'' did the organization nucled with every solicitation an express statement that such contributions orgits were not tax deductible? 6b 7a X f Organization self, exchange, or otherwise diagoes of tax an enormally preservises provided to the payor? 7a X f Organization self, exchange, or otherwise diagoes of tax and and party for probes and services provided to the payor? 7a X f Organization self, exchange, or otherwise diagoes of tax and property for which it was required to the payor? 7a X f Organization du	38	Did the organization have unrelated business gross income of \$1,000 or more during the sure of			- Jacks		1966
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue gualified health plans in more than one state?		ŀ	40		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 10 10 10		If "Yes," see instructions and file Form 4720, Schedule N.			<u></u>	1000	<u> </u>
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	incom	e?	16		x
		If "Yes," complete Form 4720, Schedule O.			650		

Form 990 (2018)

832005 12-31-18

UNIVERSITY	OF	LOUISVILLE	FOUNDATION,
INC.			

23-7078461 Page 6

Part VI Governance Management and Diselections	/0/0401	Page	e u
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	⁷ b below, and for a "No" re structions.	sponse	
Check if Schedule O contains a response or note to any line in this Part VI			X
Section A. Governing Body and Management			
1a. Enter the number of victing members of the second state in the second state in the second state is a second state in the s		Yes N	ю
1a Enter the number of voting members of the governing body at the end of the tax year 1a	14		

16	a ciner the number of voting members of the governing body at the end of the tax year	1a	1 1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ł	Enter the number of voting members included in line 1a, above, who are independent	1b	1	4		김 옷을 한
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	in with		루 옷		
	officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the	 20 diro/	t ouponvision	2		X
	of officers, directors, or trustees, or key employees to a management company or other person?	ie ullet	r supervision			
4	Did the organization make any significant changes to its governing documents since the prior Form			3	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	990 Wa	IS THEO?	4	X	-
6	Did the organization have members or stockholders?	sets?	•••••••••••••••••••••••••••••••••••••••	5		X
7a				6		X
	of the persons who had the power to elect or a					
h				7a		X
Ň	Are any governance decisions of the organization reserved to (or subject to approval by) members, a					
0	persons other than the governing body?			7b		X
8	blu the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:	1997 1997 1997	8 - B.Q.	
a L	o o o o o o o o o o		•••••••••••••••••••••••••••••••••••••••	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the			1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			1 43
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	165	X
b	res, do the organization have written policies and procedures governing the activities of such cl	antore	affiliatos	10a	†	<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, annatos,	101		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefor	a filing the form?	10b	v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y beloi	e mang the form?	11a	X	1.1.1.1.1.1
12a	Did the organization have a written conflict of interact notice of the second second					1.000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	+0.00mf		12a		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		ICIS?	12b	X	
13		•••••		12c	X	
14	Did the organization have a written whistleblower policy?	•••••		13	X	
15	Did the organization have a written document retention and destruction policy?			14	X	
10	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				- 1. SŽ.(
a ⊾	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers of key employees of the organization			15b		Х
	in a second the roa of rob, 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 arrangen	nent wit	ha			
	taxable entity during the year?			16a	x	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation	- iou		200
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s			
	exempt status with respect to such arrangements?		•	164		v
Sect	ion C. Disclosure			16b		<u>X</u>
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KY				···	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	1 000 T	(Postion FOd () (a)			
	for public inspection. Indicate how you made these available. Check all that apply.	1 230-1	(Section 501(C)(3)	s only)	availal	ole
	X Own website Another's website X Upon request Other (explain it					

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
	KEITH SHERMAN - 502-852-7300

	215 CENTRAL	AVENUE,	<u>NO.</u>	212,	LOUISV	TLLE,	KY	40208	
832006	12-31-18								

Form 990 (2018)

Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensated
Employees, and Independe	ent 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)	(B) (C)							(D)	(E)	(F)
Name and Title	Average		4 -	Pos	sitior			Reportable	Reportable	Estimated
	hours per	bo	o not o x, unle	ess pe	erson	is bo	th an		compensation	amount of
	week		ficer ar	nd a c T	directo	or/tru:	stee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ordi	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	bens		(W-2/1099-MISC)		organization
	below	ual tr	tional		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON ABRAMS	2.00	-	+		<u> </u>	1	<u> </u>			
DIRECTOR	1.00	x						0.	ο.	0.
(2) NEELI BENDAPUDI	2.00									0.
DIRECTOR		x						0.	Ο.	0.
(3) JIM BOONE	2.00								v.	<u> </u>
SECRETARY	1.00	X		Х				0.	Ο.	0.
(4) PAUL CARRICO	2.00									
DIRECTOR	1.00	X				Ì		0.	Ο.	0.
(5) JILL FORCE	1.00									<u></u>
DIRECTOR		X						0.	Ο.	0.
(6) SANDRA FRAZIER	2.00									<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(7) JONATHAN FULLER	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(8) DAVID GRISSOM	2.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(9) LARRY MCDONALD	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) TOM MEEKER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK NICKEL	5.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) MARY NIXON	5.00									
DIRECTOR		Χ						0.	0.	0.
(13) KEN PAYNE	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(14) EARL REED	2.00					T				
CHAIR		X		X				0.	0.	0.
(15) NITIN SAHNEY	2.00									<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN SMITH	1.00				T	T				
DIRECTOR	1.00	X						0.	0.	0.
(17) KRISTA WALLACE-BOAZ	1.00					ſ				
DIRECTOR	0.00	X						0.	0.	0.
832007 12-31-18										- 000 (00 (0)

832007 12-31-18

Form **990** (2018)

14250608 757979 796901

UNIVERSITY OF LOUISVILLE FOUNDATION, TNO

Form 990 (2018) INC.									23-707	846	1	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employees (c	ontinued)			
(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck	C) sitior more erson		one h an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations /-2/1099-MISC)	oi	mpens from tl rganiza nd rela ganizat	he ation ated
(18) WILL ARMSTRONG DIRECTOR (PREVIOUS)	1.00	x						0.	0			
(19) MICHAEL BOWERS	2.00								0	•		0.
TREASURER (PREVIOUS)	1.00	x		x				0.	0			0.
(20) LAURA DOUGLAS	3.00								0	•		0.
SECRETARY (PREVIOUS) 1.00 X X 0.										•		0.
(21) JOHN SCHNATTER 2.00										•	********	0.
DIRECTOR (PREVIOUS)	1.00	x						0.	0			Ο.
(22) VISHNU TIRUMALA	1.00								0	•		0.
DIRECTOR (PREVIOUS)	1.00	X						0.	0			0.
(23) ENID TRUCIOS-HAYNES	1.00									•		
DIRECTOR (PREVIOUS)	1.00	X						0.	0			0.
(24) KEITH SHERMAN	55.00									-		0.
EXECUTIVE DIRECTOR & COO	1.00			X				232,115.	0	. 41,40		07.
(25) SUSAN MAGNESS	20.00										/-	
DIRECTOR OF BUDGET	5.00					Х		125,514.	0	. 1	L3,8	77.
(26) REGINA LANSKWERT	40.00				,							
DIRECTOR OF ADMINISTRATION	0.00					X		122,217.	0.	. 1	13,1	53.
1b Sub-total)		479,846.	0.		58,4	
c Total from continuation sheets to Par	t VII, Section A)		263,293.	0.		52,6	
d Total (add lines 1b and 1c)		<u></u>)		743,139.	0.		21,0	
2 Total number of individuals (including bu compensation from the organization	ut not limited to the	ose I	isteo	d ab	ove)) wh	o re	ceived more than \$100,000 c	of reportable			5
											Yes	No
3 Did the organization list any former offic	er, director, or tru	stee,	, key	em	ploy	/ee,	or h	ighest compensated employ	ee on	-769C	1 33	1983
line 1a? If "Yes," complete Schedule J fo	or such individual									3		х
4 For any individual listed on line 1a, is the	e sum of reportable	e cor	mpei	nsat	tion	and	oth	er compensation from the or	ganization		1.27.2	1968
and related organizations greater than \$	150,000? If "Yes,"	corr	nplet	te So	ched	dule	J fo	r such individual		4	x	
5 Did any person listed on line 1a receive	or accrue compen	satio	on fro	om a	any i	unre	late	d organization or individual fo	or services	1.000	1.12	
rendered to the organization? If "Yes," c	omplete Schedule	J fo	r sua	ch p	ersc	on				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated ind	epen	nden	t co	ntra	ctor	s th	at received more than \$100,	000 of compens	sation	from	
the organization. Report compensation f	or the calendar ye	ar er	nding	g wi	th o	r wit	hint	the organization's tax year.				
(A) Name and busine	es address							(B)		(0	C)	
CAMBRIDGE ASSOCIATES, L								Description of service	s (Compe	insatio	n
25 HIGH STREET, BOSTON		^						NVESTMENT				
CENTERPLATE - SERVICE A							<u>M</u>	ANAGEMENT	1	,15	9,8	<u>72.</u>
NDEPENDENCE POINT, SUI	TE 305, G	RE	EN	VI	LL	Е,	н	OSPITALITY SER	VICES	86	7,0	74
AMPBELL GUIN LLC, 505	20TH ST N	OR'	ΓН	,						00	110	/ = •
UITE 1600, BIRMINGHAM, YATT TARRANT & COMBS L			וססי	001	DC		Г	EGAL SERVICES		65	7,0'	73.
T, STE 2800, LOUISVILL	E, KY 402	02					Г	EGAL SERVICES		57	0,5	39.
TS MANAGEMENT COMPANY, KWY, STE 400, LOUISVIL	500 N HU	RS'	ГВÖ 2	JUI	RN	E		ROPERTY MANAGEI				
2 Total number of independent contractors				to th		liot	. ۲۲. مطرح	NOFERTI MANAGEI	MENT.	- 38	1,0	53.

