

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

Applicant/Program: Family Life Center, Inc. St. Stephen Jubilee

Executive Summary of Request:

The Family Life Center is a non-profit organization that is designed to enhance and build a better community by offering various programs to the community such as health and wellness, senior citizen meals, tutoring and addiction recovery to name a few.

Funds from this grant will be used to support the St. Stephen Jubilee, a 2 day event that will offer a job, college and health fair and will conclude with a concert.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☒ Yes ☐ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ 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.

10
District #

Stew Nager CP
Council Member Signature

\$5,001.⁰⁰
Amount

13 Aug 2015
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.

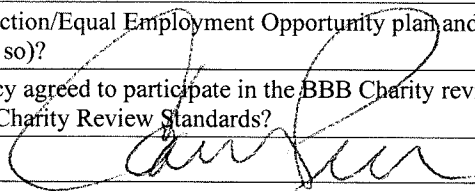
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
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LOUISVILLE METRO COUNCIL

NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Family Life Center, Inc.

Program Name and Request Amount: St. Stephen Jubilee \$25,000.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? 	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by:  Date: 13 Aug 2015	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Family Life Center, Inc	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 1508 W Kentucky Street			
Website: ssclive.org			
Applicant Contact:	James Green	Title:	Director
Phone:	502-583-6798	Email:	jgreen @ssclive.org
Financial Contact:	Leveda Ellis	Title:	Finance Mgr.
Phone:	502-583-6798	Email:	lellis@ssclive.org
Organization's Representative who attended NDF Training: ssclive.org			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1508 W Kentucky Street		
Council District(s):	6	Zip Code(s):	40210
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: St. Stephen Jubilee			
Total Request: (\$)	25,000	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 type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current Year Projected Budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Faith Based Organization Certification Form, if required	
<input checked="" type="checkbox"/> Articles of Incorporation		<input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
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:

St. Stephen Family Life Center (FLC) is a non-profit organization. FLC operates in the community daily with various programs. FLC offers health and wellness, nutrition classes with a full exercise facility. Meals to senior citizens and provides clothing to the poor through the food pantry and clothes closet. FLC operates an after school program as well as a summer camp. In addition tutoring is available to the youth. FLC, has a drug rehab program and a job program to recovering addicts. FLC mission is to enhance and build a better community.

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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.):

St. Stephen Jubilee- August 14-15, 2015

Located at FLC campus

Job Fair, College Fair, Health Fair and Concert.

FLC will hold a 2 day job/college/health fair. This event will end with a concert on the property, all open to the public.

This event will connect employers and colleges with West Louisville and offer a health component to combat hypertension, diabetes, heart disease and offer addiction education in the community.

The closing concert will feature national recording artists Ledisi and After 7.

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

All funds will be utilized for the Jubilee Event. Funds will cover production cost. The college/health/employment fair is free to the community. The closing concert is \$25.00 per person.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Any excess funds from Jubilee will be utilized by FLC for continued year round programming.

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.

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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:

St. Stephen Family Life Center is located in the heart of the California area of West Louisville. However, the location does not dictate the service area. FLC services all areas of this city through its various programs.

Jubilee will bring employers and colleges to an area of the community that suffers from high unemployment and under educated residents. This is an opportunity for residents to get connected to employers in the community.

We have requested of every employer to provide us with a 30 and 60 day report of hiring results from this event. In addition, the participating colleges will have staff available to assist with financial aid and the college application process.

This event is heavily marketed on urban radio and through various organizations to increase the overall attendance.

The health component is regulated by HIPPA, however the participating agencies have agreed to provide us with the number of people screened but will not provide any results or necessary follow-up.

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 COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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)	25000	50000	75000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	25000	50000	75000
<i>% of Program Budget</i>	33 %	67 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	50000
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Columns 2 Expenses **</i>	50000

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

**Must equal or exceed total in column 2.

[Handwritten Signature]



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).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	4160	65 x 8hr x \$8
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	4160	4160

* 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:

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 ☒ 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.

