

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

2016 FEB 10 10:13 AM 207 M.W

Applicant/Program: University of Louisville Research Foundation/ National Conference on the Black Family in America

Executive Summary of Request:
 The National Black Conference on the Black Family helps educate families to become more empowered, engaged, equipped and able to evaluate every member maximize their quality of life.

 Registrants will participate in interactive workshops that will provide tools, strategies and resources to sustain healthy lifestyles and communities. Funding of \$12,500 will be used for the fees of Keynote speaker Dr. Michael Eric Dyson

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>6</u>		\$ <u>2,250.00</u>	<u>2-7-2016</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure
 List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

_____	_____
Appropriations Committee Chairman	Date

Clerk's Office Only:

Request Amount: _____	Committee Amended Appropriation: _____
Original Appropriation: _____	Council Amended Appropriation: _____

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
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District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: University of Louisville Research Foundation	
Program Name: Black Family Conference Request Amount: \$12,500.00	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	n/a
Application Page 1: Has prior Metro funds committed/granted been disclosed?	yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	no
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	yes
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	n/a
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization’s current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	no
Board Members: Is the entity’s board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	yes
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by: <i>Allison Oliver</i>	Date: <i>2-9-16</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		University of Louisville Research Foundation	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 300 East Market Street, Ste 300, Louisville, KY 40202-1959			
Website: http://louisville.edu/culturalcenter/bfc			
Applicant Contact:	Tamara Russell	Title:	Project Coordinator
Phone:	502-852-6657	Email:	tdruss02@louisville.edu
Financial Contact:	Gail Wilmes	Title:	Grants Accountant
Phone:	502-852-3788	Email:	gail.wilmes@louisville.edu
Organization's Representative who attended NDF Training: Gail Wilmes and Jon Schmidt			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Hilton Garden Inn, 2735 Crittenden Drive, Louisville, Kentucky, 40209		
Council District(s):	District wide	Zip Code(s):	All
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 43rd Dr. Joseph H. McMillan National Conference on the Black Family in America			
Total Request: (\$)	12,500.00	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The University of Louisville is a state supported research university located in Kentucky's largest metropolitan area. It was a municipally supported public institution for many decades prior to joining the university system in 1970. The University has three campuses. The 287-acre Belknap Campus is three miles from downtown Louisville and houses seven of the university's 12 colleges and schools. The Health Sciences Center is situated in downtown Louisville's medical complex and houses the university's health related programs and the University of Louisville Hospital. The 243-acre Shelby Campus is located in eastern Jefferson County.

Mission Statement

The University of Louisville shall be a premier, nationally recognized metropolitan research university with a commitment to the liberal arts and sciences and to the intellectual, cultural, and economic development of our diverse communities and citizens through the pursuit of excellence in five interrelated strategic areas:

Educational Experience

Research, Creative, and Scholarly Activity

Accessibility, Diversity, Equity, and Communication

Partnerships and Collaborations

Institutional Effectiveness of Programs and Services

The Black Family Conference supports the university's mission by fostering diversity and scholarly activity. The conference brings in national speakers and hosts workshops that focus on issues that confront the Black family.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The mission of the National Conference on the Black Family is to help educate families to become more empowered, engaged, equipped and able to elevate every member to maximize their quality of life. Registrants will participate in interactive workshops that will provide tools, strategies and resources to sustain healthy lifestyles and communities. The upcoming conference dates are Friday, February 26th, 2016 and Saturday, February 27th, 2016.

Please see attachment for program details.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

These funds will be used for our Friday evening keynote speaker's, Dr. Michael Eric Dyson, fee. Dr. Dyson's fee is \$12,500.

Friday's proposed schedule is as follows:

9:00-10:30: Opening plenary workshop - "The Dimensions of the Black Family in the 21st Century - From Raisin in the Sun to Empire", an analysis of the portrayal of the black family in media.

10:30-11:45: Concurrent workshops (three options)

11:45-1:30: Lunch break

1:45-3:00: Concurrent workshops (three options)

3:00-4:15: Concurrent workshops (three options)

4:15-5:45: Vendor expo

6:00-9:00: Banquet and keynote speaker - Dr. Michael Eric Dyson

Saturday's proposed schedule:

9:00-10:45: Opening plenary workshop - Discussion regarding fatherhood through the African American male perspective

10:45-12:00: Concurrent workshops (three options)

12:00-1:30: Luncheon and keynote speaker - Timothy Findley, Jr.

As more issues affecting African Americans in Louisville emerge, the need for discussions on these issues has increased. This year's conference workshops seek to offer a starting point for these conversations by offering practical solutions related to:

- Healthy relationships
- Economic empowerment
- Diversity and inclusion within the family unit
- Understanding and normalizing fatherhood in the African American community
- Promoting healthy dialogue on preventing social injustices involving African American youth



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C: If this request is a fundraiser, please detail how the proceeds will be spent:

This event is not a fundraiser.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

1. Participants will be able to identify ways to create and sustain healthy relationships.
2. Participants will be able to identify strategies and resources to establish and maintain economic empowerment.
3. Participants will be able to explain the factors and circumstances that affect African American fathers' engagement.
4. Participants will be able to demonstrate the ability to analyze and respond to discussions involving social injustices.
5. Participants will be able to identify and discuss ways that African American families are addressing identity and diversity within the family unit.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Louisville Metro Housing Authority (LMHA):

There has been a long-standing relationship between the Housing Authority and the University of Louisville. The LMHA works with the University to assist in providing its employees and residents options and resources related to higher education. As it relates specifically to this event, the University of Louisville provides attendees affiliated with the LMHA an opportunity to obtain strategies to utilize within their families, and communities, to create and sustain healthy systems.



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SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	12,500.00	11,859.50	24,959.50
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	12,500.00	11,859.50	24,959.50
% of Program Budget	%	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	1,000
United Way	
Private Contributions (do not include individual donor names)	1,000
Fees Collected from Program Participants	15,500
Other (please specify)	10,159.50
Total Revenue for Column 2 Expenses **	11,859.50

***Total of Column 1 MUST match "Total Request on Page 1, Section 2"**

****Must equal or exceed total in column 2.**

Community Events & Festivals

<u>Name of Expense</u>	<u>Metro funds</u>	<u>Non-Metro Funds</u>	<u>Total</u>
Hilton Garden Inn - Metropolitan Ballroom Rental and Vendor Tables	\$0.00	\$984.50	\$984.50
Hilton Garden Inn - Triple Crown Ballroom Rental	\$0.00	\$700.00	\$700.00
Hilton Garden Inn - Triple Crown Ballroom Audio Visual Costs	\$0.00	\$790.00	\$790.00
Hilton Garden Inn Banquet	\$0.00	\$3,892.50	\$3,892.50
Hilton Garden Inn Luncheon	\$0.00	\$4,492.50	\$4,492.50
Student Sponsorships	\$0.00	\$100.00	\$100.00
Community Member Sponsorships	\$0.00	\$100.00	\$100.00
Keynote Speaker Fees	\$12,500.00	\$0.00	\$12,500.00
Sleeping Room Costs	\$0.00	\$400.00	\$1,000.00
Marketing Cost - Fliers, Conference Programs and Radio Advertisements	\$0.00	\$300.00	\$300.00
Conference Supplies - Lanyards, Name Tags and Conference Bags	\$0.00	\$100.00	\$100.00
<u>Grand Totals</u>	<u>\$12,500.00</u>	<u>\$11,859.50</u>	<u>\$24,959.50</u>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Row 1: Courier Journal, \$5000, Advertisements in the Courier Journal newspaper. Row 2: Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: July 2015

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO [checked] YES []

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. ~~The Agency has a written Affirmative Action/Equal Opportunity Policy.~~
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Barbara Sells</i>	Date:	1/8/16
Legal Signatory: (please print):	Barbara Sells	Title:	Associate Director, SPA
Phone:	852-3788	Extension:	
Email:	bfsell01@louisville.edu		

Itemized Proposed BFC 2016 Budget *1/19/16

Food Schedule		
Roasted Salmon Dinner	\$29.95/personx150	3,892.50
Banquet Service Charge		1,230.98
Southern Classic Buffet	\$29.95/personx150	4,492.50
Lunch Service Charge		1,367.98
Total		10,983.96
Crowne Plaza Space Fees		
Sleeping Rooms	\$125 per night	250.00
Exhibit tables	\$50x10 tables	500.00
Exhibit tables service charge		115.00
Total		865.00
A-V Expenses	Items	Cost
Friday		
4x8 Riser		
Wireless handheld microphone	\$100 eachx3	300.00
LCD Projector Package	\$115 eachx3	345.00
Laptop	\$115 eachx3	345.00
Basic PA System		
Triple Crown Ballroom rental		700.00
A/V Service Charge		
Friday Total		1,690.00
Saturday		
LCD Projector Package	\$115 eachx3	345.00
4x8 Riser		
Laptop	\$115 eachx3	345.00
Wireless handheld microphone w/podium	\$100 each	100.00

Basic PA System		
LCD Projector Package	\$115eachx3	345.00
Saturday Total		1,135.00
Total A/V Expense		3,960.00
Additional Expenses		
Speaker Gifts		
Radio cost		
Printing		
Flyers		
Programs		585.46
Total		585.46
Speaker Fees and Expenses		
Dr. Cornel West		12,500.00
Travel expense		
Total		12,500.00
Grand Total		27,759.42

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **STATE UNIVERSITY**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) 1
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
CONTROLLER'S OFFICE - SERVICE COMPLEX BLDG.

6 City, state, and ZIP code
LOUISVILLE KY 40292

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

-	-	

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.**General Information**

Organization Number	0180002
Name	UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/26/1983
Organization Date	7/26/1983
Last Annual Report	5/8/2015
Principal Office	UNIVERSITY OF LOUISVILLE OFFICE OF UNIVERSITY COUNSEL LOUISVILLE, KY 40292
Registered Agent	LESLIE C. STROHM UNIVERSITY OF LOUISVILLE 2301 S. THIRD STREET LOUISVILLE, KY 40292

Current Officers

Chairman	<u>Ron Butt</u>
President	<u>James R Ramsey</u>
Vice Chairman	<u>Jonathan Blue</u>
Secretary	<u>Emily Bingham</u>
Treasurer	<u>Joseph Steffen</u>
Director	<u>Shirley C. Willihnganz</u>
Director	<u>William Pierce</u>
Director	<u>David Dunn</u>

Individuals / Entities listed at time of formation

Director	<u>MR DANIEL D BRISCOE</u>
Director	<u>MR ROBERT L COCHRAN</u>
Director	<u>MR GEORGE E FISCHER</u>
Director	<u>MR GENE P GARDNER</u>
Director	<u>L NORBERT L BLUME</u>
Incorporator	<u>DONALD C SWAIN PHD</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report

5/8/2015

1 page

PDF

Registered Agent name/address change	1/26/2015 4:55:06 PM	1 page	PDF	
Annual Report	6/30/2014	1 page	PDF	
Annual Report	2/8/2013	1 page	PDF	
Annual Report	2/28/2012	1 page	PDF	
Annual Report	3/28/2011	1 page	PDF	
Annual Report	4/5/2010	1 page	PDF	
Annual Report	3/30/2009	1 page	PDF	
Annual Report	2/6/2008	1 page	PDF	
Annual Report	5/30/2007	1 page	PDF	
Annual Report	3/30/2006	2 pages	PDF	
Annual Report	4/11/2005	1 page	PDF	
Amendment	1/10/2005	2 pages	tiff	PDF
Annual Report	6/2/2003	2 pages	tiff	PDF
Statement of Change	5/8/2002	1 page	tiff	PDF
Annual Report	4/23/2002	2 pages	tiff	PDF
Annual Report	7/26/2001	6 pages	tiff	PDF
Annual Report	7/6/2000	4 pages	tiff	PDF
Annual Report	8/23/1999	4 pages	tiff	PDF
Annual Report	7/22/1998	4 pages	tiff	PDF
Annual Report	7/1/1997	4 pages	tiff	PDF
Annual Report	7/1/1996	4 pages	tiff	PDF
Annual Report	7/1/1995	4 pages	tiff	PDF
Annual Report	7/1/1994	4 pages	tiff	PDF
Annual Report	7/1/1993	4 pages	tiff	PDF
Annual Report	7/1/1992	5 pages	tiff	PDF
Annual Report	7/1/1991	4 pages	tiff	PDF
Annual Report	7/1/1990	4 pages	tiff	PDF
Annual Report	7/1/1989	4 pages	tiff	PDF
Statement of Change	7/2/1987	1 page	tiff	PDF
Annual Report	7/1/1984	1 page	tiff	PDF
Articles of Incorporation	7/26/1983	8 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/8/2015 11:41:33 AM	5/8/2015 11:41:33 AM	
Registered agent address change	1/26/2015 4:55:06 PM	1/26/2015 4:55:06 PM	
Annual report	6/30/2014 5:00:01 PM	6/30/2014 5:00:01 PM	
Annual report	2/8/2013 3:30:27 PM	2/8/2013 3:30:27 PM	
Annual report	2/28/2012 10:27:50 AM	2/28/2012 10:27:50 AM	
Annual report	3/28/2011 3:37:44 PM	3/28/2011 3:37:44 PM	