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 10

SEE PART VII, SECTION A CONTINUATION SHEETS 832008 12-31-18

Form 990 (2018)

8

Part VII Section A. Officers, Directors, Tru	ustees, Key E	mpl	oyee	es, a	nd l	High	lest	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours			(Pos	C) sitior	ı		(D) Reportable compensation	(E) Reportable compensation	Estir	F) nated unt of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compe fron organ	n the ization elated
27) JUSTIN RUHL IRECTOR OF FNDTN ACCNTNG OPRTNS	38.00	_				x		111,486.	0.	29	, 498
28) JOHN BALLARD	40.00										
ERTIFIED GOLF COURSE SUPERINTENDENT						X		151,807.	0.	23	,160
											100,
-											
		-									
					_						
-											

832201 04-01-18

9 2018.05091 UNIVERSITY OF LOUISVILLE FO 796901_2

UNIVERSITY	OF	LOUISVILLE	FOUNDATION,

art	V	III Statement of Reve	nue				23-707	8461 Pa
		Check if Schedule O cor	tains a respons	se or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
		a Federated campaigns					100000000	012-014
		b Membership dues						이 그는 것 같아?
F	c	Fundraising events	1c					
a	C	B Related organizations	1d	1,616,334.				
		 Government grants (contribution) 						
5	f	All other contributions, gifts, gran						
		similar amounts not included abo	ove 1f	39,247,520.				
2	g	Noncash contributions included in lines	s 1a-1f: \$	3,176,423.				
5	h	Total. Add lines 1a-1f		▶	40,863,854.			
2	2 a			Business Code				
,	b							
	с							
	d							
2	е							
	f	All other program service reve	enue					
		Total. Add lines 2a-2f				Constant States Car		
3		Investment income (including					and the second	a na an tha gailean
		other similar amounts)			1,810,471.			
4		Income from investment of tax	k-exempt bond	proceeds	<u>+,0+0,4/1</u> .			1,810,
5		Royalties						
			(i) Real	(ii) Personal		0.00.000.000.000		1
6	а	Gross rents						
	b	•		•		. 홍홍 김 홍홍 씨		
	с	— • • • •	114,405					
	d	Net rental income or (loss)			114,405.			
		Gross amount from sales of	(i) Securities	(ii) Other	111, 103.			114,4
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		6,607,	2012년 2012년 1			
	с	Gain or (loss)		-6,607.				
		Net gain or (loss)		▶	-6,607.			an a
		Gross income from fundraising						-6,6
		including \$	•		사망 전 전 전 전 전 전 1			
		contributions reported on line			운영을 한 2명을 빌 : 	- 영영 영영 영영		
		Part IV, line 18	•					
1		Less: direct expenses						
		Net income or (loss) from fundi					and the second	
		Gross income from gaming act	•				<u>a se a la composita de la compo</u>	
		Part IV, line 19						
ł	b	Less: direct expenses	b					
Ċ	с	Net income or (loss) from gamin	ng activities					
		Gross sales of inventory, less r					101123-023-023	10000000
		and allowances						
k	b	Less: cost of goods sold	b			· 방송한 관광 관광 관광		
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code		2010/02/02/02/02/02/02		1995 - S. 1
11 a	3	TRANSFER FROM ULH		900099	10,005,287.	10 005 207		
		GOLF COURSE REVENUE	81	900099	2,651,644.	10,005,287.	2 651 611	
		ACTUARIAL GAIN ON ANNUI	TY AND TRU	900099	1,112,342.	1 110 240	2,651,644.	
c	. E	All other revenue		611710	860 822.	1,112,342.	······	
						860.822.	9 80 99 99 90 90 90 90 90 90 90 90 90 90 90	
е	3				14,630,095.			

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10

UNIVERSITY OF LOUISVILLE FOUNDATION, INC

Form 990 (2018) Part IX Statement of Functional Expenses

23-7078461 Page 10

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 responent include amounts reported on lines 6b, 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	61,740,939.	61,740,939.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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			a se la superior de l	
5	Compensation of current officers, directors,				
	trustees, and key employees	310,249.		310,249.	
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	1,965,135.	901,812.	1,063,323.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	116,423.			
9	Other employee benefits	496,313.		308,900.	
0	Payroll taxes	90,299.	78,984.	11,315.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	1,092,838.		1,092,838.	
	Accounting	244,667.		244,667.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,167,459.	1,167,459.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	114,829.	53,945.	60,884.	
2	Advertising and promotion	86,203.	78,120.	8,083.	******
3	Office expenses	242,171.		242,171.	
4	Information technology	68,228.		68,228.	
5	Royalties				
6	Occupancy	965,037.	290,243.	674,794.	
7	Travel	63,010.	61,545.	1,465.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	1,950,363.	1,873,422.	76,941.	
1	Payments to affiliates				1111-1-1-1-1
2	Depreciation, depletion, and amortization	255,325.	4,879.	250,446.	
3	Insurance	149,967.		149,967.	*****
	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 0.)				
	CHANGE-PLEDGE RESERVE	3,233,069.	3,233,069.	en ann an Abhairtí an Bh	
	ANNUITANT PAYMENTS	829,647.	829,647.		
	CATERING	571,127.	049,04/.	E71 107	
	MISCELLANEOUS EXPENSES	179,441.	30 015	571,127.	
	All other expenses	1/7,441.	30,015.	149,426.	
		75,932,739.	70,647,915.	E 204 004	
	Joint costs. Complete this line only if the organization	13,334,133.	10,041,915.	5,284,824.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from the following SOP 98-2 (ASC 958-720)				

14250608 757979 796901

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

	t X	2018) INC. Balance Sheet		<u>4</u> J	-7078461 Page 1
		Check if Schedule O contains a response or note to any line in this Part X	······································		
			(A)	1	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	884,599.	1	2,564,548
	2	Savings and temporary cash investments	583,819.	2	6,147,794
	3	Pledges and grants receivable, net	19,711,455.		15,719,024
	4	Accounts receivable, net	1,173,995.	4	827,524
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1993	
		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		- (1994) - (1994)	
3		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	37,474,379.		33,129,555
•	8	Inventories for sale or use	115,481.		93,888
	9	Prepaid expenses and deferred charges	434,750.	9	411,385
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38, 348, 550.		900	- Alexandra and Alexandra
		Less: accumulated depreciation <u>10b</u> 6,700,071.		10c	
	11	Investments - publicly traded securities	142,083,753.		142,458,456
	12	Investments - other securities. See Part IV, line 11	543,720,248.	12	551,823,099
	13	Investments - program-related. See Part IV, line 11		13	
		Intangible assets	07 (01 007	14	56 560 000
	15 16	Other assets. See Part IV, line 11	87,691,927.	15	76,762,390
		Total assets. Add lines 1 through 15 (must equal line 34)	866,487,768.	16	861,586,142
		Accounts payable and accrued expenses	2,833,453.	17	1,936,340
		Grants payable	E 1E1 107	18	4 0 2 1 0 1 0
		Deferred revenue	5,151,127.	19	4,931,810
	20	Tax-exempt bond liabilities	21,972,563.	20	10 554 770
		Loans and other payables to current and former officers, directors, trustees,		21	19,554,772
1		key employees, highest compensated employees, and disqualified persons.			
				00	10 mainte de la Company de La Company de la Company de
		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	36,749,346.	22 23	35,575,603
		Unsecured notes and loans payable to unrelated third parties	50,745,540.	23 24	35,575,005
		Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	8,928,950.	25	6,122,577
12	26	Total liabilities. Add lines 17 through 25	75,635,439.	26	68,121,102
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
		complete lines 27 through 29, and lines 33 and 34.			
12	27	Unrestricted net assets	3,820,329.	27	41,411,067
2	28	Temporarily restricted net assets	325,963,046.	28	0
2		Permanently restricted net assets	461,068,954.	29	752,053,973
		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗔			
	i	and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
3		Paid-in or capital surplus, or land, building, or equipment fund		31	
3		Retained earnings, endowment, accumulated income, or other funds		32	
3		Total net assets or fund balances	790,852,329.	33	793,465,040
	34 [·]	Total liabilities and net assets/fund balances	866,487,768.	34	861,586,142.