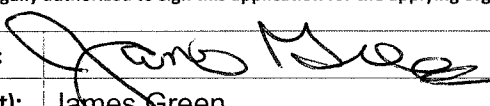
Standard Certifications

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:		Date:	8-3-15
Legal Signatory: (please print):	James Green	Title:	FLC, Director
Phone:	502-583-6798	Extension:	
Email:	jgreen@ssclive.com		

Jubilee 2015 Budget

<u>Description</u>	<u>Metro</u>	<u>Non-Metro</u>	<u>Total</u>
Sound System	\$4750	\$4750	\$9500
Lights and Stage	\$7200	\$5650	\$12,850
Security	\$2500	0	\$2500
Fencing	\$6695	0	\$6695
Advertisement	0	\$3000	\$3000
Hospitality	0	\$1500	\$1500
Hotel/Transportation	\$3855	\$11,145	\$15,000
Artist	0	\$23,955	\$23,955
Total	\$25,000	\$50,000	\$75,000

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 03 1994**

FAMILY LIFE CENTER INCORPORATED
1508 WEST KENTUCKY STREET
LOUISVILLE, KY 40210

Employer Identification Number:
61-1169856
Case Number:
314154021
Contact Person:
BEA EITH
Contact Telephone Number:
(513) 484-3578
Our Letter Dated:
March 27, 1990
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



C. Ashley Bulford
District Director

**2015 FLC Budget
January to December 2015****Accounts****Annual Budget
(This Year)****Revenues**

1-4500 - FLC Donations	\$100,000.00
1-4502 - Other Income	\$15,000.00
1-4504 - Facilities Rental Income	\$25,000.00
1-4992 - Vending Income	\$8,000.00
1-4993 - D.T.B.G. Youth Camp	\$30,000.00
1-4995 - Cafe Income	\$20,000.00
1-4996 - Membership Income	\$42,000.00
1-4997 - Recreation Income	\$20,000.00
1-5005 - The Kitchen Income	\$95,000.00
1-5006 - Dollar Makes A Difference Income	\$85,000.00
1-5010 - Gala Revenue	\$15,000.00
1-5101 - Jubilee Income (Vendor-Concessions)	\$10,000.00
1-5102 - Jubilee Income (Sponsorships)	\$50,000.00
1-5103 - Jubilee Income (Misc.)	\$7,500.00
1-5201 - Outlet Vendor donations	\$15,000.00
1-5300 - Saturday Academy (Income)	\$2,000.00
Total Revenues	\$539,500.00

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY LIFE CENTER INC	D Employer identification no. 61-1169856
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1508 WEST KENTUCKY STREET	
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40210	E Telephone number (502) 583-6798
	F Name and address of principal officer: REV KEVIN COSBY SAME AS C ABOVE	G Gross receipts \$
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: N/A		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number
L Year of formation: 1989		M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO FOSTER COMMUNITY DEVELOPMENT THROUGH SOCIAL SERVICE, EDUCATION, & RECREATION PROGRAMS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 6
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 20
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 167,518 145,798
	9 Program service revenue (Part VIII, line 2g) 270,288 269,263
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 437,806 415,061
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 142,191 143,851
	16a Professional fundraising fees (Part IX, column (A), line 11e) 7,650 3,694
	b Total fundraising expenses (Part IX, column (D), line 25) 3,694
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 396,779 415,858
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 546,620 563,403
19 Revenue less expenses. Subtract line 18 from line 12 (108,814) (148,342)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,830,308 1,726,688
	21 Total liabilities (Part X, line 26) 18,104 62,826
	22 Net assets or fund balances. Subtract line 21 from line 20 1,812,204 1,663,862