Annual report	4/5/2010 3:55:59 PM	4/5/2010 3:55:59 PM
Annual report	3/30/2009 3:05:04 PM	3/30/2009 3:05:04 PM
Annual report	2/6/2008 4:08:35 PM	2/6/2008 4:08:35 PM
Annual report	5/30/2007 10:57:58 AM	5/30/2007 10:57:58 AM
Annual report	3/30/2006 3:20:06 PM	3/30/2006 3:20:06 PM
Annual report	4/11/2005	4/11/2005
Amendment - Miscellaneous amendments	1/10/2005 9:50:43 AM	1/10/2005
Annual report	4/7/2004	4/7/2004
Registered agent address change	5/8/2002 8:32:53 AM	5/8/2002
Amendment - Miscellaneous amendments	7/11/1989	7/11/1989

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Amendment	1/10/2005	2 pages
Annual Report	12/31/2004 2:18:10 PM	1 page
Annual Report	6/2/2003	2 pages
Statement of Change	5/8/2002	1 page
Annual Report	4/23/2002	2 pages
Annual Report	7/26/2001	6 pages
Annual Report	7/6/2000	4 pages
Annual Report	8/23/1999	4 pages
Annual Report	7/22/1998	4 pages
Annual Report	7/1/1997	4 pages
Annual Report	7/1/1996	4 pages
Annual Report	7/1/1995	4 pages
Annual Report	7/1/1994	4 pages
Annual Report	7/1/1993	4 pages
Annual Report	7/1/1992	5 pages
Annual Report	7/1/1991	4 pages
Annual Report	7/1/1990	4 pages
Annual Report	7/1/1989	4 pages
Statement of Change	7/2/1987	1 page
Annual Report	7/1/1984	1 page
Articles of Incorporation	7/26/1983	7 pages

0180002.09

Ghance
NAOA

Trey Grayson
Secretary of State
Received and Filed
01/10/2005 9:50:43 AM
Fee Receipt: \$8.00

**ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION
OF THE**

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.

Pursuant to the provisions of KRS 273.263 and KRS 273.267, the University of Louisville Research Foundation, Inc., a Kentucky non-stock, not for profit corporation without members (the "Corporation") hereby adopts the following Articles of Amendment to its Articles of Incorporation:

- FIRST:** The name of the Corporation is University of Louisville Research Foundation, Inc.
- SECOND:** The Corporation's Articles of Incorporation were amended by the affirmative vote of a majority of Directors of the Corporation on November 11, 2004, at a meeting held pursuant to the By-laws of the Corporation as provided in the Kentucky Nonprofit Corporation Act.
- THIRD:** Article III of the Corporation's Articles of Incorporation shall read as follows:

ARTICLE III

Any provision of these Articles to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity which in any way contravenes or is in conflict with the provisions of Section 1 of this Article III of these Articles of Incorporation.

The objects and purposes of the Corporation and the powers it shall have any may exercise are as follows:

1. To conduct and carry on its work, not for profit, but exclusively for charitable, educational and scientific purposes, in such manner that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation and in such a manner that it shall not directly or indirectly engage in carrying on propaganda or otherwise attempting to influence legislation.
2. The Corporation shall qualify as and remain classified as an affiliated corporation of the University of Louisville pursuant to the provisions of KRS 164A.610 and exercise all rights and perform the duties as such.

3. To carry out and support research projects, investigations and other activities relating to educational, scientific, literary, artistic, health care and public service missions of the University of Louisville.

4. To promote, encourage, facilitate, foster and develop such projects and activities for the benefit of the students, faculty, staff and trustees of the University of Louisville and the state as a whole.

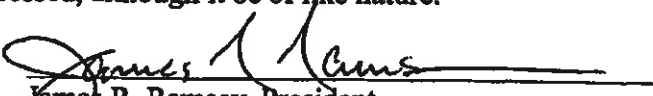
5. To foster transfer and development of technology including but not limited to development of patents and research information useful to the public by means of publication, commercialization, licensing, cooperative agreements and other arrangements designed to bring new and useful ideas to the marketplace.

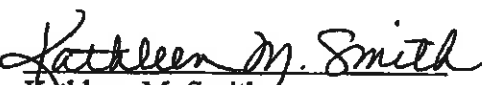
6. To obtain and administer grants, contracts and gifts in support of research, educational and public service activities, directly or as intermediary or fiscal agent for the University of Louisville or related organizations.

7. To do and perform such other objects as, in the opinion of the Board of Directors, may be incidental to, or in furtherance of, the objects hereinbefore expressed.

8. To engage in any and all lawful activities or pursuits for which a corporation may be incorporated under Chapter 273 of the Kentucky Revised Statutes dealing with non-stock, non-profit corporations and to exercise any and all powers that such corporations may now or hereafter exercise, whether or not specifically set forth herein, and insofar as such may not be inconsistent with Section 1 hereof.

The foregoing Section shall be construed as powers, as well as objects and purposes, and the matters expressed in each Section shall, unless herein otherwise expressly provided, be in no wise limited by reference to or inference from the terms of any other Section, but shall be regarded as independent purposes and powers, and the enumeration of specific purposes and powers shall not be construed to limit or restrict in any manner the general powers of the Corporation nor the meaning of the general terms used in describing any such purposes and powers; nor shall the expression of one thing be deemed to exclude another not expressed, although it be of like nature.


James R. Ramsey, President
Board of Directors
University of Louisville Research Foundation, Inc.


Kathleen M. Smith
Assistant Secretary
Board of Directors
University of Louisville Research Foundation, Inc.

Document No.: DN2005008742
Lodged By: U OF L
Recorded On: 01/18/2005 02:42:16
Total Fees: 9.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSLAW-JEFF CO KY
Deputy Clerk: CARHAR

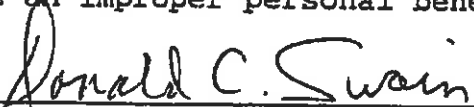
ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION
OF THE
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.


Pursuant to the provisions of KRS 273.263 and KRS 273.267, the University of Louisville Research Foundation, Inc., a Kentucky non-stock, not for profit corporation without members (the "Corporation") hereby adopts the following Articles of Amendment to its Articles of Incorporation:

- FIRST:** The name of the Corporation is University of Louisville Research Foundation, Inc.
- SECOND:** The Corporation's Articles of Incorporation were amended by the affirmative vote of a majority of Directors of the Corporation on May 22, 1989, at a meeting held pursuant to the By-laws of the Corporation as provided in the Kentucky Nonprofit Corporation Act.
- THIRD:** Article VIII of the Corporation's Articles of Incorporation shall read as follows:

ARTICLE VIII

Indemnification of directors, officers and agents of the Corporation may be as provided for in the By-Laws effective upon filing of this Article with the Secretary of State; provided, however, such indemnification is not otherwise in conflict with the provisions of Article III of these Articles of Incorporation, and shall not limit liability for (a) any transaction in which a director's personal financial interest is in conflict with the financial interest of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct, or are known to the director to be a violation of law; or (c) or for any transaction from which the director derives an improper personal benefit.


Donald C. Swain, President
Board of Directors
University of Louisville
Research Foundation, Inc.


Karen R. Howe
Assistant Secretary
Board of Directors
University of Louisville Research Foundation, Inc.

RECEIVED AND FILED
DATE
TIME
 0641S
BREWER GIBLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY

BY-LAWS OF THE
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.

ARTICLE I

Offices

Section 1.1 Principal Office. The principal office of the Corporation in the Commonwealth of Kentucky shall be located in the City of Louisville. The Corporation may have such other offices either within or without the Commonwealth of Kentucky, as the business of the Corporation may require from time to time.

Section 1.2 Registered Office. The registered office of the Corporation may be, but need not be, identical with its principal office in the Commonwealth of Kentucky. The address of the registered office may be changed from time to time by the Board of Directors.

ARTICLE II

Governing Bodies and Committees

Section 2.1 Board of Directors. The government of the Corporation shall be vested in a Board of Directors composed of the members of the Board of Trustees of the University of Louisville and the following officers of the University of Louisville: the President and the Chief Business Officer, the Chief Financial Officer, the Chief Academic Officer, and the Chief Research Officer designated by the President of the University who shall be Vice Presidents of the Corporation. A Chairman, Vice Chairman, Secretary, and Treasurer shall be elected annually by the Board of Directors. The term of each Director shall be coterminous with service on the Board of Trustees of the University of Louisville or as President, Chief Business Officer, the Chief Financial Officer, Chief Academic Officer, or Chief Research Officer of the University of Louisville as the case may be.

Section 2.2 Executive Committee. There shall be an Executive Committee which shall consist of the Chairman, Vice Chairman, Secretary, and Treasurer of the Board of Directors, and the President, Chief Business Officer, Chief Financial Officer, Chief Academic Officer, and Chief Research Officer of the University of Louisville in their capacity as Director. The President shall serve as Chairman of the Executive Committee. The Committee shall

act for the Board of Directors in the interim between meetings of the Board, and with respect to the acceptance, administration and accounting for grants and contracts it shall not be required that actions of the Executive Committee be ratified by the Board. Except as stated above, the delegation of power and authority when given by the Board of Directors to the Executive Committee shall be complete, subject only to the limitations imposed by the Kentucky Revised Statutes.

Powers of the Committee shall not extend to amending, altering or repealing the bylaws; electing, appointing or removing any member of any such committee or any director or officer of the corporation; amending the articles of incorporation, restating articles of incorporation adopting a plan or merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the corporation; authorizing the voluntary dissolution of the corporation or revoking proceedings therefor; adopting a plan for the distribution of the assets of the corporation; or amending, altering or repealing any resolution of the board of directors which by its terms provides that it shall not be amended, altered or repealed by such committee.

Section 2.3 Other Committees. The Board of Directors may appoint such other committees for specified purposes as it may deem appropriate.

Section 2.4 Organization of Committees. Each committee (except the Executive Committee) of the Board of Directors shall have a Chairman who shall be appointed by the Chairman of the Board of Directors, subject to the approval of the Board of Directors.

ARTICLE III

Officers

Section 3.1 Principal Officers. The officers of University of Louisville Research Foundation, Inc., shall be a Chairman of the Board of Directors; a Vice Chairman; a President; a Secretary; a Treasurer; and four Vice Presidents. There may also be such other officers as the Board of Directors or the President of the Corporation, subject to the approval of the Board of Directors, may appoint.

Section 3.2 Chairman of the Board of Directors. The Chairman of the Board of Directors, annually elected by the Board of Directors, shall preside at all meetings of the Board of Directors and shall perform such other duties and have such additional powers as may from time to time be prescribed by the Board of Directors. The Chairman or the President shall call the regular and annual meetings of the Board of Directors in accordance with these by-laws.

Section 3.3 Vice Chairman of the Board of Directors. The Vice Chairman of the Board of Directors, annually elected by the Board of Directors, shall perform all the duties and have all the powers of the Chairman during the absence or disability of the latter and shall perform such other duties and have such additional powers as may from time to time be prescribed by the Board of Directors.

Section 3.4 President of the Corporation. The President of the Corporation, annually elected by the Board of Directors, shall be the President of the University and shall serve as Chief Executive Officer of the Corporation. He shall serve as Chairman of the Executive Committee and shall perform such duties and shall have such powers as may from time to time be prescribed by the Board of Directors. The President or the Chairman of the Board shall call the regular and annual meetings of the Board of Directors in accordance with these by-laws.