832011 12-31-18

UNIVERSITY OF LOUISVILLE FOUNDATION,

23-	-7	07	8 '	46	1	Page	12

	n 990 (2018) INC.	23-	70784	161	Pa	ae 12
Pa	Int XI Reconciliation of Net Assets					<u>a-</u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,	41	2,2	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2				39.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	790,			
5	Net unrealized gains (losses) on investments	5				32.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	793,	46	5,0	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				T	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 🔲 Other		Γ	122		
	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?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b				2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:	,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				1993	1000000 100000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?	-		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2018)

832012 12-31-18

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support										OMB No. 1545-0047
(F	orm 990 or 990	-EZ)	-	Public Cha	2010					
			C		anization is a section 50			n or a section		
Dep	artment of the Treasu	ry			947(a)(1) nonexempt ch ► Attach to Form 990 or					Open to Public
Inter	nal Revenue Service				ov/Form990 for instruct			information.		Inspection
Na	me of the orgar	nization			LOUISVILLE				Employe	r identification number
			INC.							23-7078461
P	art I Reas	son for	Public	Charity Status	(All organizations must of	complete t	his part.) S	See instruction	S.	
The	organization is	not a priv	vate found	dation because it is	: (For lines 1 through 12,	check on	ly one box	.)		
1	A churcl	h, conver	ntion of ch	urches, or associat	tion of churches describe	ed in sect i	ion 170(b)	(1)(A)(i).		
2					(Attach Schedule E (For					
3					ganization described in s					
4			ch organiz	ation operated in c	onjunction with a hospita	al describe	ed in secti	on 170(b)(1)(A)(iii). Entei	r the hospital's name,
_	city, and									
5					ollege or university owne	ed or oper	ated by a g	governmental i	unit descri	bed in
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 										
6 7										
										I public described in
8	section 170(b)(1)(A)(vi). (Complete Part II.)									
 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 										
3	or univer	sity or a	non-land-c	anization describe	iculture (see instructions)	(IX) opera	ted in conj	unction with a	land-gran	t college
	universit		non lana g	grant college of agri		. Enter th	e name, ci	ly, and state of	the colleg	ge or
10		-	nat norma	Ilv receives: (1) mor	re than 33 1/3% of its su	onort from	a contribut	ions members	hin foos	and group require from
	activities	related t	o its exen	npt functions - subi	ect to certain exceptions	and (2) n	o more the	an 33 1/3% of	ite suppor	t from gross receipts from
	income a	and unrel	ated busir	ness taxable incom	e (less section 511 tax) fi	om busin	esses acq	uired by the or	nanization	after June 30, 1975
	See sect	tion 509(a	a)(2). (Cor	mplete Part III.)					gamzation	
11	An organ	ization o	rganized a	and operated exclu	sively to test for public s	afety. See	section 5	09(a)(4).		
12					sively for the benefit of, t				rry out the	e purposes of one or
	more put	olicly sup	ported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	i09(a)(3). (Check the box in
	lines 12a	through	12d that	describes the type	of supporting organization	on and co	nplete line	s 12e, 12f, and	l 12g.	
а	Type I.	A suppo	orting orga	nization operated,	supervised, or controlled	by its su	oported or	ganization(s), t	ypically by	y giving
					egularly appoint or elect	a majority	of the dire	ectors or truste	es of the s	supporting
				omplete Part IV, S						
b					d or controlled in connec					
					panization vested in the s	ame pers	ons that c	ontrol or mana	ge the sup	oported
_					Sections A and C.					
С		I function	nally inte	grated. A supportin	ng organization operated	in connec	ction with,	and functional	ly integrat	ed with,
d					s). You must complete					
u					porting organization oper					
					zation generally must sa mplete Part IV, Sections				an attent	iveness
е		this box i	f the orga	nization received a	written determination fro	s A and D	, and Part	V.		
•	function	nally inter	arated, or	Type III non-function	onally integrated support	ing organi	ization	а турет, туре	п, туре п	
f	Enter the num						241011.			
g				about the support			••••••	••••••	•••••	
	(i) Name of s	supported	Ī	(ii) EIN	(iii) Type of organization	(iv) is the org	anization listed ling document?	(v) Amount of	monetary	(vi) Amount of other
	organiza	ation			(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
							L			
Tet-						10.000	(Alexandre)			
rota ⊢⊔∆		Reducti	on Act N	tice coothe last	ructions for Form 000 a	- 000 57	L			

Lŀ Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

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UNIVERSITY OF LOUISVILLE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2018 INC. Part II Support Schedule for Orga

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	49350665.	54953917.	29069195.	36311750.	40863854.	210549381
2	Tax revenues levied for the organ-						210319301
	ization'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	49350665.	54953917.	29069195	36311750	10863854	210549381
5	The portion of total contributions		51555517	25005155.	50511750.	40003034.	210349301
-	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)						20405007
6	Public support. Subtract line 5 from line 4.						38485087.
	tion B. Total Support						172064294
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(6) Total
		49350665.	54953917.	29069195	36311750	10863851	(f) Total
	Gross income from interest,		019999111	23003133.	50511750.	<u>40003034</u> .	210349301
-	dividends, payments received on						
	securities loans, rents, royalties,						
	· · · ·	16781318.	11608775	7475201	16734488.	2055117	56556199.
9	Net income from unrelated business		11000775.	1415201.	10/34400.	JJJ0417.	30330199.
•	activities, whether or not the						
	business is regularly carried on	0.	0.	0.	0.	ο.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					CONTRACTOR OF THE	267105500
	Gross receipts from related activities,	etc. (see instructio	nne)		Contraction and the second second		267105580
	First five years. If the Form 990 is for			d fourth or fifth to		<u>12</u> <u>27</u>	,600,635.
	organization, check this box and stor					()()	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage		<u></u>		
	Public support percentage for 2018 (I			olumn (f))		14	64.42 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>64.42</u> % 65.41%
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13. and line [.]	14 is 33 1/3% or m		x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	lorganization	.	
b	10% -facts-and-circumstances test	t - 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 INC.

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

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

	ction A. Public Support		1	Γ	. <u>T</u>	·····	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			ann an the second		a Standarowski -	
	tion B. Total Support					-h	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	····· XX			(4)	(0/2010	(I) I Otal
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						
с	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						
	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.)					1	
	First five years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section	on 501(c)(3) organiza	tion
	tion C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2018 (lir			olumn (f))		15	%
16	Public support percentage from 2017 S	Schedule A. Part				16	
Sec	tion D. Computation of Invest	tment Income	e Percentage			10	%
	nvestment income percentage for 201			0 12 oolumn (ft)	· · · · · · · · · · · · · · · · · · ·	17	
	investment income percentage from 20						<u>%</u>
	33 1/3% support tests - 2018. If the o			n line 14 and line		18	%
							is not
	more than 33 1/3%, check this box and						▶∟_
	33 1/3% support tests - 2017. If the o						
20	ine 18 is not more than 33 1/3%, chec	k this box and sto	pp nere. The organ	ization qualifies as	s a publicly supp	orted organization	
	Private foundation. If the organization	ala not check a l	box on line 14, 19a	, or 19b, check th			>
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UNIVERSITY OF LOUISVILLE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2018 INC. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