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	GERTIE OWENS Signature of officer	07-16-2014 Date		
	GERTIE OWENS, TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Bob Ross MBA CPA CFE	Preparer's signature 08-13-2014	Date 08-13-2014	Check <input type="checkbox"/> if self-employed PTIN P00128316
	Firm's name Ross & Company PLLC	Firm's EIN 502-499-9088		
	Firm's address 800 Envoy Circle Louisville KY 40299	Phone no. 502-499-9088		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO FOSTER COMMUNITY DEVELOPMENT THROUGH SOCIAL SERVICE, EDUCATION, & RECREATION PROGRAMS

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 \$ 244,833 including grants of \$) (Revenue \$ 171,476)
COMMUNITY SERVICES - PROVIDE RECREATIONAL ACTIVITIES AND MEALS TO THE SENIOR CITIZENS, PROVIDE CLOTHING AND FOOD TO THE COMMUNITY THROUGH FOOD PANTY AND CLOTHES CLOSET. PROVIDE FOOD SERVICES TO THE COMMUNITY INCLUDING WOMEN FROM DRUG REHAB FACILITY.

4b (Code:) (Expenses \$ 157,075 including grants of \$) (Revenue \$ 93,519)
EDUCATION & RECREATION SERVICES - PROVIDE RECREATION AND FITNESS FACILITIES TO THE COMMUNITY OPERATING AFTER SCHOOL DAY CARE PROGRAM AND SUMMER CAMP. PROVIDE TUTORING AND OTHER YOUTH SERVICES TO THE COMMUNITY.

4c (Code:) (Expenses \$ 10,459 including grants of \$) (Revenue \$ 4,268)
DRUG REHAB PROGRAM - PROVIDE RESIDENTIAL CARE AND JOB OPPROTUNITY PROGRAMS TO RECOVERING ADDICTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **412,367**

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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:
LEVETA ELLIS (502) 583-6798, 1508 WEST KENTUCKY STREET, LOUISVILLE, KY 40210

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) REV KEVIN COSBY CEO	5.00			X				0	0	0
(2) SHIRLEY COMPTON SECRETARY	1.00			X				0	0	0
(3) GERTIE OWENS TREASURER	2.00			X				0	0	0
(4) SCOTT LOVE BOARD MEMBER	1.00			X				0	0	0
(5) MARK MC COY BOARD MEMBER	1.00			X				0	0	0
(6) DWIGHT SWEENEY BOARD MEMBER	1.00			X				0	0	0
(7) KENNETH BUTLER BOARD MEMBER	1.00			X				0	0	0
(8) REV KEVIN W COSBY EXECUTIVE DIRECTOR	1.00				X			39,698	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 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) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								39,698	0	0
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ▶		

Part VIII Statement of RevenueCheck 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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 145,798				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		145,798			
Program Service Revenue	2a <u>COMMUNITY SERVICES</u>	Business Code 624200	171,476	171,476		
	b <u>EDUCATION AND RECREATIO</u>	611710	93,519	93,519		
	c <u>DRUG REHAB</u>	812900	4,268	4,268		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		269,263			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	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					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		415,061	269,263	0	0	

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 .				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,599	42,449	14,150	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	87,252	65,439	21,813	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	900	675	225	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .	3,694			3,694
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	5,389	4,064	1,325	
12 Advertising and promotion	6,120	4,590	1,530	
13 Office expenses	9,914		9,914	
14 Information technology	22,695	17,021	5,674	
15 Royalties				
16 Occupancy	63,260	47,444	15,816	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,063	64,547	21,516	
23 Insurance	10,008	7,506	2,502	
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 TALENT AND ENTERTAINMENT	17,940	13,456	4,484	
b APPRECIATION	11,143	8,357	2,786	
c PROGRAM MATERIAL AND SUPPLY	129,717	97,288	32,429	
d SPECIAL EVENT	44,077	33,058	11,019	
e All other expenses	8,632	6,473	2,159	
25 Total functional expenses. Add lines 1 through 24e .	563,403	412,367	147,342	3,694
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,214	1	3,806
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,150	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,451	8	2,451
	9 Prepaid expenses and deferred charges	1,642	9	1,642
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,931,079		
	b Less: accumulated depreciation	10b 1,212,290	1,804,851	10c 1,718,789
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,830,308	16	1,726,688	
Liabilities	17 Accounts payable and accrued expenses	18,104	17	62,826
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	18,104	26	62,826
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,811,615	27	1,663,273
	28 Temporarily restricted net assets	589	28	589
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,812,204	33	1,663,862
34 Total liabilities and net assets/fund balances	1,830,308	34	1,726,688	