Section 3.5 Secretary. The Secretary, annually elected by the Board of Directors, shall keep the minutes of all proceedings of the Board of Directors, and shall see that proper minutes and records are kept of all proceedings of committees of the Board of Directors. He shall make and keep a proper record thereof which shall be attested by him. In addition, he shall keep such other books and records as may be required of him by the Board of Directors and shall have charge of the corporate seal. He shall see that notices are duly given in accordance with these by-laws. He shall generally perform such other and further duties as may be required of him by the Board of Directors. In the absence of the Secretary or in the event of his disability, his duties shall be performed by any Assistant Secretary or by any member of the Board of Directors who may be appointed by the Chairman or by the Board of Directors.

Section 3.6 Treasurer. The Treasurer, annually elected by the Board of Directors from its membership, shall have general supervision over the financial matters of the Corporation and shall see that reports as to the

financial conditions of the Corporation are made at each regular meeting of the Board of Directors, or at such other times as may be required by the Board of Directors. The duties of the Treasurer may be performed by an Assistant Treasurer.

Section 3.7 The Vice Presidents. The four Vice Presidents of the Foundation, annually elected by the Board of Directors, shall be the aforementioned Chief Business Officer, Chief Financial Officer, Chief Academic Officer, and Chief Research Officer designated by the President of the University. The Vice Presidents shall assist the President in the performance of his duties and shall perform such duties as may from time to time be specified by the President for by the Board. There may be in addition such other Vice Presidents as may from time to time be appointed by the Board. These additional Vice Presidents of the Corporation may be persons holding similar designations at the University of Louisville but shall not be directors of the Corporation unless, by amendment of these by-laws, it is declared that the best interests of the Corporation are served by designating such Vice Presidents, individually, as ex officio directors of the Corporation.

Section 3.8 Other Officers. The Board of Directors shall have authority to elect other officers, and the Chairman and the President (subject to the approval of the Board) may appoint other officers, agents, employees and servants.

ARTICLE IV

Meetings

Section 4.1 Annual Meeting of the Board of Directors. The annual meeting of the Board of Directors shall be held during the month of May of each calendar year following and at the place of the regular May meeting of the Board of Trustees of the University of Louisville and at the call of the President or Chairman of the Board. At each annual meeting, the Board of Directors shall elect its officers to serve for terms of one year each and until their respective successors are elected and accept office.

Section 4.2 Regular Meeting of the Board of Directors. A regular meeting of the Board of Directors shall be held each year during the month of November, at the place of the regular November meeting of the Board of Trustees of the University of Louisville or of a committee

thereof and at the call of the President or Chairman of the Board.

Section 4.3 Special Meetings of the Board of Directors. Special meetings of the Board of Directors shall be held at the call of the Chairman, or of the President of the Corporation, or at the request of three or more voting members of the Board of Directors.

Section 4.4 Notice of Meetings of the Board of Directors. Reasonable notice, of not less than one week except in the case of emergency, orally or in writing, of each annual, regular and special meeting of the Board of Directors shall be given by the person calling it or by the Secretary to the members of said Board of Directors, but such notice may be waived by any person entitled thereto. Attendance of a member of the Board of Directors at any meeting shall constitute waiver of notice of such meeting, except when such member attends the meeting for the express purpose of objecting to the transaction of any business because the meeting was not lawfully called or convened. Neither the business to be transacted at nor the purpose of any regular or special meeting of the Board of Directors need be specified in the notice, or waiver of notice of such meeting, although an agenda for each meeting shall normally accompany any call for a meeting.

Section 4.5 Quorum of the Board of Directors. A majority of all the members of the Board of Directors entitled to vote shall constitute a quorum of the Board of Directors which shall act by a majority of those present at a meeting at which a quorum is present; but in the absence of a quorum a meeting may be adjourned from time to time by consent of a majority of the voting members present, without notice other than by announcement at the meeting, although all directors shall be informed of any adjournment of more than three working days.

Section 4.6 Organization of Meetings of the Board of Directors. The Chairman of the Board of Directors shall preside at all meetings thereof. In his absence, the Vice Chairman shall preside, but if both of them be absent, a Chairman pro tempore shall be chosen at the meeting from among the voting members of the Board of Directors there present. The Secretary of the Board of Directors shall act as Secretary of all meetings thereof, but if he be absent, the Chairman shall appoint a Secretary pro tempore.

Section 4.7 Executive Committee Meetings. Meetings of the Executive Committee shall be held as often as

necessary. Special meetings shall be held upon call of its Chairman.

Section 4.8 Committee Meetings Generally.

Prior to a committee meeting the Chairman of the committee, or the President of the Corporation shall, orally or in writing, give reasonable notice to each member of the Board of Directors, stating the time, place and purpose thereof.

Any committee having any of the power of the Board of Directors shall keep the minutes of its meeting, which shall become part of the minutes of the Corporation upon approval by the Board of Directors. The transactions of each committee during the interim between Board of Directors meetings shall be reported to the next regular meeting of the Board of Directors by the Chairman of the respective committees.

ARTICLE V

Indemnification of Directors, Officers and Employees

Section 5.1 Indemnification. The Corporation may, to the fullest extent permitted by, and in accordance with the provisions of Kentucky Revised Statutes Chapter 273, indemnify each director or officer or employee of the Corporation against expenses (including attorneys' fees), judgments, taxes, fines, and amounts paid in settlement, incurred by him in connection with, and shall advance expenses (including attorneys' fees) incurred by him in defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative) to which he is, or is threatened to be made a party by reason of the fact that he is or was a director or officer or employee of the Corporation or is or was serving at the request of the Corporation as a director, officer, partner, employee or agent of another domestic or foreign corporation, partnership, joint venture, trust or other enterprise. Advancement of expenses shall be made upon receipt of an undertaking with such security, if any, as the Board of Directors may reasonably require, by or on behalf of the persons seeking indemnification to repay amounts advanced if it shall ultimately be determined that he is not entitled to be indemnified by the Corporation as authorized herein.

The indemnification provided for by this Article V shall not be deemed exclusive of any other rights to which directors or officers or employees of the Corporation may be entitled under any statute, agreement, or action of the Board of Directors of the Corporation or otherwise, and shall continue as to a person who has ceased to be a

directors or officer or employee of the Corporation, and shall inure to the benefit of the heirs, executors, and administrators of such a person.

The Corporation may purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, partner, employee, or agent of another domestic or foreign corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in such capacity or arising out of his status as such, whether or not the Corporation would have the power or be obligated to indemnify him against such liability under the provisions of this Article V or Kentucky Revised Statutes Chapter 273.

Notwithstanding any provision heretofore set forth in this Article V if at any time the Corporation is a private foundation or a private operating foundation as such terms are defined in the Internal Revenue Code of 1954 ("Code"), as amended, then the Corporation shall only act as permitted under the Code without subjecting the Corporation to additional taxes imposed under Subchapter A, Chapter 42, Subtitle D of the Code.

ARTICLE VI

Miscellaneous

Section 6.1 Amendments. The Board of Directors, upon request of the Board of Trustees of the University, shall have the power and authority to alter, amend or repeal the by-laws of the Corporation at any regular or special meeting at which a quorum is present by the vote of a majority of the entire voting membership of the Board of Directors.

Section 6.2 Fiscal Year. The fiscal year of the Board of Directors shall be July 1 through June 30 until otherwise provided by the Board.

Section 6.3 Seal. The Board of Directors may adopt a corporate seal which shall be circular in form and shall have inscribed thereon the name of the Board of Directors, the words "Commonwealth of Kentucky," and the word "Seal."

Section 6.4 Waiver of Notice. Whenever any notice is required to be given under the provisions of these by-laws or under the provisions of the laws of the Commonwealth of Kentucky, a waiver thereof in writing,

signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be equivalent to the giving of such notice.

Section 6.5 Construction. Unless the context specifically requires otherwise, any reference in these by-laws to any gender shall include all other genders; any reference to the singular shall include the plural; and any reference to the plural shall include the singular.

The above by-laws of
University of Louisville
Research Foundation, Inc.
were adopted by the members
the Board of Directors and
include amendments through
November 11, 2004.


Assistant Secretary

S:/Katie/boards/ULRF/by-laws amendment 11-2004

Board of Trustees Members 2014 - 2015

Marie Abrams 7/1/2010 - 6/30/16
Robert P. Benson, Jr., J.D. 7/26/13 - 6/30/19
Larry Benz, D.P.T, Treasurer 7/29/11 - 6/30/21
Emily Bingham, Ph.D. 6/21/13 - 6/30/19
Jonathan Blue 6/21/06 - 6/30/20
Ron Butt, C.F.P. 4/1/06 - 6/30/18
Steve Campbell, Secretary 6/26/13 - 4/30/19
Kevin W. Cosby, M.Div.
Pam Feldhoff, Ph.D., Faculty Constituency Representative 8/30/14 - 8/30/16
Craig Greenberg, J.D. 8/1/14 - 6/30/20
Monali Haldankar, Student Constituency Representative
Douglas Hall 2/20/13 - 6/30/16
Bruce Henderson, M.S. 7/29/11 - 6/30/17
Robert Curtis Hughes, M.D., Chairman 7/24/05 - 6/30/17
Angela Lewis-Klein, M.B.A., Staff Constituency Representative 5/20/13 - 6/30/16
Brucie Moore, J.D., Vice Chair 7/3/08 - 6/30/20
Jody Prather, M.D. 7/25/12 - 6/30/18
Robert Rounsavall, III 6/30/10 - 6/30/16
Steve Wilson
Phoebe Wood

Internal Revenue Service

Date: November 16, 2005

UNIVERSITY OF LOUISVILLE RESEARCH
FOUNDATION INC

CONTROLLERS OFF. UNIV OF LOUISVILLE
LOUISVILLE, KY 40292

**Department of the Treasury
P. O. Box 2508**

Cincinnati, OH 45201

Person to Contact:

Sally Froehle

ID# 31-08058

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET

1-877-829-5500

Federal Identification Number



Dear Sir or Madam:

This is in response to your request of October 13, 2005 regarding your tax-exempt status.

In May 1984 we issued a determination letter that recognized you as exempt from federal income tax. Our records indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that you are also classified as a public charity under section 509(a)(3) of the Internal Revenue Code.

Our records indicate that contributions to you are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott
Manager, EO Determinations

43rd Dr. Joseph H. McMillan Conference on the Black Family
 “The Dimensions of the Black Family in 21st Century”
 Workshop Evaluation

Workshop Name:

Presenters(s):

Date:

1. Please indicate your **satisfaction** with the following aspects **of the workshop structure**:

	Extremely Dissatisfied					Very Satisfied
a. Content	1	2	3	4	5	6
b. Length	1	2	3	4	5	6
c. Opportunity to share ideas and ask questions	1	2	3	4	5	6
d. Organization	1	2	3	4	5	6

2. Please indicate the extent you agree with each of the following statements **about the workshop content**?

	Strongly Disagree					Strongly Agree	
a. Objectives were clearly stated and met	1	2	3	4	5	6	6
b. The content helped increase my understanding of the topic	1	2	3	4	5	6	6
c. Content covered what I expected to be covered	1	2	3	4	5	6	6

3. Please indicate the extent you agree with each of the following statements **about the presenter**:

	Strongly Disagree					Strongly Agree
a. Demonstrated knowledge of topic	1	2	3	4	5	6
b. Well prepared for presentation	1	2	3	4	5	6
c. Provided opportunity for participation & engagement	1	2	3	4	5	6
	1	2	3	4	5	6

4. Please rate the overall quality of the workshop:

Poor					Excellent
1	2	3	4	5	6

5. Additional Comments about the workshop or presenter(s):

Black Family Conference Staff List

- | | |
|--|---------------------|
| 1) Tamara Russell, Logistics Coordinator | Salary: \$33,043.00 |
| 2) Betty Baye, Conference Chair | Stipend: \$5,000 |

Black Family Conference Staff List

- 1) Diane Whitlock
- 2) Tamara Russell
- 3) Betty Baye
- 4) Tierney Bates

UofL PROPOSAL CLEARANCE FORM

[INSTRUCTIONS](#) for filling out this form are available on our web page.
If problems filling out this form, call Sponsored Programs (852-3788),
Industry Engagement (852-7253) or Clinical Contracts (852-8359) for assistance.