No

UNIVERSITY OF LOUISVILLE FOUNDATION,

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Part IV Supporting Organizations (continued) Yes No. 11 Has the organization accepted a gift or contribution from any of the following persons described in (b) and (c) 11		edule A (Form 990 or 990-EZ) 2018 INC.	23-707846	51 P	'age 5
11 Hest the organization accepted a gift or contribution from any of the following persons? Image: Control of the organization is a supported organization? Image: Control of the organization is a supported organization? Image: Control of the organization is a support of organization is a support of control of the organization and more is the organization is a control of the organization or service of the organization is a control or the support of control organization? Image: Control organization is a control or the support of control organization? Image: Control organization is a control or the support of control organization? Image: Control organization is a control organization? Image: Control organization is a control organization? Image: Control organization is a control organization? Image: Control organizatio	Pa	Int IV Supporting Organizations (continued)			
 a A person who directly on indirectly controls, either active or together with persons desorbed in (b) and (c) below, the gowring body of a supported organization? b A family member of a person described in (b) above? c A 28% controlled entry of a person described in (b) above? c A 28% controlled entry of a person described in (b) or (b) above? c A 28% controlled entry of a person described in (b) or (b) above? c A 28% controlled entry of a person described in (b) or (b) above? a year 17 No.² describe in Part N how the supported organization's directors or trustees at altims during the say year. d Did the directors, trustees, or membership of one or more supported organization, describe how the powers to describe the organization set were directors or trustees at altims during the say year. d Did the organization constructs the benefit of any supported organization of the tax year. d Did the organization constructs the benefit on any supported organization of the support of the support of the construction. J any, supported organization? If 'Yes,' explain in Part N how the supporting organization of the supporting organization of the support of the support of organization? If 'Yes,' explain in Part N how the supporting organization of the support of organization of the support of the constructions. 2 Evotion C. Type II Supporting Organizations 1 Were a majority of the organization was vested in the same persons that controlled or managed the supported organization of the support of granization. 2 Evotion D. All Type II Supporting Organizations working the tax year. (b) a copies of the organization was vested in the same persons that controlled or managed the organization was vested in the same persons that controlled or managed the organization is were officers. If the support organizations is were the support of organization is were office a support of organization. 2 Did the organiza			F	Yes	No
bedwy, the governing body of a supported organization? b A family member of a period deciribed in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Ves No Topolal period resides tabest a majority of the organization detector or trustees at all times during the tax year? If No.' describe in Part VI how the supported organization detector or trustees at all times during the tax year? If No.' describe in Part VI how the supported organization detector or trustees at all times during the tax year? If No.' describe in Part VI how the supported organization detector or trustees at all times during the tax year? If No.' describe in Part VI how the supported organization detector or trustees were allocated among the supported organization and were conditions. If the organization and more than the supported organization and were conditions. If the organization detector or trustees of the supported organization() that operated, supporting Organization and more than the supported organization is concluded the supporting organization(). Section C. Type II Supporting Organizations Thesame and provide to each of its supported organization(s) that operated, supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organization(s) that operated, supported organization's alupcorted organization(s) the same persons that controlled or managed the augopreted organization's useful the same persons that controlled or managed the augopreted organization's alupcorted organization(s) that operated, supporting Organizations Type II Supporting Organization's the same persons that controlled or managed the augopreted organization's bused of the supported organizati	11				
b A family member of a perion described in (d) above? c. A 39% controlled mity of period descriptions description (d) a (b) e(b) above?/// Yest' to a, b, or c, provide detail in Part V, Section B. Type I Supporting Organizations Ves in the supervised of the distribution of the organization is directors or trustees at all times during the tax year! If Yes' describe in Part V how the supported organization is directors or trustees at all times during the support of the organization directors or trustees at all times during the support of the organization set directors or trustees at all times during the support of the organization directors or trustees at all times during the support of organization directors or trustees at all times during the support of the organization directors or trustees at all times during the support of the organization directors or trustees at all times during the support of organization or setter for the support of the organization or setter for the benefit of any supported organization or the support of the organization or the support of the organization or setter for the support of the support of the organization or setter of the support of the organization or setter of the support of the support of the organization or trustees of the support of the organization or setter of the support of organization or trustees at a support of the organization or setter of the support organization or trustees at a support of organization was vested in the same persons that controlled or managed the support organization was vested in the same persons that controlled or the support of the organization or trustees at all times during the prior tax year. (f) a worthen notice discers or trustees at all times during the prior tax year. (f) a worthen notice discers or trustees at all times during the prior tax year. (f) a worthen notice discers or trustees at all times during the prior tax year. (f) a worthen notice discers or trustees at all times during the prior tax year. (f) a worthen	а			1 - NE	1 1993
C. A 35% controlled entity of a person described in (a) or (b) above?/If 'Yes' to a, b, or c, provide detail in Pert VI. The Section B. Type I Supporting Organizations I bid 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 is directors or trustees at all times during the tay year? If 'No,' describe in Pert VI now the supported organization and indectors or trustees at all times during the tay year? If 'No,' describe in Pert VI now the supported organization and indectors or trustees were allocated arong the supported organization porate for the benefit of any supported organization fail for the year organization operate for the benefit of any supported organization fail for the 'Yes,' "split in Pert VI how providing such benefit carrier out the purposes of the supported organization (b) that operated, supervised, or concluded the supported organization (b) that operated, supervised, or concluded the supported organization (b) that operated, supervised, or concluded the supported organization (b) that operated, supervised, or concluded the supported organization(b) If 'No,' describe in Part VI how control or manageed the support of gradination was visited in the same parsons that conclude or manageed the supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was visited in the same parsons that concluded ouring the provide to the organization (b) that operated. Type II Supporting Organizations, by the last day of the fifth month of the organization provide to each of its supported organization, and ((in copie) and the organization (b) that was most care trustees do related to the director trustees do related to the directors or trustees do related to the director the organization (b) the organization of the organization supported organiz			11a		
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? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? B 'No.' describe how the powers to appoint and/or member directors or trustees and among the supported organization, electronic trustees are allocated arrang the supported organization's directors or trustees and arrang the supported organization electronic or trustees and and the supported organization electronic or trustees or allocate arrang the supported organization electronic or trustees or allocate arrang the support and organization electronic or trustees are allocated arrang the support and organization's directors or trustees or allocate arrang the support and organization electronic organization elect			11b		
Det 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 is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization during the access and wats conditions or restrictions, if any, applied to the an ore supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization (b) the organization and wats conditions or restrictions, if any, applied to use howers adout the supported organization (b) the organization of the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) that operated, gueranted, or controlled the supported organization (b) the organization (b) the organization supported organization (b) the support of the organization (b) the support of organization (b) the support of the organization (c) or management of the supporting Organizations. The support provided the support of organization (b) the support of organization (c) or management of the support organization, the tast that the support organization (c) or gue and the noted eccessing the try part of the tax, year, (i) a cocy of the form SO that was most recently field as of the date on ontification, and (ii) copies of the organization softhese supported organization (c) or support of organization (c) or		A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Ded the directors, trustees, or membership of one or more supported organizations have the power to regularity appoint or elect task an anaryor of the organization directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of effectively operated supervised, or controlled the organization activities or trustees were allocated among the supported organization of the power to appoint and/or remove directors or trustees were allocated among the supported organization of the the organization of the benefit of any supported organization of the support of the parts the support organization of the these support of use of the support of any supported organization of the support of any supported organization of the support of any support of support organization is the support of any support any support of any support of any support of any support of any	Sec	ction B. Type I Supporting Organizations		- 1	
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? (No; 'describe Port No No We supported organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization or genetications or existicions, if any, appleed to such powers aduring the tax year? 2 Did the organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the trans the supported organization (b) that operated, supervised, or controlled the supporting organization of the supported organization (b) that operated, supervised, or controlled the supported organization of the supported organization of the organization's supported organization (b) that operated, supervised, or controlled the supporting organization? If ''Ne', 'eachin in Part VI how control or management of the supporting organizations. Section C. Type II Supporting organizations 3 Did 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 organizations. 5 Section D. All Type III Supporting organizations 3 Did the organization or subsection or subsection of the supported organizations and (i) copies of the organization for the supported organization and (i) copies of the organization's different, directors, or trustees either (i) appointed organization's provided organization's aupported organization's appoint or genization's appoint of the erganization's different, directors, or trustees either (i) appointed organization's and (i) copies of the organization's different, directors, or trustees either (i) appointed organization's appoint or genization's appoint of the erganization's different of each of the supported organization's appointed organization's appoi				Yes	No
tax year? If "No." describe in Pert VI how the supported organization(s) effectively operated, supervised, or controlled the organization stativities. If any 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 supported organization of the support of any supported organization of the tax year. 2 Do the organization operates of the benefit of any support	1				
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Schedule A (Form 990 or 990-EZ) 2018

UNIVERSITY OF LOUISVILLE FOUNDATION, Schedule A (Form 990 or 990-EZ) 2018 INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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 Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 1h 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 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 Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2018

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UNIVERSITY OF LOUISVILLE FOUNDATION,

	edule A (Form 990 or 990 EZ) 2018 INC .		·	23-7078461 Page 7
Pa	art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
_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 responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	THE STREET STREET		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	The second s		
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			<u>n na kon na la na na</u>
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j	in the second		
-	and 4c.			
8	Breakdown of line 7:	SSECTION SECTION SECTION		· 모습은 전기가 관련할 것 같아. 이상 전 가 같아. · · · · · · · · · · · · · · · · · · ·
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	Excess from 2015	2022 (2020) (2020) (2020)		
	Excess from 2016	1976년 - 1979년 1979년 1979년 1979년 1971년 2월 2월 1979년 1971년 197		, 2011년 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 193 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937
	Excess from 2017			
	Excess from 2018		의 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	
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Schedule A (Form 990 or 990-EZ) 2018

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UNIVERSITY OF	LOUISVILLE	FOUNDATION
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Part VI	(Form 990 or 990 EZ) 2018 INC . Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 2b, 3c, 4b, 4c, 5c, 6, 0c, 0b, 0c, 11c, 11b, and 11c, Part IV, Our II, line 17a	23-7078461 F
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi	is 1 and 2; Part IV, Section (
	(See instructions.)	monal information.

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		PROVER STATUTE OF THE STATUTE ST
2028 10-11-18	0 · · ·	ule A (Form 990 or 990-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

UNIVERSITY	OF	LOUISVILLE	FOUNDATION,
INC.			