Part XI Reconciliation of Net AssetsCheck 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	415,061
2	Total expenses (must equal Part IX, column (A), line 25)	2	563,403
3	Revenue less expenses. Subtract line 2 from line 1	3	(148,342)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,812,204
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	
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	1,663,862

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Note: The Report Option to include Open Transactions is selected.

Accounts

Assets		
Current Assets		
1-1001 - OPERATING ACCOUNT (CASH IN BANK)	(\$34,586.36)	
1-1003 - Accounts Receivable	\$3,149.50	
1-1004 - Pay Advance	\$1,642.04	
1-1006 - Cafe Inventory	\$2,402.27	
1-1009 - Gala Checking Account	\$105.00	
1-1010 - Jubilee Account	\$1,624.27	
1-1100 - Republic Operating Bank account	\$7,244.79	
1-1109 - Rebublic Gala Account	\$1,912.37	
1-1110 - Republic Outlet Account	(\$2.95)	
Total Current Assets		(\$16,509.07)
Fixed Assets		
Building & Improvements		
1-1150 - Bldg. Land & Improvements	\$2,683,970.61	
Total Building & Improvements	\$2,683,970.61	
Accumulated Depreciation		
1-1172 - Accumulated Depreciation	(\$1,298,297.14)	
Total Accumulated Depreciation	(\$1,298,297.14)	
Total Fixed Assets		\$1,385,673.47
Furniture & Equipment		
1-1151 - Automotive Equipment	\$130,793.08	
1-1161 - Equipment	\$138,389.35	
1-6133 - Stipend	\$1,165.00	
Total Furniture & Equipment		\$270,347.43
Total Assets		\$1,639,511.83
Liabilities, Fund Principal, & Restricted Funds		
Liabilities		
Current Liabilities		
1-2000 - Accounts Payable	\$28,339.66	
1-2200 - MEDICARE TAX	(\$2,413.00)	
1-2201 - FEDERAL WH	(\$5,723.57)	
1-2202 - FICA W/H	\$16,483.46	
1-2203 - KY W/H	\$2,289.61	
1-2204 - SUTA	(\$11,303.84)	
1-2205 - METRO LOUISVILLE W/H	(\$469.36)	
1-2206 - GARNISHMENTS	\$104.44	
1-2207 - Cash Transfer	(\$5,500.00)	
1-2208 - State of Indiana W/H	(\$60.08)	
1-2222 - VISION PAYABLE	\$488.64	
Total Current Liabilities		\$22,235.96
Total Liabilities		\$22,235.96
Fund Principal		
1-2998 - Net Assets Unrestricted	\$1,684,407.78	
Excess Cash Received	(\$57,399.75)	
Total Fund Principal and Excess Cash Received		\$1,627,008.03
Restricted Funds		
Total Temporarily Restricted	(\$9,732.16)	
Total Permanently Restricted	\$0.00	
Total Restricted Funds		(\$9,732.16)
Total Liabilities, Fund Principal, & Restricted Funds		\$1,639,511.83

Name	Job Description	Annual Pay
CAROLYN M. CAIN	KC Restaurant, Manager	\$13,000.00
MANUEL E. FORREST	Recreation Director	\$15,600.00
AMES P. GREEN	Executive Director of FLC,	\$26,000.00

Total # of Employees: 3

RECEIVED AND FILED

DATE JUN 20 1989

TIME 8:40 am

AMOUNT \$8.00

ARTICLES OF INCORPORATION

OF

BREMER EHRLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY

BY TS

THE FAMILY LIFE CENTER, INCORPORATED

WE, THE UNDERSIGNED, having associated for the purpose of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273 of the Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be the Family Life Center, Incorporated.