Revised
07/01/2014

Office Use Only:
PCF#
Date

Please indicate the person
who can respond to questions
about this proposal:

NAME Tamara Russell
EMPLID 1007142
PHONE 852-6657
E-MAIL tdruss02@louisville.edu

Sponsor's Deadline Date:

2 / 1 / 2016

Target Receipt

Postmark Electronic

NOTE: SIGNED PCF REQUIRED
PRIOR TO ELECTRONIC SUBMISSION

ALLOW 5 FULL BUSINESS DAYS FOR PROCESSING OF ALL PROPOSALS

All grant/contract proposals must be approved by Sponsored Programs Administration, Industry Engagement or Clinical Contracts before submission to outside entities and are to be received by SPA/OIE/CCD 5 full business days prior to the sponsor's submission deadline date. Complete all sections except areas marked "Office Use Only." Include completed additional forms as required. Obtain signatures of appropriate department chair(s), dean(s), or unit head(s). For proposals not required to be submitted by the institutional signing official, the PRINCIPAL INVESTIGATOR is responsible for sending the proposal to the sponsor by the deadline unless prior arrangements have been made.

1. PROJECT

TITLE: Black Family Conference

2. UofL PERSONNEL ONLY:

PRINCIPAL INVESTIGATOR
(OR CONTACT PI IF MULTIPLE PIs)

MULTIPLE PI
 CO-INVESTIGATOR

Name: Tierney Bates
Employee ID Number: 1910932
ACAP Department Name: VP for Diversity
ACAP Department Number: 2020000156
Division: Cultural Center
E-Mail: t.bates@louisville.edu
Phone: 852-0229
% Effort on Project: 100
% Collaboration (for RIF/unit reporting): 100
US Dept Veterans Affairs/VA Hosp appt amt / % 0

[Click here to list all other UofL participants on the grant.](#)

3. a. PEOPLESOFT SPONSOR (Payments directly from this entity):

Federal State

Peer Reviewed: Yes No

Louisville Metro Government
Organization Name

https://louisvilleky.gov/
URL

Address

City State Zip

b. PRIMARY SPONSOR IF FLOW-THROUGH (No direct payments from this entity):

Check if not applicable

Organization Name

URL

Address

City State Zip

Complete sponsor contact's information for non-governmental entities.	
Contact's Name	
Contact's Title	
Contact's E-mail Address	
Contact's Telephone Number	Fax Number
Contact's Name	
Contact's Title	
Contact's E-mail Address	
Contact's Telephone Number	Fax Number

4. NAME OF PROGRAM TO WHICH YOU ARE APPLYING: Louisville Metro Council Neighborhood Development Fund

Agency Program No.:

CFDA No., if applicable:

*Click here for UofL definition of [CLINICAL TRIAL](#).

**Click here for [Clinical Attachment](#).

5. a. Is this proposal for a CLINICAL TRIAL/DEVICE/DRUG STUDY? No Yes (attach Clinical Attachment)
 b. Will this proposal involve any affiliated hospital site (ULH, NHC, JHSMH, OMHS, VAMC)? No Yes (attach Clinical Attachment)
 c. Will this proposal involve specimens, tissues or personally identifiable (not de-identified as defined by HIPAA) data/information (human materials) No Yes (attach Clinical Attachment)
 d. Will this proposal involve human materials or other biological/chemical materials?
 Yes—being received from others Yes—being sent to others No—not being sent or received
6. Award type is: Grant Subgrant/subcontract Co-op agreement Contract
7. Submission version is: New Competitive renewal*** Continuation*** Supplemental***
 SBIR Phase _____ STTR Phase _____ Transfer Other: _____
 ***Please indicate previous GRNT/OGM/OIC Tracking No. in 18a.
8. Project purpose is: Research Training/education Public service Other sponsored activity
 Clinical trial* Clinical research Other Conference
9. Was the Development Office involved in the preparation of the proposal? No Yes My contact was: _____
10. Is this research being conducted through a Board of Trustees approved center/institute?
 No Yes If yes, please identify: _____
11. Will this project utilize a UofL Service Center?
 No Yes If yes, specify the center, amount and time period: _____
12. Will equipment be provided by the sponsor? No Yes If yes, please notify Risk Management.
13. Will project use software provided by the sponsor or obtained from a third party? No Yes

14. FOS—The University needs to report expenditures using the federal government Field of Science (FOS) categories listed below. Please indicate ONE area that most closely represents the work in this project.

- | | | | |
|--|---|---|--|
| Engineering:
<input type="checkbox"/> A1 Aeronautical & Astronautical
<input type="checkbox"/> A2 Bioengineering/Biomedical
<input type="checkbox"/> A3 Chemical
<input type="checkbox"/> A4 Civil
<input type="checkbox"/> A5 Electrical
<input type="checkbox"/> A6 Mechanical
<input type="checkbox"/> A7 Metallurgical & Materials
<input type="checkbox"/> A8 Other: _____ | Physical Sciences:
<input type="checkbox"/> B1 Astronomy
<input type="checkbox"/> B2 Chemistry
<input type="checkbox"/> B3 Physics
<input type="checkbox"/> B4 Other: _____

Environmental Sciences:
<input type="checkbox"/> C1 Atmospheric
<input type="checkbox"/> C2 Earth Sciences
<input type="checkbox"/> C3 Oceanography
<input type="checkbox"/> C4 Other: _____

<input type="checkbox"/> D1 Mathematical Sciences

<input type="checkbox"/> E1 Computer Sciences | Life Sciences:
<input type="checkbox"/> F1 Agricultural
<input type="checkbox"/> F2 Biological
<input type="checkbox"/> F3 Medical
<input type="checkbox"/> F4 Other: _____

<input type="checkbox"/> G1 Psychology

Social Sciences:
<input type="checkbox"/> H1 Economics
<input type="checkbox"/> H2 Political Sciences
<input type="checkbox"/> H3 Sociology
<input type="checkbox"/> H4 Other: _____ | <input type="checkbox"/> I1 Other Sciences

Non-Sciences Areas:
<input type="checkbox"/> J1 Education
<input type="checkbox"/> J2 Law
<input type="checkbox"/> J3 Humanities
<input type="checkbox"/> J4 Visual and performing arts
<input type="checkbox"/> J5 Business and management
<input type="checkbox"/> J6 Communications, journalism and library science
<input type="checkbox"/> J7 Social work
<input checked="" type="checkbox"/> J8 Other: <u>Diversity and Inclusion</u> |
|--|---|---|--|

15. LIST KEYWORDS: _____

16. WILL ANY UofL PARTICIPANT HANDLE:
[\(Click here for corresponding web address\)](#)

Yes	No	Committee Approval No.	Approval Date or Status (Submitted, Pending)	UofL Training Course Required
-----	----	------------------------	--	-------------------------------

	Yes	No	Committee Approval No.	Approval Date or Status (Submitted, Pending)	UofL Training Course Required
a. Humans as subjects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IRB		HIPAA/Human Subjects
b. Experimental animals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IACUC		RRF Level II Training
c. Radioisotopes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RSO		Radiation Orientation
d. Recombinant DNA?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IBC		
e. Pathogenic organisms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IBC		
f. CDC/USDA select agents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IBC		

g. Human blood, tissues, cell lines, OPIM?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IBC	Bloodborne Pathogens
h. Highly toxic, carcinogenic, mutagenic agents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEHS	Lab Safety/Haz Waste

NOTE: YOU ARE RESPONSIBLE FOR COMPLYING WITH UNIVERSITY SAFETY RULES, POLICIES AND PROCEDURES. DOCUMENTATION OF INSTITUTIONAL APPROVAL FOR ACTIONS PENDING AT TIME OF PROPOSAL MUST BE PROVIDED PRIOR TO ACTIVATION OF AWARD.

17. ITEMS TO BE CONSIDERED FOR PROPOSAL REVIEW THAT INVOLVE UNIVERSITY RESOURCES: (If yes, please initial and date.)

	Yes	No	CHAIR	DEAN
a. Any faculty release from work plan responsibilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
b. Any faculty salary recovery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
c. Supplemental base or approved additional non-base pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
d. Sponsor-required cost share? If yes, fill in details in budget section.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
e. Does project require University commitments after extramural support is terminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
f. New credit courses, degree programs, centers or institutes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
g. Additional space or facilities needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
h. Will installation <input type="checkbox"/> , equipment maintenance <input type="checkbox"/> , space renovation <input type="checkbox"/> or building modification <input type="checkbox"/> be required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
i. Are there other special requirements of department and unit? If yes, attach requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
j. Major equipment/technology system/single equipment item over \$200,000 (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Contact person _____ Phone _____

k. Majority of project (50% or more) will be performed (excludes subcontracts):
 Mark one: Belknap HSC (UofL bldgs) Shelby Off Campus (includes affiliated hosp)
 Bldg-Rm No. _____

18. BUDGET a. If a renewal, continuation or supplement of an existing grant or contract, please indicate previous PCF number:

b. Department ID for budgeting/expending if awarded: 2020000156

c. Entire Proposed Budget Period (Month/Day/Year): From: Feb / 26 / 2016 To: Feb / 27 / 2016

d. Requested from Sponsor (list ALL direct costs)

	Budget Pool	f. UofL Cost Share	Speed Type
_____	Salary & Wages	511000	_____
_____	Fringe Benefits	512000	_____
_____	Equip ≥\$5K per item.....	190000	_____
_____	Alteration/Renovation ≥\$100K	190000	_____
_____	Subcontracts	519000	_____
_____	\$12,500 Supplies & Expense	519000	_____
_____	Travel	535000	_____
_____	Tuition	520000	_____
e. <u>\$12,500</u>	Total Direct Costs		

g. EXCLUSIONS to TDC Base (direct costs included in 18d above that are not subject to F&A)

- _____ Equipment ≥\$5K per item (190000)
- _____ Alteration/Renovation ≥\$100K (190000)
- _____ Off-Site Rental (519000)
- _____ Patient Care (519000)
- _____ Subcontract amounts in excess of first \$25K on each (519000)
- _____ Tuition (520000)
- _____ Other _____

h. _____ Total Exclusions

i. _____ Modified TDC Base (18e TDC minus 18h exclusions)

j. F&A (Indirect Costs)

_____ F&A Rate _____%..... 577000

k. Total Cost of Project (sum of direct costs on 18e plus F&A costs on 18j)

\$12,500 TOTAL Costs

Check here if line item budget not required by sponsor (see instructions).

I. Budget Remarks (include explanation of cost share/third-party match/non-standard F&A items if applicable):

No F&A

19. SUBCONTRACTS TO BE ISSUED: List below any organizations—including Professional Services Corporations (PSC) or Private Practice Plans—that will provide services or receive payments from ULRF for this project. Include cumulative costs in budget. With proposal submission, include a statement of work for each subcontractor.

Organization Name	Subcontractor PI/Contact Name	Requested Cost for Current Year	Anticipated Cost for Remaining Years	Services to be Provided (attach scope of work)
				(attach scope of work)
				(attach scope of work)
				(attach scope of work)
				(attach scope of work)

20. RESPONSIBLE SIGNATORY:

By signing this PCF, the undersigned certify that

- 1) the listed effort is consistent with University policies and procedures and any applicable sponsor/funding agency requirements, current workload assignments, and current (or active) grants and contracts (or that they will revise their respective effort on other projects such that this listed effort is consistent with the preceding);
- 2) they will abide by the terms and commitments of the award/contract/agreement resulting from this PCF submission;
- 3) they have read, understand, and are bound by the University of Louisville's Conflict of Interest Policies, located at <http://louisville.edu/conflictinterest/policies/policies-and-procedures.html> and that they have made all disclosures required by it, if any, and will comply with any conditions or restrictions imposed by the Institution to manage, reduce, or eliminate actual or potential conflicts of interest; further, they certify that they will comply with the University of Louisville's Conflict of Interest Policies throughout the life of this project and will update the Attestation and Disclosure Form (ADF) whenever new reportable interests occur;
- 4) they are currently eligible to participate in governmental programs as outlined at <http://purchasing.louisville.edu/policies/purchasing-35.00.html> and the associated Sanctions Check Policy and should their eligibility change that they will notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration of such;
- 5) all project participants represent and warrant that they have never been (a) debarred or threatened to be debarred or (b) convicted or indicted of a crime or otherwise engaged in conduct for which a person can be debarred under Section 306(a) or 306(b) of the Federal Food Drug and Cosmetic Act of 1992 and further agree to promptly notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration upon becoming aware of any debarment, conviction, threat of such, or indictment against themselves or any affiliated individuals providing services for this project.