23-7078461

Employer identification number

A				
Organization	type	check	one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2018)
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UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

Employer identification number

23-7078461

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 1,425,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Х Person Payroll 6,882,682. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroli 1,560,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,450,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 1,439,851. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

14250608 757979 796901

823452 11-08-18

2018.05091 UNIVERSITY OF LOUISVILLE FO 796901_2

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Schedule	в	(Form	990,	990-EZ,	or	990-PF) ((2018)	
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UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

Employer identification number

Page **2**

23-7078461

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>1,195,359.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,040,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10 </u>		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990)-EZ, or 990-PF) (2	018)
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Employer identification number

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

23-7078461

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$985,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$1,500,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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823452 11-08-18

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2018)
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UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

Employer identification number

Page 3

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 823453 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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14250608 757979 796901

Name of or	-		Employer identification number					
UNIVEF INC.	RSITY OF LOUISVILLE FOUN	DATION,	23-7078461					
Part III	from any one contributor. Complete columns (a) th	hrough (e) and the following line er aritable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gi						
_	Transferee's name, address, and		Relationship of transferor to transferee					
(a) No.	T							
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		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
_	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_		(e) Transfer of gi	yift					
-	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee					
23454 11-08	-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2					

14250608 757979 796901

SC	HEDULE D Supplemen	tal Financial Statements	OMB No. 1545-0047
(For	m 990) Complete if the o	rganization answered "Yes" on Form 990,	2018
Depa	tment of the Treasury	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
		n990 for instructions and the latest information	Inspection
Nan		UISVILLE FOUNDATION,	Employer identification number
Do	INC. rt I Organizations Maintaining Donor Advi	and Funda an Other Similar Funda and	23-7078461
Fa			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV,		(b) Funds and other accounts
4	Total number at and of year		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors		
5			
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dono		
0	for charitable purposes and not for the benefit of the dono		
Pa	rt II Conservation Easements. Complete if the	organization answered "Ves" on Form 990. Part IV	Yes No
1	Purpose(s) of conservation easements held by the organiz		, mie 7.
•	Preservation of land for public use (e.g., recreation of		important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a ar	propriation opportunition the last
~	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2a 2b
c N	Number of conservation easements on a certified historic s	structure included in (a)	20 2c
ь Ч	Number of conservation easements included in (c) acquire		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred,		Conservation of the second sec
-	year ►		
4	Number of states where property subject to conservation	easement is located	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspectin		
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation ea	asements during the year
	▶\$	-	0,
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva-		
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections		Similar Assets.
*****	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (r		
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desi		
b	If the organization elected, as permitted under SFAS 116 (/		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public ser	rvice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical t	- .	provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2018
83205	10-29-18	28	

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	edule D (Form 990) 2018 INC -	SITY OF I	LOUISV	ILLE F	OUNDATI	ON,		23-7	07846	1 Page
Pa	art III Organizations Maintaining (er Simila	ar Ass	ets(contir	nued)
3	Using the organization's acquisition, access	ion, and other r	ecords, ch	eck any of th	ne following tha	it are a si	gnificant u	use of it	s collectio	n items
	(check all that apply):									
a	Public exhibition		d	Loan or e	xchange progra	ams				
b	,		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and e	xplain how	they furthe	r the organizati	on's exer	npt purpo	se in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donat	ions of art,	historical tre	easures, or oth	er similar	assets			
	to be sold to raise funds rather than to be m	aintained as pa	rt of the or	ganization's	collection?			[Yes	
Pa	rt IV Escrow and Custodial Arran	igements. Co	omplete if t	he organizat	tion answered	"Yes" on	Form 990	, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other inte	rmediary f	or contributi	ons or other as	sets not	included			
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he followin	g table:						
									Amount	t
с	Beginning balance						1c			
d	A 1 11-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1d			·
е	S ¹ · H · H · H				••••••••••••••••••••••••		1e			
f	Ending balance	•••••••••••••••••••••••••••••••••••••••					16 1f			
2a	Did the organization include an amount on F	orm 990. Part X	. line 21. fc	or escrow or	custodial acco	unt liabili		Γ.	X Yes	
	If "Yes," explain the arrangement in Part XIII.						· · · · · · · · · · · · · · · · · · ·	La		
Pa	rt V Endowment Funds. Complete i	if the organization	on answere	d "Yes" on I	Form 990. Part	IV. line 1	0.			
L		(a) Current ye	1	Prior year	(c) Two year		d) Three ye	are had		years back
1a	Beginning of year balance	770,214,0		16,866,750						
b		10,790,9					770,85			284,478
c	NA 19 1 1 1 1 1	10,008.0		4,457,783		3,830.		28,257		926,930
d	-	10,008,0	41.	54,386,489	72,691	1,984.	-7,42	23,307		366,293
	Other expenditures for facilities						-		7,	587,144
e										
	and programs	141,912,7		<u>4,667,409</u>				25,881		792,235
f	Administrative expenses	4,501,9		0,829,568			•	77,342		614,570
g	End of year balance	644,598,3		0,214,045		5,750.	708,15	52,893	. 770,	851,166
2	Provide the estimated percentage of the cur			1g, column	(a)) held as:					
a	Board designated or quasi-endowment	2.94	%							
b	Permanent endowment 70.45	%								
С			%							
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the org	anization t	hat are held	and administer	red for th	e organiza	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as r	equired on	Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the	organization's	endowmen	t funds.						
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" on Form	n 990, Part	IV, line 11a.	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost	or other	(b) Cos	st or other	(c) Ac	cumulated	4	(d) Book	value
	· · · · ·	basis (inv	estment)		s (other)		reciation		(-) 2000	
	Land			11.8	16,779.	192000			L1,816	5.779
1a					82,977.	4 3	88,72			
				41.4					/	1 254
b	Buildings	••••		<u> </u>	02,577.				L/,094	1,253.
b c	Buildings Leasehold improvements									
b c d	Buildings Leasehold improvements Equipment			1,5	83,510.	1,1	81,35	1.	402	1,253. 2,159.
b c d e	Buildings Leasehold improvements		Part V. ool	1,5	83,510. 65,284.	1,1		1.	402 2,335	

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Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives				
(2) Closely-held equity interests		1		
(3) Other				
(A) MARKETABLE ALTERNATIVES	86,109,592.	END-OF-YEAR MARKET VALUE		
(B) MISCELLANEOUS INVESTMENTS	41,673,264.	END-OF-YEAR MARKET VALUE		
(C) PARTNERSHIP INVESTMENTS	424,040,243.	END-OF-YEAR MARKET VALUE		
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)►	551,823,099.			

Part VIII Investments - Program Related.

on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
]	
	a for a for a first of the foregraphic states for the fatting of

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	16,159,859.
(2) FUNDS HELD IN TRUST BY OTHERS	60,602,531.
(3)	
(4)	······································
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	76,762,390.

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO UNIVERSITY OF LOUISVILLE	1,382,889.	
(3)	DEFERRED COMPENSATION	73,417.	
(4)	ANNUITIES AND TRUSTS PAYABLE	4,666,271.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,122,577.	

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

Schedule D (Form 990) 2018

832053 10-29-18

Sch	edule D (Form 990) 2018 INC .		23-7078461 Page4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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 IS THE CUSTODIAN OF FUNDS OWNED BY THE UNIVERSITY OF

LOUISVILLE ATHLETICS ASSOCIATION (ASSOCIATION). THE ASSOCIATION IS A

SEPARATE CORPORATION ORGANIZED FOR THE PURPOSE OF PROMOTING THE

INTERCOLLEGIATE ATHLETIC ACTIVITIES OF THE UNIVERSITY OF LOUISVILLE. THE

FOUNDATION SERVES IN AN AGENCY CAPACITY AND INVESTS FUNDS ON BEHALF OF THE

ASSOCIATION. AS OF JUNE 30, 2019, THE FOUNDATION HELD APPROXIMATELY \$11.2

MILLION FOR THE ASSOCIATION'S INVESTMENT PURPOSES.

THE FOUNDATION ENTERED INTO AN AGREEMENT WITH JEWISH HOSPITAL & ST. MARY'S

HEALTHCARE, INC. (JEWISH HOSPITAL) WHEREBY THE FOUNDATION SERVES IN AN

AGENCY CAPACITY TO INVEST FUNDS ON BEHALF OF JEWISH HOSPITAL. JEWISH 832054 10-29-18 Schedule D (Form 990) 2018

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		UNIVERSI	TY OF	LOUISVILLE	FOUNDA	FION,		
Schedule D (Form 99		INC.					23-7078461	Page 5
Part XIII Suppl	emental In	formation (continu	ied)					
HOSPITAL I	<u>S A SEP</u>	ARATE CORPO	RATION	ORGANIZED	FOR TH	E PURPOSE	OF PROVID	ING

HEALTH CARE SERVICES. AS OF JUNE 30, 2019, THE FOUNDATION HELD

APPROXIMATELY \$8.2 MILLION FOR JEWISH HOSPITAL'S INVESTMENT PURPOSES.

THE FOUNDATION WAS THE RECIPIENT OF ENDOWED FUNDS, THE INCOME OF WHICH SHALL BE USED IN SUPPORT OF THE LOUISVILLE ORCHESTRA. AS OF JUNE 30, 2019, THE FOUNDATION HELD APPROXIMATELY \$200,000 FOR THE BENEFIT OF THE LOUISVILLE ORCHESTRA.