ARTICLE II

The principal place of business of the Corporation is to be located at 1008 South 15th Street, Louisville, Kentucky 40210 and such other place in said city or elsewhere as its Board of Directors may by resolution designate. The period of duration is perpetual.

ARTICLE III

The name and address of the registered agent for service of process is Charles Brown, 1508 West Kentucky, Louisville, Kentucky 40210.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning

of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purpose of the Corporation shall be more specifically states as follows:

The purpose of the organization is to promote the general uplift of the community. To advocate love and good will among all men. To provide social, counseling, educational and recreational services and to act as an example of christlike behavior for all to see. And any other purpose permitted under Kentucky Revised Statutes.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the

laws of the State of Kentucky, including in particular, those listed in Section 273.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

A. No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

B. Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a Corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal Tax Law.

C. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal Tax Laws:

1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal Tax Laws.

2. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal Tax Laws.

3. The Corporation shall not retain any excess business holdings as defined in Section 4942(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal Tax Laws.

4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954 or corresponding provisions of any later Federal Tax Laws.

5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954 or corresponding provisions of any later Federal Tax Laws.

ARTICLE VII

The names and address of the Incorporators are:

Charles Brown
321 North Shawnee Terrace
Louisville, Kentucky 40212

Helen E. Hines
4410 Tara Gale Court
Louisville, Kentucky 40216

Gertie M. Owens
309 South 34th Street
Louisville, Kentucky 40212

ARTICLE VIII

The initial Board of Directors shall consist of twelve Directors. The names and addresses of the members of the initial Board of Directors are:

Bruce E. Bell
349 Shawnee Terrace
Louisville, Kentucky 40211

Rev. Kevin W. Cosby
1520 West Kentucky Street
Louisville, Kentucky 40210

Laken Cosby, Jr.
2610 Oregon Avenue
Louisville, Kentucky 40210

Sterling O. Neal
319 Cecil Avenue
Louisville, Kentucky 40212

Irvin Owens
3530 Herman Street
Louisville, Kentucky 40212

James Pitmon, Sr.
2333 Greenwood Avenue
Louisville, Kentucky 40210

George Thompson
3026 Hale Avenue
Louisville, Kentucky 40211

Sylvia D. Todd
2329 Rodman Street
Louisville, Kentucky 40208

Toni Whalen
2809 Coleen Court
Louisville, Kentucky 40206

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

STATE OF KENTUCKY

COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared Charles Brown, Helen E. Hines and Gertie M. Owens and being first duly sworn, acknowledged that they are incorporators of the aforementioned Corporation and that they signed the foregoing Articles of Incorporation as their free act and deed.

Witness my signature and seal of office this 18th day of June, 1989.

My Commission expires:

July 12, 1990
[Signature]
 NOTARY PUBLIC STATE AT LARGE KY

THIS INSTRUMENT PREPARED BY:

[Signature]
 STERLING O. NEAL, JR.
 ATTORNEY AT LAW
 1718 West Jefferson Street
 Louisville, Kentucky 40202
 (502) 584-8500