The appropriateness of this submission is the responsibility of the PIs, departmental units and academic units (college or school). If an electronic version of the signed PCF is submitted, it is understood that the PCF with original signatures (which was scanned and sent electronically) will be maintained by the respective department(s) of academic appointment, college(s) or institutional office(s) that obtained the signatures.

PRINCIPAL INVESTIGATOR ATTESTATION

- 1) I certify that, to the best of my knowledge, the project described in this submission is scientifically sound, ethical, and respects and protects the rights and welfare of human participants in research.
- 2) I certify the information contained in this application is true, complete and accurate, to the best of my knowledge, and acknowledge that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
- 3) I agree to adhere to the credential requirements of the respective site(s) at which the research will be conducted (as applicable).
- 4) I agree to adhere to the compliance policies and procedures and all billing practices of the respective site(s) where the project is being conducted, to comply with all regulations, not to bill any third-party payer for items specifically reimbursed by the sponsor, and to conduct study within guidelines of good clinical practice (as applicable).
- 5) I understand that I am responsible for the budget specified in this submission and any deficits or uncollectible costs per the Research Handbook.
- 6) I agree to accept responsibility for the scientific conduct of the project.
- 7) I agree to provide required progress reports and/or other deliverables as specified in any award/contract/agreement that results from this PCF submission.
- 8) I agree to notify Clinical Contracts/Industry Engagement/Sponsored Programs Administration should any external governmental regulatory entity notify me of an investigation/audit or other inspection/review of the project described in this PCF submission.

The term affiliated persons includes, but is not limited to, clinical investigators, nurses, technicians and other individuals or parties working on the project or involved with the development or submission of data related to the research study/project.

UoL PI'S DEPARTMENT CHAIR APPROVAL

- 1) I certify for those individuals in my department that the proposed listed effort is consistent with University policies and procedures and the individuals' work plan assignments within my department.
- 2) I certify that resources (funding, space, faculty/staff members) are adequate to support or supplement this project.


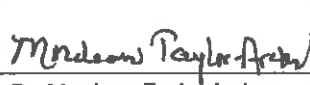
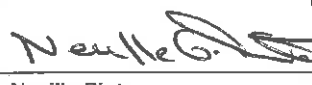
Contact/Principal Investigator

Department Chair or Appropriate Unit Head

Dean or Appropriate Unit Head

SPA/OIE/CCD

I acknowledge that I am in compliance with the new COI regulations and have a current ADF on file with the COI Office (Currently applies to PHS-funded proposals only)

Signature				
Typed Name	Tierney Bates	Dr. Mordean Taylor-Archer	Neville Pinto	
Date	1/25/16	1/11/16	1/20/16	

Multiple PI or Co-Investigator

I acknowledge that I am in compliance with the new COI regulations and have a current ADF on file with the COI Office (Currently applies to PHS-funded proposals only)

Signature				
Typed Name				
Date				

[Additional Signature Form](#)

Additional comments/clarification:

Office Use Only: EVPRI TUITION COMMITMENT REAL \$ CS COMMITMENT

UOFL CORPORATIONS

The University of Louisville has relationships with several separate related corporations which support or augment the University's educational missions. These organizational entities are classified as either "affiliated" or "non-affiliated" corporations of the University.

An affiliated corporation is defined by Kentucky statute (KRS 164A.550). It is a corporate entity that could not exist or effectively operate without substantial assistance from UofL. Non-affiliated corporations are those entities which do not meet the statutory definition of an affiliated corporation.

The FY 2016 projected budgets for UofL's affiliated and non-affiliated corporations total \$717 million. A number of anticipated grants and contracts in the UofL Research Foundation have not been awarded, and therefore, cannot be budgeted. Several other components of the UofL Research Foundation, such as the F&A projections, are also not budgeted at this time. Finally, some corporations, such as the Medical School Fund, Inc. are not formally budgeted in the University's budget system. UofL Corporations' Source of Funds and Use of Funds are shown in Tables 16 and 17 respectively, as separated across the entities. Each corporation is then described in more detail following these tables.

Table 16: UofL Corporations Source of Funds

	FY 2016 Budget
University of Louisville Research Foundation, Inc.	
Clinical Operations	274,534,000
Sponsored Agreements - Direct	164,617,000
Sponsored Agreements - F&A	23,000,000
Total ULRF	<u>462,151,000</u>
University of Louisville Foundation, Inc.	
Fundraising, Foundation Business Operations, and Other	28,322,100
Restricted Endowment Funds	84,268,100
Gift Funds	42,095,800
Total ULF	<u>154,686,000</u>
University of Louisville Athletic Association, Inc.	
Football Program	33,090,000
Papa John's Cardinal Stadium	450,000
Basketball	26,820,000
Annual Seat Donations	17,225,000
NCAA/Conference Distribution	1,000,000
Marketing	7,870,000
Earnings from UL Foundation	500,000
Gender Equity Commitment	1,320,000
Other	4,255,000
Total ULAA	<u>92,530,000</u>
Quality and Charity Care Trust	
Louisville Metro	4,500,000
University of Louisville Medical School Fund, Inc.	
Total UofL Corporations	<u>717,367,000</u>

Source: UofL Corporations, Budget and Financial Planning

Table 17: UofL Corporations Use of Funds

	FY 2016 Budget
University of Louisville Research Foundation, Inc.	
Salaries	251,925,278
Fringe Benefits	50,089,587
Operating Expense	160,136,134
Total ULRF	<u>462,151,000</u>
University of Louisville Foundation, Inc.	
Salaries	40,218,400
Fringe Benefits	10,828,000
Operating Expense	103,639,600
Total ULF	<u>154,686,000</u>
University of Louisville Athletic Association, Inc.	
Salaries	31,730,800
Fringe Benefits	7,014,200
Operating Expense	53,785,000
Total ULAA	<u>92,530,000</u>
Quality and Charity Care Trust	
Operating Expense (patient care)	<u>4,500,000</u>
University of Louisville Medical School Fund, Inc.	
Operating Expense	<u>3,500,000</u>
Total UofL Corporations	<u>717,367,000</u>

Source: UofL Corporations, Budget and Financial Planning

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC.

The University of Louisville Research Foundation (ULRF) is a non-profit corporation affiliated with the University of Louisville. The Research Foundation was established in 1989 for the purpose of promoting and supporting research projects, investigations, clinical operations, and other activities relating to the educational, scientific, literary, health care and public service missions of the University.

Table 18 shows ULRF budgeted revenues and expenditures for FY 2014-15 and FY 2015-16. For FY 2015-16, the ULRF budget totals \$462.2 million, which is \$10.9 million more than FY 2014-15. The increases are primarily attributable to serving more patients and an expected increase in federal grant awards.

Table 18: UofL Research Foundation Budget

Revenues	FY 2015	FY 2016	FY 2015-16 Change	
			Amount	Percent
Clinical Operations	\$270,391,700	\$274,534,000	\$4,142,300	1.5%
Sponsored Agreements - Direct	159,849,200	164,617,000	4,767,800	3.0%
Sponsored Agreements - F&A	21,000,000	23,000,000	2,000,000	9.5%
Total Revenue	\$451,240,900	\$462,151,000	\$10,910,100	2.4%
Expenditures				
Salaries	\$249,179,900	\$251,925,278	\$2,745,378	1.1%
Fringe Benefits	48,106,500	50,089,587	1,983,087	4.1%
Operating Expense	153,954,500	160,136,134	6,181,634	4.0%
Total Expenditures	\$451,240,900	\$462,151,000	\$10,910,100	2.4%

Source: UofL Research Foundation, Inc.

ULRF has three primary sources of revenues: 1) clinical services; 2) grants and contracts; and 3) facilities and administrative cost recoveries.

Clinical Services

Of the \$462.2 million total Research Foundation budget for FY 2015-16, clinical services revenues total \$274.5 million, or 58%. Clinical services revenues come from patient care and laboratories including primary care, radiology, oncology, neonatal care, and cardiology. Clinical services revenues also include financial support from affiliated hospitals for clinical services, academic programs, and house staff (interns and residents).

Table 19 shows clinical services budget amounts by unit for FY 2015-16.

Table 19: Clinical Budgets by Unit, Fiscal Year 2015-16

Clinical Total by Unit	Amount (\$)	Percent to Total	Number of Programs
School of Medicine	244,851,433	89.2%	266
School of Dentistry	18,555,255	6.8%	29
School of Nursing	818,309	0.3%	2
Executive Vice President for Health Affairs	10,309,003	3.7%	16
Total	274,534,000	100.0%	313

Source: Budget and Financial Planning and EVPHA

The School of Medicine accounts for 89% of all clinical services revenues and 84% of all clinical programs at the University of Louisville. Within the School of Medicine, almost 50% of FY 2015-16 budgeted clinical revenues come from graduate medical education, diagnostic radiology, neurological surgery, anesthesiology, and six pediatric programs.

Clinical services revenues for the School of Dentistry primarily come from the Dental Clinic and two graduate residency programs.

The School of Nursing has two clinical services programs: nursing education and nursing practice. Nearly all budgeted clinical services revenues come from the nursing practice program.

Under EPPHA, clinical services revenues help fund strategic initiatives for the School of Public Health, the HSC Office of Diversity and HSC central administration. Based on the strategic goals of the EPPHA, a portion of these funds may be allocated to other HSC units during the fiscal year.

Sponsored Agreements – Direct Costs

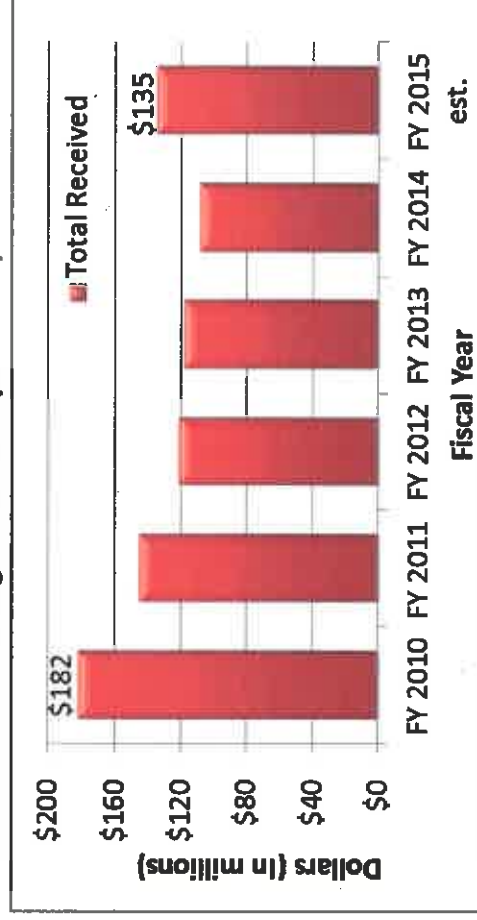
Revenues from sponsored agreements (which are also referred to as grants and contracts) come from awards by government, for profit, and nonprofit entities to UofL faculty and researchers. For example, the National Institutes of Health recently awarded the University a \$3 million grant to help speed the commercialization of discoveries by UofL researchers. Grants and contracts are the second largest component of the ULRF budget, totaling \$164.6 million in FY 2015-16.

There are three types of sponsored agreement activities at the University:

- Grants – provide financial assistance for basic research, training or community service projects;
- Contracts – provide financial support for a specific task and are usually initiated by a sponsor; and
- Other Awards – include cooperative agreements, purchase orders and sub-agreements.

Figure D shows sponsored program awards at the University of Louisville for fiscal years 2009-10 through 2014-15. Mirroring the national trend, revenues peaked in FY 2009-10 as federal research funding tied to the American Recovery and Reinvestment Act were made available. Revenues declined in subsequent years as stimulus programs expired. In FY 2009-10, the University received \$28.8 million in direct federal funding from the American Recovery and Reinvestment Act. By FY 2012-13 that amount declined to \$600,000. Grant awards are expected to increase in FY 2015-2016.