THE FOUNDATION, ACTING IN AN AGENT CAPACITY, DOES NOT REFLECT EARNINGS ON INVESTMENTS HELD IN TRUST FOR OTHERS IN ITS REVENUES AS THESE EARNINGS ARE DISTRIBUTED TO THE OWNERS OF THE FUNDS.

PART V, LINE 4:

THE INTENDED USE OF THE FOUNDATION'S ENDOWMENTS IS TO SUPPORT THE UNIVERSITY IN ITS EFFORTS TO MAINTAIN ITS DISTINCTION AS A PREMIER, NATIONALLY RECOGNIZED METROPOLITAN RESEARCH UNIVERSITY WHILE PROMOTING THE UNIVERSITY'S DEPARTMENTS IN THEIR EDUCATIONAL, SCIENTIFIC, AND LITERARY EFFORTS AND ENTERPRISES. FUNDS ARE INVESTED AND MANAGED BY THE FOUNDATION IN SUPPORT OF THE UNIVERSITY'S MISSION.

FOR THE YEAR ENDED JUNE 30, 2019, LINE 1E "OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS" INCLUDES A RESTATEMENT TO EXCLUDE CERTAIN CURRENT USE AND OTHER FUNDS THAT ARE NO LONGER CONSIDERED PART OF THE ENDOWMENT DUE TO THE ADOPTION OF ASU 2016-14 AND FURTHER ANALYSIS OF THESE AMOUNTS OR FUNDS.

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PART X, LINE 2:

Schedule D (Form 990) 2018

832055 10-29-18

UNIVERSITY OF LOUISVILLE FOUNDATION, Schedule D (Form 990) 2018 INC. 23-7078461 Page Part XIII Supplemental Information (continued)
THE FOUNDATION COMPLETED AN ANALYSIS OF ITS UNCERTAIN TAX POSITIONS IN
ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THERE ARE NO
AMOUNTS TO BE RECOGNIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE
30, 2019 AND 2018.
Schedule D (Form 990) 20
832055 10-29-18

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SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			MB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fr	Attach to Form 990. orm990 for instructions and the lates	t information		Open to Public
Name of the organization UNIVERSITY OF I INC.	LOUISVILL	E FOUNDA	TION,		Employer identii	fication number
Form 990, Part I	V, line 14b.		tside the United States. Compl			Yes" on
			ds to substantiate the amount of its gr the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region. (1	he following Part	I, line 3 table c	an be duplicated if additional space is i	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			131717350.
EUROPE (INCLUDING ICELAND AND						
GREENLAND)	0	0	INVESTMENTS			6,947,146.
 3 a Subtotal b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 	0	0				138,664,496. 0. 138,664,496.

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

Schedule F (Form 990) 2018

832071 10-31-18

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

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

832072 10-31-18

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					
	/, line 16.	(g) Description of noncash assistance					
23-7078461	on Form 990, Part IV	(f) Amount of noncash assistance					
23	or an use 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.	(e) Manner of cash disbursement					
And Complete if the	ites. Complete if th	(d) Amount of cash grant					
the Haited Sta	e the United Sta J.	c) Number of recipients					
INC.	to individuals Outsid itional space is needer	(b) Region					
Schedule F (Form 990) 2018 INC Part III Grants and Other Assistance to	1	(a) Type of grant or assistance					

832073 10-31-18

UNIVERSITY OF LOUISVILLE FOUNDATION,

23-	-70	784	161	Page 4

Sche	dule F (Form 990) 2018 INC.	23-7078461	Page 4
Pa	t IV Foreign Forms		- Tugo 4
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)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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)	X Yes	No 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)	X 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)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

UNIVERSITY OF	LOUISVILLE	FOUNDATION,
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23-7078461 Page 5

		INC.
Part V	Supplemental	Information

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

SCHEDULE F, PART I, LINE 3

CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL

832075 10-31-18

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SCHEDULE I (Form 990)	C C C C C C C C C C C C C C C C C C C	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organ Is in the Uni on Form 990, Pa	iizations, ited States rt IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information 	n 990. r the latest inforn	nation		Open to Public Increation
Name of the organization UNIVE INC.	UNIVERSITY OF LOUI INC.	LOUISVILLE FOUN	FOUNDATION,		-1008		Employer identification number
Part I General Information on Grants and Assistance	Grants and Assistance						<u> 23 - /U/8461</u>
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	records to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	ion
criteria used to award the grants or assistance?	ts or assistance?						X Yes
<u>Q</u>	ation's procedures for moni	itoring the use of grant	funds in the United	l States.]
Part II Grants and Other Assist	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	izations and Domestic	c Governments. C	omplete if the orga	anization answered "Y	/es" on Form 990, Part	IV, line 21, for any
	00,04	T be duplicated if addition	it additional space is needed	ed.	10) Mathemal 25		
 (a) Name and address of organization or government 	ization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(1) internod of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TINITVERSTURY OF LOUISSING						ART, BOOKS,	
2301 S 3RD STREET			~			CLOTHING,	
LOUISVILLE, KY 40208	61-1014882	SECTION 115	60 904 199	836 740	836 740 FATE VALUE		שהכתמוות וגמפועפי
				2 5 4 2 2 2 2 2			
			яу				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	01(c)(3) and government or	ganizations listed in the	e line 1 table				
	inizations listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	t Notice, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2018)

UNIVERSITY OF LA Schedule I (Form 990) (2018) INC.	LOUISVILLE	E FOUNDATION,	ION,		0.000
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form (990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE FOUNDATION HAS BEEN DESIGNATED	ВΥ	THE UNIVERSITY	C OF LOUISVILLE	ІГГЕ ТО	
RECEIVE FUNDS DERIVED FROM GIFTS AN	AND OTHER	OTHER SOURCES.	AS GUIDED	BY ITS BOARD	
OF DIRECTORS, THE ORGANIZATION TRAN	TRANSFERS FU	FUNDS TO TH	THE UNIVERSITY	гу.	
832102 11-02-18		40			Schedule I (Form 990) (2018)

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fe	orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Dep	Department of the Treasury Attach to Form 990. Open to Public						
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Na	ne of the organizatio	SHIVERSITI OF BOOLDVIELE FOUNDATION,	Employer i			mber	
D	art I Question	INC.	23-7	07846	1		
		s Regarding Compensation			r		
4-				120000	Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chaft)							
Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
~		provision of all of the expenses described above? If "No," complete Part III to explain		1 () (A) () 4 E			
2			••••••	<u>1b</u>	1000	<u> </u>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
trustees, and onicers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which. if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's				
		actor. Check all that apply. Do not check any boxes for methods used by a related organizat					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	· · · ·	compensation consultant Compensation survey or study					
		ther organizations	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?		4a		Х	
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 						Х	
C Participate in, or receive payment from, a supplemental nonqualified retirement plan? C Participate in, or receive payment from, an equity-based compensation arrangement?						Х	
	If "Yes" to any of lin	ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the revenues of:				9.00		
а	The organization?		•••••••••••••••••••••••••••••••••••••••	<u>5</u> a		<u>X</u>	
b	Any related organization	ation?		5b		<u>X</u>	
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the n	-		29	198,99		
a	The organization?			<u>6a</u>		<u> </u>	
b	Any related organiza	ation?		6b		<u>X</u>	
-		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			193		
~		es 5 and 6? If "Yes," describe in Part III		7	New	<u>X</u>	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1.0.6.6		्रेक्टे. -	
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	10.11	<u> </u>	
9		d the organization also follow the rebuttable presumption procedure described in		- 555	- A.M.		
		53.4958-6(c)?		9			

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

Schedule J (Form 990) 2018

832111 10-26-18

	E K V	ASIDOT JO LLT	ISVILLE FO	ILLE FOUNDATION,				
Schedule J (Form 990) 2018 INC.		tooka Uichoot	Composited E	in the set of the second	23-7078461	461		Page 2
Exercise individual whore commentation must be access and rightest control ensated criptoyees. Use outplicate copies if additional space is needed.				noyees. Use uuplica	te copies ir additional s	pace is needed.		
Por each monoted whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	oe re	porred on Schedule 990, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	m related organizatio	ns, described in the in	structions, on row (ii).
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.	ed in	dividual must equal t	he total amount of F	⁻ orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and	(E) amounts for that in	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Refirement and	(D) Nontavahla	/E) Total of columna	
					other deferred	henefits	(E) 10tal of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEITH SHERMAN	Ξ	231,701.	0.	414.	24.000.	17 407	773 E27	
EXECUTIVE DIRECTOR & COO	Ξ	.0	0.			٦	3	
(2) JOHN BALLARD	Ξ	118,993.	18,750.	14,06	12,50	10,660.	174.96	
CERTIFIED GOLF COURSE SUPERINTENDENT (ii)	T (ii)	.0	.0	.0	1	4	0	.0
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832112 10-26-18				4 /				

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

832112 10-26-18

UNIVERSITY OF LOUISVILLE FOUNDATION, Schedule J (Form 990) 2018 INC.	23-7078461	Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	is part for any additional information.	
PART I, LINE 3:		
THE BOARD OF DIRECTORS APPROVED COMPENSATION OF THE EXECUTIVE DIRECTOR &		
COO.		
	Schedule J (Form 990) 2018	90) 2018

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 20 18

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. ►

Open to Public Inspection

Name	of	the	organization

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

lame of the organization	UNIVE
	INC.