PAID \$ 1.50
 JIM "POP" MALONE J.C.C.
 89 JUN 20 AM 9:51
 LODGED BY [Signature]
 A 52435
 AN RECORDED

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Family Life Center, Inc

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

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) 1008 W. Kentucky

City, state, and ZIP code Louisville, Ky 40210

List account number(s) here (optional) _____

Requester's name and address (optional) _____

☒ Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

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

Employer identification number

6	1	-	1	1	6	9	8	5	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here	Signature of U.S. person ▶ <u>Brenda Hells</u>	Date ▶ <u>8-10-15</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Accounts	Annual Budget (This Year)
1-6900 - Office Supplies/Hotel California	\$750.00
1-6901 - Food/Hotel California	\$1,000.00
1-6909 - Equipment Maintenance & Repairs	\$1,000.00
Total Hotel California	\$2,750.00
Recreation	
1-6522 - Wages & Salaries - Recreation	\$15,000.00
1-6523 - Contract Labor	\$2,500.00
1-6524 - Supplies	\$2,000.00
1-6525 - Concessions	\$2,500.00
1-6528 - Instructors Insurance Fees	\$500.00
1-6532 - Special Events	\$500.00
Total Recreation	\$23,000.00
The Outlet Store	
1-6730 - Wages and Salaries (outlet)	\$2,500.00
Total The Outlet Store	\$2,500.00
DARE TO BE GREAT	
1-6800 - Wages & Salaries-DTBG	\$25,000.00
1-6801 - Supplies-DTBG	\$1,000.00
1-6804 - Events/Activities-DTBG	\$1,000.00
1-6809 - Stipend-DTBG	\$1,500.00
Total DARE TO BE GREAT	\$28,500.00
The Kitchen	
1-7100 - Food	\$45,000.00
1-7101 - Wages & Salaries-The Kitchen	\$60,000.00
1-7102 - Supplies	\$20,000.00
1-7103 - Stipend	\$5,000.00
1-7104 - Kitchen equipment rental	\$1,000.00
1-7200 - Equipment repairs & maintenance	\$4,000.00
Total The Kitchen	\$135,000.00
Total Expenses	\$551,250.00
Net Total	(\$11,750.00)

2015 FLC Budget
January to December 2015

Accounts

Annual Budget
(This Year)

Expenses

General Administration

1-6006 - Benevolence	\$2,400.00
1-6011 - Building Maintenance	\$10,000.00
1-6012 - Insurance - Bldg.	\$4,000.00
1-6013 - Insurance - Health	\$10,000.00
1-6015 - Insurance - Life	\$2,000.00
1-6016 - Computer Support	\$800.00
1-6017 - Gas & Electric	\$60,000.00
1-6018 - Office Supplies & Expense	\$2,000.00
1-6019 - Telephone	\$1,500.00
1-6020 - Security	\$2,500.00
1-6021 - Water	\$5,000.00
1-6022 - Wages & Salaries - Adm	\$35,000.00
1-6026 - Training, Conferences	\$2,000.00
1-6028 - Special Events	\$5,000.00
1-6029 - Advertisement	\$2,500.00
1-6034 - Cost of Goods Sold Vending Machine	\$4,000.00
1-6035 - Professional Services-Accounting	\$1,000.00
1-6066 - Volunteer Appreciation	\$1,000.00
1-6068 - Tax Penalty & Interest	\$500.00
1-6069 - Miscellaneous - Administrative Exp.	\$1,000.00
1-6071 - Late Payment Fees	\$500.00
1-6073 - Bank Fees	\$1,500.00
1-6080 - Depreciation Expense	\$80,000.00
1-6091 - License & Permits	\$200.00
1-6093 - Sales Tax	\$15,000.00
1-6100 - Simmons College Tuition	\$300.00
Total General Administration	\$249,500.00

Cafe

1-6223 - Cost of Goods Sold	\$15,000.00
1-6225 - Supplies	\$1,500.00
Total Cafe	\$16,500.00

Gala

1-6420 - Gala Entertainment	\$45,000.00
1-6421 - Gala Catering Cost	\$30,000.00
1-6422 - Gala Printing Cost	\$1,500.00
1-6425 - Gala Audio Visual	\$10,000.00
1-6428 - Gala Advertising	\$2,000.00
1-6430 - Gala Production Cost	\$5,000.00
Total Gala	\$93,500.00

Hotel California

Date : 07/22/2015
Time : 5:41:08 PM

Family Life Center, Inc.
Income statement
January to December 2014

Note: The Report Option to include Open Transactions is selected.