Figure D: Sponsored Research Awards Received by UofL, FY 2009-10 through FY 2014-15 (estimated)

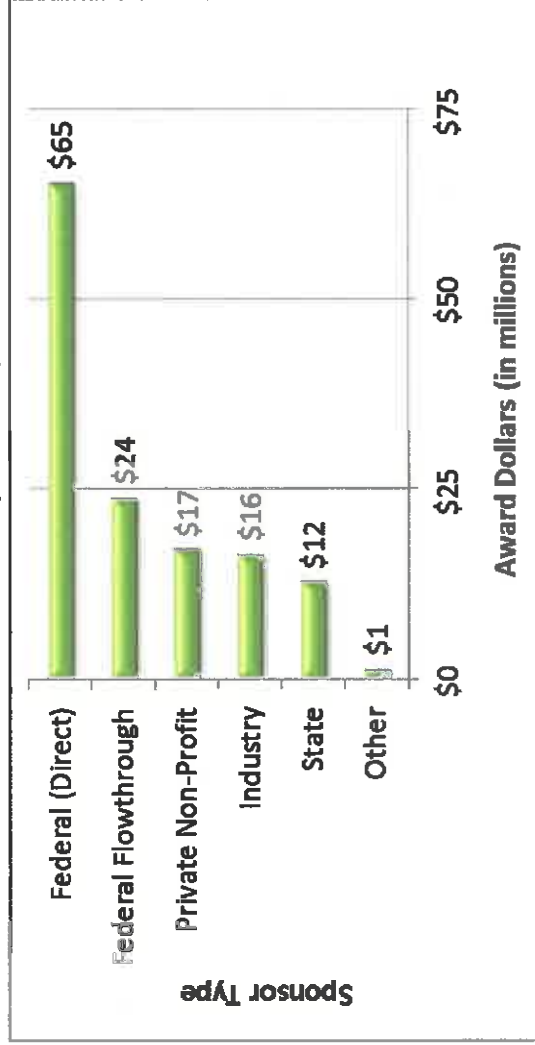


Source: UofL Research Foundation, Inc.

Source of Funds

Figure E shows estimated FY 2014-15 sponsored research awards to the University of Louisville by sponsor type. Federal and federal flow through funding accounted for \$89 million of funding. Non-profit awards were the next largest at \$17 million.

Figure E: Sponsored Research Funds Received by UofL by Sponsor Type in FY 2014-15 (estimated)



Source: UofL Research Foundation, Inc.

Table 20 details federal sponsored research awards to the University of Louisville. Despite increases in FY 2014-15, total federal awards to the University remain below FY 2010-11 and FY 2011-12 levels. Funding from the National Institutes of Health has been the largest and most consistent source of federal awards over this period. Relative to all other federal fund sources, the National Institutes of Health typically accounts for nearly 3 of every 4 dollars in federal awards to the University. Funding from the Health Resources and Services Administration—which awards grants to institutions to improve and expand health care services for underserved people—and from the Department of Defense are the other primary sources of federal awards to UofL.

Table 20: Federal Direct Award Dollars by Agency FY 2009 through FY 2014

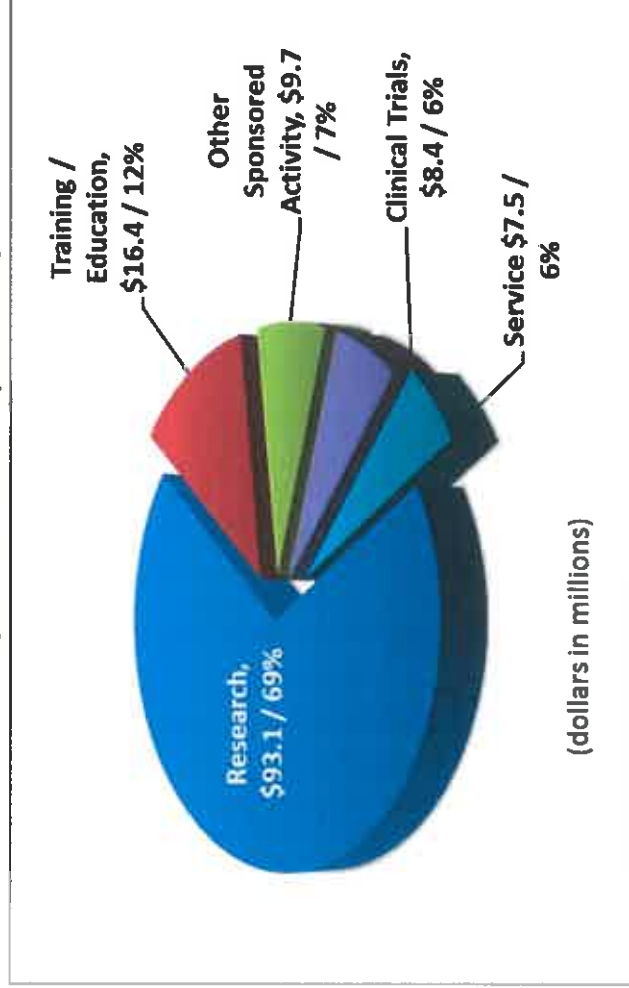
Federal Agency	2011	2012	2013	2014	2015 est.	Change FY 2014-2015	
						Amount	Percent
National Institutes of Health	49,137,724	53,927,293	51,056,706	42,618,870	47,184,124	4,565,254	10.7%
Health Resources and Services Administration	8,048,732	2,541,674	3,003,168	3,779,020	3,164,354	(614,666)	(16.3%)
Department of Health and Human Services (Other)	1,749,853	939,791	1,938,330	2,496,030	1,947,436	(548,594)	(22.0%)
Department of Education	5,472,927	6,444,453	2,135,882	2,472,498	2,604,710	132,212	5.3%
National Science Foundation	3,023,898	5,834,611	3,341,071	1,291,941	3,057,008	1,765,067	136.6%
Department of Defense	6,173,703	4,573,151	1,466,907	1,213,632	4,595,883	3,382,251	278.7%
Other Federal	338,606	973,335	831,623	923,911	1,154,332	230,421	24.9%
Environmental Protection Agency	207,000	442,000	363,000	691,702	255,912	(435,790)	(63.0%)
Centers for Disease Control	884,922	1,290,918	846,000	605,097	275,148	(329,949)	(54.5%)
Department of Energy	2,447,200	105,000	78,000	73,000	-	(73,000)	(100.0%)
NASA	2,000,000	3,000	2,780	-	444,555	444,555	N/A
Department of Justice	250,000	500,000	-	-	377,187	377,187	N/A
Department of the Interior	453,201	165,756	-	-	-	0	N/A
Total	\$80,187,766	\$77,740,982	\$65,063,467	\$56,165,701	\$65,060,649	\$8,894,948	15.8%

Source: UofL Research Foundation, Inc.

Use of Funds

Figure F shows estimated FY 2014-15 sponsored programs award dollars to the University of Louisville by purpose. Nearly 70% was used to fund research activities. Approximately 16% helped fund training and education activities. These training funds typically come from the National Research Service Award (NRSA), a function of the National Institutes of Health, and are designed to train individuals to conduct research and prepare for research careers. Service Activities include community outreach programs as well as public health screenings. Clinical trials are chiefly pharmaceutical testing and new therapy testing. Other sponsored activity includes analytical studies and surveys, treatment analysis, and program implementation – specifically state mandated programs.

Figure F: Sponsored Research Award Dollars Received by UofL by Purpose in FY 2014-15 (estimated)



Source: UofL Research Foundation, Inc.

Sponsored Agreements – Facilities and Administrative Cost Recoveries (F&A)

All federally-funded grants and contracts allow for the recovery of central administrative and infrastructure costs associated with supporting faculty, researchers, and staff funded by the grants and contracts. The Facilities and Administrative cost recovery rate, or F&A rate, is currently 50%. As per our recently negotiated agreement with the federal government, our F&A rate will increase to 53% in FY2015-16. This will only apply to new awards and will not be applied against existing awards. In FY2016-17 this rate will increase to 54%.

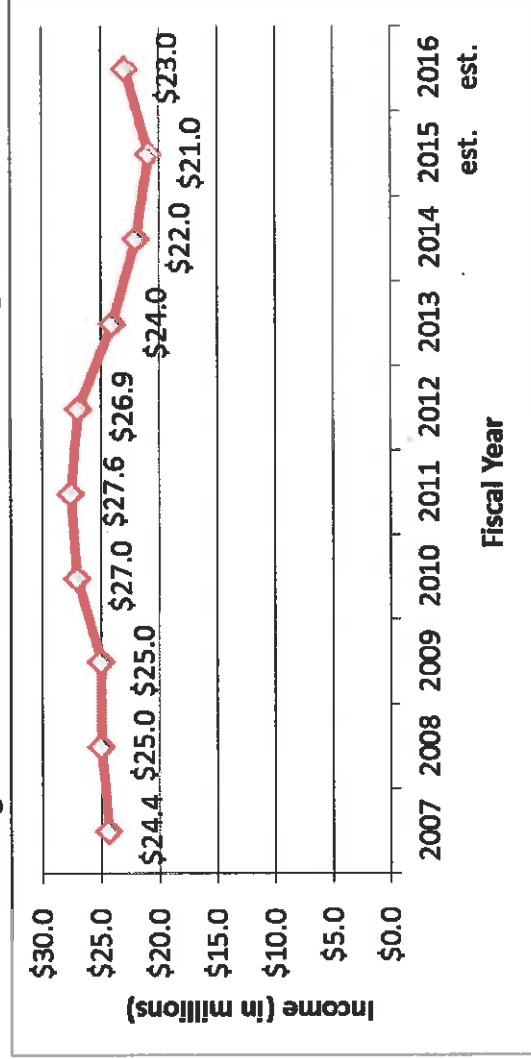
A portion of F&A revenues fund the following research support activities:

- **Research Infrastructure Funds (RIF)** – Investments in infrastructure that support efforts to secure and maintain extramurally funded research programs, including departmental and individual RIFs.
- **University Scholars** – This program, initiated by a dean, then sent to be reviewed by a full committee, and ultimately approved by the Provost and President, is used to recruit and retain faculty who exhibit substantial credentials in research. These credentials are then reviewed at year 3 to determine if the requirements, such as published works and grants garnered, have been met.
- **Debt Service** – Debt service payments on University buildings that house research activities.

Of the remaining F&A funds, 80% is transferred to the University for indirect expenses incurred in administering and supporting sponsored agreements. The other 20% is used by the Research Foundation to fund equipment purchases, research faculty recruiting packages, and other programs in support of the research enterprise.

Figure G shows F&A cost recoveries from FY 2006-07 through FY 2015-16. Due, in part, to the rate increase, F&A revenues in FY 2015-16 are expected to increase by \$2 million.

Figure G: UofL F&A Income FY 2007 through FY 2016



Source: UofL Controller's Office

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **JULY 01**, 2013, and ending **JUNE 30**, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
CONTROLLER'S OFFICE, UNIVERSITY OF LOUISVILLE
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40292

D Employer identification number
XXXXXXXXXX

E Telephone number
(502)852-7072

G Gross receipts \$ **368,381,854**

F Name and address of principal officer: **JAMES RAMSEY**
2301 S THIRD STREET, LOUISVILLE, KY 40292

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

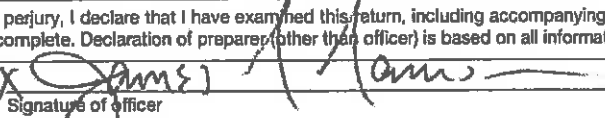
L Year of formation: **1984** **M** State of legal domicile: **KY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION IS ORGANIZED FOR THE PURPOSE OF PROMOTING AND SUPPORTING RESEARCH PROJECTS, INVESTIGATIONS, CLINICAL SERVICES, AND OTHER ACTIVITIES RELATING (CONTINUED ON SCHEDULE O)	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 25
	4 Number of independent voting members of the governing body (Part VI, line 1b) 18
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0
	6 Total number of volunteers (estimate if necessary) 25
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0
	7b Net unrelated business taxable income from Form 990-T, line 34 0
Revenue	8 Contributions and grants (Part VIII, line 1h) 156,299,277 155,127,522
	9 Program service revenue (Part VIII, line 2g) 175,229,768 208,461,936
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 40,251 -74,773
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,277,527 3,877,533
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 347,846,823 367,392,218
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 41,192,973 41,454,004
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 327,889,201 341,973,711
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 369,082,174 383,427,715
19 Revenue less expenses. Subtract line 18 from line 12 -21,235,351 -16,035,497	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 118,616,223 121,339,222
	21 Total liabilities (Part X, line 26) 31,076,685 43,556,170
	22 Net assets or fund balances. Subtract line 21 from line 20 87,539,538 77,783,052

Part II Signature Block

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

Sign Here  **5-14-2015**
 Signature of officer Date
DR. JAMES RAMSEY, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **RACHEL SPURLOCK** Preparer's signature:  Date: **5/5/2015** Check if self-employed PTIN: XXXXXXXXXX

Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ XXXXXXXXXX

Firm's address ▶ **9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122** Phone no. **(502)326-3996**

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

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. if a P.O. box, see instructions. CONTROLLER'S OFFICE, UNIVERSITY OF LOUISVILLE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40292	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

• The books are in the care of ► LARRY ZINK

Telephone No. ► (502)852-7072 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 ____ or

► tax year beginning July 01, 20 13, and ending June 30, 20 14.