RSITY OF LOUISVILLE FOUNDATION,

Employer identification number 23-7078461

Pa	rt I Types of Property							Ē
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determ contribution	•	nts
1	Art - Works of art	Х	3	57,125.	MARKET A	AND DO	NOR	VAL
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		a se					
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	10,115.	FAIR VA	LUE		
7	Boats and planes							
8	Intellectual property		,					
9	Securities - Publicly traded	Х		2,544,480.	FAIR VAL	LUE		
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	X	6	8,176,	DONOR VA	ALUE		
20	Drugs and medical supplies			• / = · • •			************	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							······
25	Other (MISCELLANEOUS)	X	30	268,363.	DONOR VI	AT.ITF		
26	Other \blacktriangleright (EQUIPMENT & S)	X	6				TOP	VAT.
27	Other \blacktriangleright (FURNITURE)	X	2		DONOR VA		NOI	<u></u>
28	Other \blacktriangleright ()		4	22,133.	DONOI VI			
29	Number of Forms 8283 received by the organi	zation during	the tax year for e	ontributions	L			
23	for which the organization completed Form 82		•					
	for which the organization completed rollin oz	00,1 alt 10,1		29			Vee	
202	During the year, did the organization receive b	voontributio	n any proporty for	orted in Dart L lines 1 throu	ah 00 that it	100	Yes	No
304	must hold for at least three years from the date							
	•		,	•				v
h	exempt purposes for the entire holding period. If "Yes," describe the arrangement in Part II.	<i>(</i>		•••••	••••••	<u>30a</u>	0 33	<u> </u>
b	, .	a a liau that w		of any constant and a subth.			3.0	
31	Does the organization have a gift acceptance					31	-	<u> </u>
32a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncash		32a	x	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			1 공통
e	describe in Part II.					1.02		d <i>speri</i>
ιна	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 00	n	Saha			1 0040

L see the instructions for Form 990. Scheaule M (Form 990) 2018

832141 10-18-18

VERSITY OF LOUISVILLE FOUNDAT	ION,	,	
VERSITY OF LOUISVILLE FOUNDAT	ION	1	,

Schedule M (Form 990) 2018 INC

23-7078461 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE FOUNDATION OCCASIONALLY USES REAL ESTATE AGENTS TO SELL REAL

PROPERTY; PROFESSIONAL ART DEALERS TO SELL ARTWORK; AND A BANKING

INSTITUTION TO SELL SECURITIES.

Schedule M (Form 990) 2018

832142 10-18-18

45 2018.05091 UNIVERSITY OF LOUISVILLE FO 796901 2

14250608 757979 796901

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

INC.

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNIVERSITY OF LOUISVILLE FOUNDATION, Emp



Employer identification number 23 - 7078461

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

THE FOUNDATION SUPPORTS THE UNIVERSITY IN ITS EFFORTS TO MAINTAIN ITS

DISTINCTION AS A PREMIER, NATIONALLY RECOGNIZED METROPOLITAN RESEARCH

UNIVERSITY WHILE PROMOTING THE UNIVERSITY'S DEPARTMENTS IN THEIR

EDUCATIONAL, SCIENTIFIC, AND LITERARY EFFORTS AND ENTERPRISES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXCELLENCE IN RESEARCH TRANSLATES TO REAL-WORLD SOLUTIONS TO THE ISSUES AND COMPLEX PROBLEMS POSED TO OUR COMMUNITIES EACH AND EVERY DAY. STRONG METROPOLITAN RESEARCH UNIVERSITIES ARE ENGINES FOR INTELLECTUAL AND ECONOMIC GROWTH AND PROSPERITY, AND THE FOUNDATION MAKES THE UNIVERSITY MORE POWERFUL EVERY DAY BY PROVIDING TALENTED RESEARCHERS WITH THE RESOURCES NECESSARY TO MAKE BREAKTHROUGHS THAT MATTER.

AS PUBLIC FINANCIAL SUPPORT FOR HIGHER EDUCATION HAS DECLINED AND THE COST CONTINUES TO INCREASE, THE FOUNDATION IS WORKING TO ENSURE THE DEFICIT IN FUNDING IS MET, AND THAT STUDENTS CAN CONTINUE TO BECOME UNIVERSITY OF LOUISVILLE ACADEMICS, ATHLETES AND CITIZENS, CREATING THEIR OWN UNIQUE UOFL STORIES. THAT IS WHY THE FOUNDATION ENCOURAGES SCHOLARSHIP PROGRAMS THAT SERVE BOTH FINANCIAL AND ENRICHMENT PURPOSES, AS WELL AS THE VARIOUS ACADEMIC, ATHLETIC AND CAREER PURSUITS, INCLUDING EVERYTHING FROM FULBRIGHT SCHOLARSHIPS TO STATE-OF-THE-ART SOCCER FACILITIES.

 THE FOUNDATION INVESTS IN COMMUNITY PROGRAMS AND PARTNERSHIPS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization UNIVERSITY OF LOUISVILLE FOUNDATION,	Employer identification number
INC.	23-7078461
INCLUDING THOSE FOR MILITARY FAMILIES AND YOUNG ENTREPREN	EURS. IN THIS
WAY, THE FOUNDATION ENRICHES THE LIVES OF ALL LOCAL CITIZ	ENS, NOT JUST
THE STUDENTS.	

FORM 990, PART VI, SECTION A, LINE 4:

THE FOUNDATION'S BYLAWS WERE REVISED TO CHANGE THE NUMBER AND TYPES OF DIRECTORS AND TO CHANGE THE LENGTH AND NUMBER OF TERMS. THE BYLAWS DEFINED THE RESPONSIBILITIES OF THE FOUNDATION'S STANDING COMMITTEES AND DEFINED THE RESPONSIBLITIES OF EXECUTIVE STAFF. THE BYLAWS ADDED STATEMENTS OF GENERAL POLICY ON CONFLICT OF INTEREST AND INCLUDE FURTHER INDEMNIFICATION PROVISIONS.

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

THE RETURN IS FIRST REVIEWED BY UNIVERSITY OF LOUISVILLE FOUNDATION, INC. STAFF INCLUDING THE INVESTMENT AND TAX REPORTING MANAGER, DIRECTOR OF FOUNDATION ACCOUNTING OPERATIONS, AND EXECUTIVE DIRECTOR & CHIEF OPERATING OFFICER. THE RETURN IS REVIEWED BY THE FOUNDATION'S LEGAL COUNSEL AND THEN BY THE CHAIR OF THE AUDIT COMMITTEE. THE FULL BOARD OF DIRECTORS RECEIVED THE RETURN PRIOR TO FILING.

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

BEFORE ANY MEETING OF THE BOARD OF DIRECTORS (OR A COMMITTEE OF THE BOARD), AN AGENDA IS CIRCULATED TO EACH MEMBER WITH DESCRIPTIONS OF THE ACTION ITEMS. THIS ALLOWS SUFFICIENT TIME FOR ANY BOARD MEMBER TO ALERT THE BOARD

ABOUT A POTENTIAL CONFLICT OF INTEREST.

 WHEN AN ITEM IS PRESENTED TO THE BOARD OF DIRECTORS (OR A COMMITTEE OF THE

 BOARD) FOR ACTION, THE BOARD MEMBER WILL DISCLOSE HIS OR HER POSSIBLE

 832212 10-10-18

 Schedule O (Form 990 or 990-EZ) (2018)

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 2018.05091 UNIVERSITY OF LOUISVILLE FO 796901 2

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization UNIVERSITY OF LOUISVILLE FOUNDATION, INC.	Employer identification number 23-7078461
CONFLICT OF INTEREST AND MUST RECUSE HIMSELF OR HERSELF F	ROM VOTING. THE
BOARD MEMBER ALSO AVOIDS PARTICIPATING IN ANY DECISION OR	ADVOCATING FOR
ANY DECISION OF THE BOARD. IN SOME CIRCUMSTANCES, SUCH A	S WHEN THE
CONFLICT OF THE BOARD MEMBER PLACES THE BOARD MEMBER IN C	OMPETITION WITH
THE UNIVERSITY, THE BOARD MEMBER WILL LEAVE THE BOARD MEE	TING DURING
DISCUSSION OR UPDATE ON THE ACTION.	

A CONFLICT OF INTEREST QUESTIONNAIRE IS GIVEN ANNUALLY TO ALL BOARD MEMBERS AND OFFICERS.

BOARD/COMMITTEE CHAIRS SAY THE FOLLOWING AT THE BEGINNING OF MEETINGS: AS CHAIR IT IS MY RESPONSIBILITY TO REMIND ALL MEMBERS OF THE BOARD OF THEIR RESPONSIBILITY TO AVOID CONFLICTS OF INTEREST AND EVEN APPEARANCES OF CONFLICTS OF INTEREST. EACH MEMBER HAS RECEIVED THE AGENDA AND RELATED INFORMATION FOR THIS BOARD MEETING. IF ANY BOARD MEMBER KNOWS OF ANY CONFLICTS OF INTEREST OR APPEARANCES OF CONFLICTS OF INTEREST WITH RESPECT TO ANY MATTER COMING BEFORE THE BOARD AT THIS MEETING TODAY, PLEASE IDENTIFY THE CONFLICT OR APPEARANCE OF CONFLICT AT THIS TIME.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR & COO IS APPROVED BY THE BOARD OF DIRECTORS.

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

THE FOUNDATION'S FINANCIAL STATEMENTS, FORM 990, AND BOARD MINUTES ARE

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AVAILABLE AT LOUISVILLEFOUNDATION.ORG. ALL GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

832212 10-10-18

Schedule O (Form 990 or 9	990-EZ) (2018)				Page 2
Name of the organization	UNIVERSITY INC.	OF	LOUISVILLE	FOUNDATION,	Employer identification number 23-7078461

FORM 990, PART VIII, LINE 11D

ACTUARIAL GAIN ON ANNUITY AND TRUST OBLIGATIONS AND PRESENT VALUE

DISCOUNT OF \$1,112,342 IS INCLUDED IN OTHER REVENUE.

FORM 990, PART XI, RECONCILIATION OF NET ASSETS

REALIZED AND UNREALIZED GAINS ARE PRESENTED NET AS UNREALIZED GAINS ON

THE RECONCILIATION OF CHANGES IN NET ASSETS.

FORM 990, PART VI, SECTION B, LINE 16B

THE ORGANIZATION'S PRACTICE IS TO OBTAIN BOARD APPROVAL PRIOR TO

ENTERING INTO A JOINT VENTURE.

Schedule O (Form 990 or 990-EZ) (2018)

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SCHEDU	LE	R
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(Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service **Open to Public** Go to www.irs.gov/Form990 for instructions and the latest information. Inspection UNIVERSITY OF LOUISVILLE FOUNDATION, Name of the organization Employer identification number INC. 23-7078461

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
UNIVERSITY OF LOUISVILLE DEVELOPMENT CORPORATION LLC - 26-3416894, 215 CENTRAL AVENUE, SUITE 212, LOUISVILLE, KY 40208	REAL ESTATE	KENTUCKY	0.	8,570,915.	UNIVERSITY OF LOUISVILLE FOUNDATION, INC.
<u>CCG-LOUISVILLE, LLC - 46-3848960</u> 215 CENTRAL AVENUE, SUITE 212 LOUISVILLE, KY 40208	GOLF COURSE	KENTUCKY	3,176,644.		UNIVERSITY OF LOUISVILLE FOUNDATION,
DCPA, LLC - 47-2587366 215 CENTRAL AVENUE, SUITE 212 LOUISVILLE, KY 40208	ADMINISTRATIVE - DISSOLVED 6/24/19	KENTUCKY	0.		UNIVERSITY OF LOUISVILLE FOUNDATION, INC.
	_				

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 Part II 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	contr ent	3) 512(b)(13) rolled ity?
LOUISVILLE, KY 40208 THE NUCLEUS REAL PROPERTIES, INC 46-3070346, 215 CENTRAL AVENUE, SUITE 212,				LINE 12B, II	UNIVERSITY OF LOUISVILLE FOUNDATION, INC. UNIVERSITY OF LOUISVILLE	Yes	No
			501(C)(3)	LINE 128, II	FOUNDATION, INC.	X	

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

Schedule R (Form 990) 2018

6	INC.					:			23-7	23-7078461	Page 2
Part III requirements of related of gainzations razable as a Partnership organizations treated as a partnership during the tax year.	defined the taxable the t	as a Parm ax year.		The organiz	Complete it the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	"Yes" on Form	990, Part IV, line	e 34, becau	ise it had one o	r more relate	g
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir (related, excluded fr sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) (j) (g) (g) (g) (g) (g) (g) (g) (g	(k) Percentage ownership
CAMPUS ONE, LLC - 27-3900405 500 N HURSTBOURNE PKWY STE 400 LOUISVILLE, KY 40222 R	REAL ESTATE	КҮ	UNIVERSITY OF LOUISVILLE DEVELOPMENT CORPORATION	UNRELATED	G	303,351.	7_092_940.	I N			5 00 80
										1	P 000 1 1
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	janizations Taxable	as a Corpo ng the tax y	oration or Trust. Co /ear.	omplete if th	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	answered "Yes"	on Form 990, P.	art IV, line	4, because it h	ad one or m	ore related
(a) Name, address, and EIN of related organization	Zc	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng (C corp, S corp, or trust)	tity Share of total orp,	f total me	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro entit
METACYTE BUSINESS LAB, LLC - 16 215 CENTRAL AVE, SUITE 212 LOUISVILLE, KY 40208	-1657492	RESEARCH		к Х	UNIVERSITY OF LOUISVILLE FOUNDATION,	r C CORP	- -	-35,920.	112.	100%	X X
CHARITABLE REMAINDER TRUSTS (14)		INVESTMENTS	SI	КY	N/A	TRUST	N/A	A	N/A	N/A	×
832 182 10-02-18 SEE	3E PART VII	FOR	CONTINUATIONS	51 ONS		-		-	Sched	Schedule R (Form 990) 2018	1 990) 2018

	UNIVERSITY	ОF	LOUISVILLE	LOUISVILLE FOUNDATION,
Schedule R (Form 990) 2018	INC.			

23-7078461 Page 3

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 schodulo				
1 During the tax year. did the organization engage in any of the following transactions with one or more related error instances of a construction of the organization engage in any of the following transactions with one or more related error instances of a construction of the organization engage in any of the following transactions with one or more related error instances of a construction of the organization engage in any of the following transactions with one or more related error instances of a construction of the organization engage in any of the following transactions with one or more related error instances of a construction engage.	one with one of more		Yes No	٩
a Receipt of (i) interest. (ii) annuities (iii) rovalties or (iv) rent from a controlled entity.	JIS WILLOUG OF LIOUS	related organizations lister		
	иу		1a X	
			The Area of the Ar	×
d Loans or loan guarantees to or for related organization(s)			-	
e Loans or loan guarantees by related organization(s)		***********************	4	;
			1e X	×
f Dividends from related organization(s)				
	•••••••••••••••••••••••••••••••••••••••		1f X	×
			1a X	X
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)				
			1k X	×
I Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)			×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)			
 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				4 >
				4
			№ 1. 200 million	N.
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.	who must complete t	his 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) METACYTE BUSINESS LAB, LLC	υ	116,334.	116,334.AMOUNT RECEIVED	
(2) ULH, INC.	ß	10,005,287.	287.AMOUNT RECEIVED	
(3) CAMPUS ONE, LLC	U	306,000.AMOUNT	AMOUNT RECEIVED	
(4) THE NUCLEUS REAL PROPERTIES, INC.	U	1.500.000.AMOTINIT		
		4		
(5) THE NUCLEUS REAL PROPERTIES, INC.	A	161,600.	161,600.AMOUNT RECEIVED & ACCRUED	
(6) THE NUCLEUS REAL PROPERTIES, INC.	D	14,404,000.	404,000.LOAN BALANCE	
832163 10-02-18	52		Schedule R (Form 990) 2018	018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	LINC. tions Taxable as a Partnership. Co	mplete if the orgar	ization answered "Yes" on F	orm 990, Part IV, line	37.		23-7078461	8461	Page 4
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnersh structions regarding exclu	nip through which sion for certain inv	the organization conducted restment partnerships.	more than five percer	it of its activities (m	leasured b	ly total assets or	gross re	venue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(f) Share of total income	(g) Share of end-of-year	Dispropor- tionate allocations?	(h) (i) (j) (j) (k) Disproportionation Code V-UBI General or Percentage Percentage allocations? of Schedule K-1 partner? ownership	(j) General or l managing partner?	(k) ² ercentage ownership
					2000	Yes No	(Form 1065)	Yes No	
							Schedule R (Form 990) 2018	(Form	990) 2018

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

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UNIVERSITY OF LOUISVILLE FOUNDATION,

Schedule R (Form 990) 2018

Part VII Supplemental Information.

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

INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

CAMPUS ONE, LLC

DIRECT CONTROLLING ENTITY: UNIVERSITY OF LOUISVILLE DEVELOPMENT

CORPORATION, LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

METACYTE BUSINESS LAB, LLC

DIRECT CONTROLLING ENTITY: UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

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Schedule R (Form 990) 2018 54 2018.05091 UNIVERSITY OF LOUISVILLE FO 796901_2