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

Change in accounting period

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. CONTROLLER'S OFFICE, UNIVERSITY OF LOUISVILLE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40292	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LARRY ZINK
 Telephone No. ▶ (502)852-7072 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 20 15.
- For calendar year July 01, 20 13, and ending June 30, 20 14.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Rachel Spurlock Title ▶ CPA Date ▶ 1/27/2015

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION IS ORGANIZED FOR THE PURPOSE OF PROMOTING AND SUPPORTING RESEARCH PROJECTS, INVESTIGATIONS, CLINICAL SERVICES, AND OTHER ACTIVITIES RELATING TO THE MISSIONS OF THE UNIVERSITY OF LOUISVILLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 341,001,872 including grants of \$ 41,454,004) (Revenue \$ 208,478,902) THE UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION (ULRF) CONTINUED TO EXPAND ITS PROGRAM SERVICE ACCOMPLISHMENTS AND RESEARCH PORTFOLIO THROUGHOUT 2013-14. SOME OF ULRF'S MAJOR FEDERAL SPONSORS INCLUDE THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE UNITED STATES DEPARTMENT OF DEFENSE, THE UNITED STATES DEPARTMENT OF EDUCATION, AND THE VETERANS ADMINISTRATION. THESE PROJECTS, WHEN COMBINED WITH OTHER ADDITIONAL LOCAL, STATE, INDUSTRY, AND PRIVATE NONPROFIT FOUNDATION GRANTS, TOTAL OVER 900 GRANTS FOR PROJECTS INITIATED DURING THE FISCAL YEAR. SOME OF THE ORGANIZATION'S FUNDING HIGHLIGHTS DURING THE YEAR INCLUDE PROJECTS COVERING CARDIOVASCULAR RESEARCH; SPINAL CORD INJURY; RENEWABLE ENERGY RESEARCH INTO PHOTOVOLTAICS, FUEL CELLS, AND BIOENERGY; POLLUTION PREVENTION NETWORKS; TEEN PREGNANCY PREVENTION; MIDDLE SCHOOL MATHEMATICS UPDATING; COLLEGE ACCESS PROGRAMS; AND THE CENTER FOR TRAUMATIZED CHILDREN.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 341,001,872

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	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	3		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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 "Yes," complete Schedule F, Parts I and IV.	14b		✓
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 "Yes," complete Schedule F, Parts II and IV	15		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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



Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-rows for amounts and specific questions about Form 1096, Form W-2G, Form 990-T, and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► KY
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LARRY ZINK, CONTROLLER'S OFFICE, UNIV OF LOUISV. LOUISVILLE, KY 40292, (502)852-7072

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON BUTT CHAIR	0.5 0.5	✓		✓			0	0	0	
(2) JONATHAN BLUE VICE CHAIR	0.5 0	✓		✓			0	0	0	
(3) DR. JAMES R. RAMSEY PRESIDENT	0.5 40.5	✓		✓			0	328,352	43,399	
(4) DR. SHIRLEY WILLIHNGANZ VICE PRESIDENT	0.5 39	✓		✓			0	332,888	54,071	
(5) DR. WILLIAM PIERCE VICE PRESIDENT	0.5 48	✓		✓			0	344,672	45,490	
(6) MICHAEL J. CURTIN VICE PRESIDENT (TO 8/31/2013)	0.5 38.5	✓		✓			0	221,935	30,645	
(7) SUSAN I. HOWARTH VICE PRESIDENT (FROM 9/1/2013)	0.5 49.5	✓		✓			0	156,179	27,548	
(8) EMILY BINGHAM SECRETARY	0.5 0	✓		✓			0	0	0	
(9) DR. DAVID DUNN VICE PRESIDENT	0.5 48.5	✓		✓			0	1,059,920	39,780	
(10) MARIE ABRAMS DIRECTOR	0.5 0.5	✓					0	0	0	
(11) ROBERT P BENSON, JR DIRECTOR	0.5 0.5	✓					0	0	0	
(12) LAURENCE BENZ DIRECTOR	0.5 0	✓					0	0	0	
(13) STEPHEN PAUL CAMPBELL DIRECTOR	0.5 0	✓					0	0	0	
(14) KEVIN COSBY DIRECTOR	0.5 0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DR. PAMELA FELDHOFF DIRECTOR	0.5 49.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	109,291	22,758	
(16) MONALI HALDANKAR DIRECTOR (FROM 5/1/2014)	0.5 0.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(17) DOUGLAS HALL DIRECTOR	0.5 0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(18) BRUCE HENDERSON DIRECTOR	0.5 0.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(19) DR. ROBERT CURTIS HUGHES DIRECTOR	0.5 0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(20) ANGELA LEWIS-KLEIN DIRECTOR	0.5 49.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	48,939	23,994	
(21) CARRIE MATTINGLY DIRECTOR (TO 4/30/2014)	0.5 49.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	4,320	0	
(22) BRUCIE MOORE DIRECTOR	0.5 0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(23) DR. JOSEPH PRATHER, II DIRECTOR	0.5 0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(24) ROBERT W. ROUNSAVALL, III DIRECTOR	0.5 0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(25) DEBBIE SCOPPECHIO DIRECTOR	0.5 1	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
1b Sub-total							0	2,606,494	287,685	
c Total from continuation sheets to Part VII, Section A							0	374,756	70,004	
d Total (add lines 1b and 1c)							0	2,981,250	357,689	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF LOUISVILLE PHYSICIANS, 300 EAST MARKET STREET, LOUISVILLE, KY 40202	MEDICAL/HEALTHCARE	6,141,202
DELOITTE TAX LLP, 220 WEST MAIN STREET, LOUISVILLE, KY 40202	CONSULTING	2,581,429
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION, 301 PETERSON SERVICE BUILDING, LEXINGTON, KY 40506-0005	RESEARCH SERVICES	1,258,247
EMORY UNIVERSITY, 201 DOWMAN DRIVE, ATLANTA, GA 30322	RESEARCH SERVICES	968,555
STITES & HARBISON, 400 WEST MARKET STREET, LOUISVILLE, KY 40202	CONSULTING	924,348

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 89

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a							
	b	Membership dues 1b							
	c	Fundraising events 1c							
	d	Related organizations 1d							
	e	Government grants (contributions) 1e 120,994,896							
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 34,132,626							
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f ▶	155,127,522						
Program Service Revenue			Business Code						
	2a	CLINICAL SERVICES ----- 541700	205,763,845	205,763,845					
	b	OTHER RESEARCH PROJECTS ----- 541700	2,573,921	2,573,921					
	c	CONFERENCES AND TRAINING ----- 541700	124,170	124,170					
	d	-----	0						
	e	-----	0						
	f	All other program service revenue	0	0	0	0			
g	Total. Add lines 2a-2f ▶	208,461,936							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	32,584			32,584			
	4	Income from investment of tax-exempt bond proceeds ▶	0						
	5	Royalties ▶	3,843,699			3,843,699			
	6a	Gross rents	(i) Real	16,868					
			(ii) Personal						
			Less: rental expenses					0	
			Rental income or (loss)					16,868	0
	d	Net rental income or (loss) ▶	16,868			16,868			
	7a	Gross amount from sales of assets other than inventory	(i) Securities						
			(ii) Other						
			Less: cost or other basis and sales expenses						107,357
			Gain or (loss)					0	-107,357
	d	Net gain or (loss) ▶	-107,357			-107,357			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a							
	b	Less: direct expenses b							
c	Net income or (loss) from fundraising events . . ▶	0							
9a	Gross income from gaming activities. See Part IV, line 19 a								
		Less: direct expenses b							
		Net income or (loss) from gaming activities . . ▶					0		
10a	Gross sales of inventory, less returns and allowances a		890,256						
		Less: cost of goods sold b					882,279		
		Net income or (loss) from sales of inventory . . ▶					7,977	7,977	
Miscellaneous Revenue		Business Code							
11a	MISCELLANEOUS ----- 900099	8,989	8,989						
b	-----	0							
c	-----	0							
d	All other revenue	0	0	0	0				
e	Total. Add lines 11a-11d ▶	8,989							
12	Total revenue. See instructions. ▶	367,392,218	208,478,902	0	3,785,794				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	294,200	294,200		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	41,159,804	41,159,804		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,440,436	1,865,962	574,474	
c Accounting	63,023	51,818	11,205	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	272,880,497	244,456,939	28,423,558	0
12 Advertising and promotion	443,682	231,756	211,926	
13 Office expenses	1,299,114	1,233,501	65,613	
14 Information technology	3,939,522	3,310,156	629,366	
15 Royalties	53,071	53,071		
16 Occupancy	3,513,164	3,274,998	238,166	
17 Travel	3,932,951	3,745,708	187,243	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,126,594	5,857,786	268,808	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,204,866	9,204,866		
23 Insurance	1,056,823	1,028,735	28,088	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FACILITIES AND ADMINISTRATIVE SERVICES	14,348,935	3,766,734	10,582,201	
b LABORATORY SUPPLIES AND EXPENSES	14,040,752	13,606,391	434,361	
c SMALL EQUIPMENT PURCHASES AND RENTALS	567,782	545,756	22,026	
d LICENSES, PERMITS, AND FEES	666,201	651,823	14,378	
e All other expenses	7,396,298	6,661,868	734,430	0
25 Total functional expenses. Add lines 1 through 24e	383,427,715	341,001,872	42,425,843	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	15,430	1	11,105	
	2	Savings and temporary cash investments	21,946,256	2	0	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	22,305,107	4	45,457,329	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	1,158,543	7	614,884	
	8	Inventories for sale or use	360,815	8	353,629	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	151,746,335			
	b	Less: accumulated depreciation	77,382,122	72,405,451	10c	74,364,213
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11	2,113		12	2,113
	13	Investments—program-related. See Part IV, line 11	0		13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	422,508		15	535,949
16	Total assets. Add lines 1 through 15 (must equal line 34)	118,616,223		16	121,339,222	
Liabilities	17	Accounts payable and accrued expenses	12,587,520	17	15,365,793	
	18	Grants payable		18		
	19	Deferred revenue	10,510,302	19	10,267,598	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	0	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,978,863		25	17,922,779
	26	Total liabilities. Add lines 17 through 25	31,076,685		26	43,556,170
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds	87,539,538		32	77,783,052
33	Total net assets or fund balances	87,539,538		33	77,783,052	
34	Total liabilities and net assets/fund balances	118,616,223		34	121,339,222	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	367,392,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	383,427,715
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,035,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,539,538
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,279,011
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	77,783,052

Part XII Financial Statements and Reporting

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

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

	Yes	No
1		
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) STEVE WILSON DIRECTOR	0.5 0	✓						0	0	0
(27) PHOEBE WOOD DIRECTOR	0.5 0	✓						0	0	0
(28) DR. JOSEPH M. STEFFEN TREASURER	0.5 49			✓				0	95,675	20,550
(29) KATHLEEN M. SMITH ASSISTANT SECRETARY	0.5 28.5			✓				0	110,180	19,924
(30) ANGELA D. KOSHEWA LEGAL COUNSEL (TO 5/31/2014)	0.5 49.5			✓				0	168,901	29,530

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Employer ID# [REDACTED]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173,608,959	174,798,105	174,198,510	156,299,277	155,127,522	834,032,373
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	173,608,959	174,798,105	174,198,510	156,299,277	155,127,522	834,032,373
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						834,032,373

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	173,608,959	174,798,105	174,198,510	156,299,277	155,127,522	834,032,373
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			184,736	382,946	3,893,151	4,460,833
9 Net income from unrelated business activities, whether or not the business is regularly carried on	69,487	317,813				387,300
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						838,880,506
12 Gross receipts from related activities, etc. (see instructions)					12	955,869,069
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.42 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.88 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Name of the organization

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION	Employer identification number 61-1029626
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization: UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION
 Employer identification number: [REDACTED]

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		351,695		351,695
b Buildings		61,533,970	11,579,083	49,954,887
c Leasehold improvements		702,205	702,205	0
d Equipment		79,424,845	65,023,300	14,401,545
e Other		9,733,620	77,534	9,656,086
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				74,364,213

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UNIVERSITY OF LOUISVILLE	9,034,124
(3) ALLOCATED POST EMPLOYMENT BENEFITS	8,888,655
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,922,779

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

SEE NEXT PAGE

Part XIII

Supplemental Information Complete this part to 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047
2013
Open to Public Inspection

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

Employer identification number

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CLINICAL RESEARCH FOUNDATION 800 ZORN AVENUE, LOUISVILLE, KY 40206	61-1144514	501(C)(3)	100,000				SUPPORT FOR CLINICAL STUDIES
(2) MARCH OF DIMES 4802 SHERBURN LANE, LOUISVILLE, KY 40207	13-1846386	501(C)(3)	25,000				SPONSORSHIP
(3) DREXEL UNIVERSITY 3201 ARCH STREET, PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	25,000				SPONSORSHIP
(4) METRO UNITED WAY 334 EAST BROADWAY, LOUISVILLE, KY 40202	61-0444680	501(C)(3)	20,000				GENERAL SUPPORT
(5) JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W/MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203	61-0476694	501(C)(3)	10,000				SPONSORSHIP
(6) EPILEPSY FOUNDATION OF KENTUCKIANA 982 EASTERN PARKWAY, LOUISVILLE, KY 40217	61-1314540	501(C)(3)	5,000				SPONSORSHIP
(7) WESTIE FOUNDATION OF AMERICA, INC. 428 HEDGECROFT DRIVE, SEABROOK, TX 77586	06-1473645	501(C)(3)	5,000				SPONSORSHIP FOR FIBROSIS WORKSHOP
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS, FELLOWSHIPS FINANCIAL AID, AWARDS	11,066	41,159,804			
2					
3					
4					
5					
6					
7					

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

SEE NEXT PAGE

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE RECIPIENTS OF SCHOLARSHIPS, FELLOWSHIPS, AID, AND AWARDS ARE SELECTED BASED ON UNIVERSITY OF LOUISVILLE DEPARTMENTAL CRITERIA. THE ORGANIZATION SERVES PRIMARILY AS A FUNDING SOURCE FOR ANY SCHOLARSHIPS AWARDED BY THE UNIVERSITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Employer identification number

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. JAMES R. RAMSEY, PRESIDENT	(i) 0 (ii) 325,466 (iii) 2,886	0	0	25,375	18,024	371,751	0
2 DR. SHIRLEY WILLIHGANZ, VICE PRESIDENT	(i) 0 (ii) 319,698 (iii) 13,188	0	0	37,206	16,865	386,957	0
3 DR. WILLIAM PIERCE, VICE PRESIDENT	(i) 0 (ii) 300,484 (iii) 44,188	0	0	30,530	14,960	390,162	0
4 MICHAEL J. CURTIN, VICE PRESIDENT (TO 8/31/2013)	(i) 0 (ii) 213,840 (iii) 8,095	0	0	21,450	9,195	252,580	0
5 SUSAN T. HOWARTH, VICE PRESIDENT (FROM 9/1/2013)	(i) 0 (ii) 151,765 (iii) 4,414	0	0	15,379	12,169	183,727	0
6 DR. DAVID DUNN, VICE PRESIDENT	(i) 0 (ii) 963,732 (iii) 1,188	95,000	0	25,375	14,405	1,099,700	0
7 ANGELA D. KOSHEWA, LEGAL COUNSEL (TO 5/31/2014)	(i) 0 (ii) 167,713 (iii) 1,188	0	0	17,009	12,521	198,431	0
8							
9							
10							
11							
12							
13							
14							
15							
16							

Supplemental Information to Form 990 or 990-EZ

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

Name of the Organization
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION

Organization Number

Return Reference	Identifier	Explanation
	REPORTABLE COMPENSATION	AMOUNTS REPORTED ON PART VII AND ON SCHEDULE J INCLUDE ONLY COMPENSATION PAID BY ITS CONTROLLING PARENT, THE UNIVERSITY OF LOUISVILLE. THE REPORTED AMOUNTS DO NOT INCLUDE COMPENSATION PAID BY THE UNIVERSITY OF LOUISVILLE FOUNDATION, WHICH IS UNRELATED TO THE FILING ORGANIZATION FOR FORM 990 REPORTING PURPOSES.
FORM 990, PART I, LINE 1	BRIEF MISSION	(CONTINUED FROM FORM 990, PART I, LINE 1) TO THE MISSIONS OF THE UNIVERSITY OF LOUISVILLE.
FORM 990, PART V, LINE 1A	FORM 1099	THE ORGANIZATION'S FORMS 1099 ARE FILED BY ITS COMMON PAY AGENT, THE UNIVERSITY OF LOUISVILLE.
FORM 990, PART V, LINE 2A	FORMS W-2	THE ORGANIZATION HAS NO EMPLOYEES.
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER OF THE BOARD OF DIRECTORS, PRESIDENT, CHIEF BUSINESS OFFICER, CHIEF FINANCIAL OFFICER, CHIEF ACADEMIC OFFICER, AND CHIEF RESEARCH OFFICER OF THE UNIVERSITY OF LOUISVILLE IN THEIR CAPACITY AS DIRECTOR. THE PRESIDENT SERVES AS CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE ACTS FOR THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN MEETINGS OF THE BOARD. AND WITH RESPECT TO THE ACCEPTANCE, ADMINISTRATION AND ACCOUNTING FOR GRANTS AND CONTRACTS IT IS NOT REQUIRED THAT ACTIONS OF THE EXECUTIVE COMMITTEE BE RATIFIED BY THE BOARD. EXCEPT AS STATED ABOVE, THE DELEGATION OF POWER AND AUTHORITY WHEN GIVEN BY THE BOARD OF DIRECTORS TO THE EXECUTIVE COMMITTEE SHALL BE COMPLETE, SUBJECT ONLY TO THE LIMITATIONS IMPOSED BY THE KENTUCKY REVISED STATUES.</p> <p>POWERS OF THE COMMITTEE SHALL NOT EXTEND TO AMENDING, ALTERING OR REPEALING THE BYLAWS; ELECTING, APPOINTING OR REMOVING ANY MEMBER OF ANY SUCH COMMITTEE OR ANY DIRECTOR OR OFFICER OF THE CORPORATION; AMENDING THE ARTICLES OF INCORPORATION, RESTATING ARTICLES OF INCORPORATION ADOPTING A PLAN OR MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOKING PROCEEDINGS THEREFOR; ADOPTING A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS TERMS PROVIDES THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY SUCH COMMITTEE.</p>
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	UNIVERSITY OF LOUISVILLE FINANCE PERSONNEL AND AN OUTSIDE FIRM PREPARED THE RETURN. A COPY OF THE RETURN WAS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>IF AN ITEM IS PRESENTED TO THE BOARD OF DIRECTORS (OR ANY OTHER POLICY BOARD) FOR ACTION, E.G., PURCHASE OF PROPERTY, MERGING WITH ANOTHER ENTITY, BUYING SERVICES, ETC., THE BOARD MEMBER WILL DISCLOSE HIS OR HER POSSIBLE CONFLICT OF INTEREST AND MUST RECUSE HIMSELF OR HERSELF FROM VOTING. THE BOARD MEMBER ALSO AVOIDS PARTICIPATING IN ANY DECISION OR ADVOCATING FOR ANY DECISION OF THE BOARD. IN SOME CIRCUMSTANCES, E.G., WHEN THE CONFLICT OF THE BOARD MEMBER PLACES THE BOARD MEMBER IN COMPETITION WITH THE UNIVERSITY, THE BOARD MEMBER WILL LEAVE THE BOARD MEETING DURING DISCUSSION OR UPDATE ON THE ACTION.</p> <p>BEFORE ANY MEETING OF THE VARIOUS BOARDS, AN AGENDA IS CIRCULATED TO EACH MEMBER OR DIRECTOR WITH DESCRIPTIONS OF THE ACTION ITEMS. THIS ALLOWS SUFFICIENT TIME FOR ANY BOARD MEMBER OR DIRECTOR TO ALERT THE BOARD ABOUT A POTENTIAL CONFLICT OF INTEREST. PAST PRACTICE INCLUDES WRITTEN DISCLOSURE BY THE BOARD MEMBER OUTLINING: (1) THAT A CONFLICT OF INTEREST MAY EXIST; (2) THE NATURE AND EXTENT OF THE CONFLICT; AND (3) THE DESCRIPTION AND POTENTIAL BENEFIT, DIRECT OR INDIRECT, TO THE MEMBER OF THE BOARD. THIS INFORMATION WILL BE SUPPLIED TO LEGAL COUNSEL AND THE ENTIRE BOARD AHEAD OF THE MEETING, AND A COPY OF THE INFORMATION WILL BE MAINTAINED IN THE BOARD MEMBER'S FILE.</p>
FORM 990, PART VI, LINE 15	PROCESS FOR DETERMINING COMPENSATION	THE ORGANIZATION HAS NO EMPLOYEES, THUS LINES 15(A) AND 15(B) OF PART VI HAVE BEEN MARKED "NO."
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	AS A MATTER OF PRACTICE, THE ORGANIZATION ADHERES TO THE CONFLICT OF INTEREST POLICY, NON-RETALIATION POLICY, AND DOCUMENT INTEGRITY POLICY OF THE UNIVERSITY OF LOUISVILLE. COPIES OF THESE POLICIES ARE AVAILABLE AT LOUISVILLE.EDU OR UPON REQUEST. COPIES OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT LOUISVILLE.EDU.
	PRIOR PERIOD ADJUSTMENT	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR JUNE 30, 2013, WERE RESTATED TO PROPERLY REFLECT AMOUNTS RECEIVABLE FROM THIRD PARTIES NOT PREVIOUSLY INCLUDED IN REVENUE. THE NET EFFECT OF THIS MISSTATEMENT RESULTED IN AN INCREASE

Return Reference	Identifier	Explanation				
		OF \$8.1 MILLION IN UNRESTRICTED NET POSITION AS OF JULY 1, 2012, AND AN INCREASE IN THE DECREASE IN NET POSITION OF \$1.9 MILLION FOR THE YEAR ENDED JUNE 30, 2013, FOR A NET INCREASE IN UNRESTRICTED NET POSITION OF \$6.2 MILLION AS OF JUNE 30, 2013.				
FORM 990, PART IX, LINE 11G	OTHER EXPENSES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
		UNIVERSITY OF LOUISVILLE SALARY AND BENEFIT ALLOCATIONS	230,974,594	222,350,260	8,624,334	
		RESEARCH SUBCONTRACTING	9,090,405	9,090,405		
		CONTRACTUAL	21,197,943	3,387,986	17,809,957	
		OTHER CONSULTING AND SERVICES	11,617,555	9,628,288	1,989,267	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. See separate instructions.
 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/forms990.

Name of the organization
 UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION
 Employer identification number
 [REDACTED]

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
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF LOUISVILLE (61-1014882) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	EDUCATION	KY	501(C)(1)		N/A		✓
(2) UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC. (31-1106941) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	EDUCATION	KY	501(C)(3)	11 - TYPE I	UNIVERSITY OF LOUISVILLE		✓
(3) UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL FUND, INC. (61-0888729) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	EDUCATION	KY	501(C)(3)	11 - TYPE I	UNIVERSITY OF LOUISVILLE		✓
(4) UNIVERSITY PHYSICIANS GROUP, INC. (61-1346817) 323 EAST CHESTNUT STREET, LOUISVILLE, KY 40202-1823	MEDICAL CARE	KY	501(C)(3)	9	UNIVERSITY OF LOUISVILLE		✓
(5) UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOC. (61-1250153) 550 SOUTH JACKSON STREET, LOUISVILLE, KY 40202	MEDICAL CARE	KY	501(C)(3)	7	UNIVERSITY OF LOUISVILLE		✓
(6) _____							
(7) _____							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
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(15)													
(16)													