Accounts	YTD Actual (This Year)
Revenues	
1-4500 - FLC Donations	\$22,725.00
1-4502 - Other Income	\$5,599.27
1-4504 - Facilities Rental Income	\$12,728.73
1-4600 - Kroger Contributions	\$3,691.23
1-4700 - Jazz in the Cafe fix sales	\$1,882.41
1-4702 - Jazz Food Sales	\$475.00
1-4992 - Vending Income	\$7,314.52
1-4993 - D.T.B.G. Youth Camp	\$30.00
1-4995 - Cafe Income	\$11,313.34
1-4996 - Membership Income	\$45,941.05
1-4997 - Recreation Income	\$17,957.50
1-4999 - SSBC Contribution	\$54,898.16
1-5005 - The Kitchen Income	\$88,321.40
1-5006 - Dollar Makes A Difference Income	\$79,028.19
1-5007 - Other Program Income	\$55.58
1-5008 - Booklink Income	\$59.00
1-5009 - The Fountain Income	\$156.25
1-5010 - Gala Revenue	\$31,536.53
1-5300 - Saturday Academy (Income)	\$850.00
Total Revenues	<u><u>\$384,563.16</u></u>

Family Life Center, Inc.
Income statement
January to December 2014

Note: The Report Option to include Open Transactions is selected.

Accounts	YTD Actual (This Year)
Expenses	
General Administration	
1-6005 - Donations	\$1,494.00
1-6006 - Benevolence	\$466.38
1-6011 - Building Maintenance	\$14,611.22
1-6013 - Insurance - Health	\$2,620.33
1-6015 - Insurance - Life	\$152.16
1-6016 - Computer Support	\$799.87
1-6017 - Gas & Electric	\$58,128.58
1-6018 - Office Supplies & Expense	\$629.73
1-6019 - Telephone	\$240.00
1-6020 - Security	\$80.00
1-6022 - Wages & Salaries - Adm	\$47,749.45
1-6027 - Shipping	\$22.63
1-6028 - Special Events	\$2,110.00
1-6029 - Advertisement	\$1,300.00
1-6033 - Cleaning Supplies	\$33.60
1-6034 - Cost of Goods Sold Vending Machine	\$4,118.77
1-6035 - Professional Services-Accounting	\$900.00
1-6050 - Contract Labor	\$500.00
1-6068 - Tax Penalty & Interest	\$58.23
1-6069 - Miscellaneous - Administrative Exp.	\$3,503.56
1-6071 - Late Payment Fees	\$216.31
1-6073 - Bank Fees	\$346.75
1-6080 - Depreciation Expense	\$86,006.70
1-6093 - Sales Tax	\$6,097.93
1-6118 - Small equipment	\$9,917.57
1-6134 - Stipend Expense	\$52.50
Total General Administration	\$242,156.27
Cafe	
1-6223 - Cost of Goods Sold	\$9,200.66
1-6225 - Supplies	\$2,442.86
Total Cafe	\$11,643.52
Saturday Academy	
1-6370 - Supplies	\$497.57
1-6371 - Stipends	\$4,475.00
1-6372 - Special events	\$200.00
Total Saturday Academy	\$5,172.57
Gala	
1-6420 - Gala Entertainment	\$8,790.88
1-6421 - Gala Catering Cost	\$600.00
1-6425 - Gala Audio Visual	\$6,735.00
1-6428 - Gala Advertising	\$194.95
1-6429 - Gala - Promtional Cost	\$1,500.00
1-6430 - Gala Production Cost	\$8,925.00
1-6431 - Bank Fees (Gala Account)	\$347.35
Total Gala	\$27,093.18
Jubilee	
1-6609 - Supplies	(\$5,615.38)
1-6610 - Talent and Entertainment	(\$10,000.00)
Total Jubilee	(\$15,615.38)
Hotel California	
1-6910 - Software & Support/Hotel CA	\$49.98

Accounts	Annual Budget (This Year)
Expenses	
General Administration	
1-6006 - Benevolence	\$2,400.00
1-6011 - Building Maintenance	\$10,000.00
1-6012 - Insurance - Bldg.	\$4,000.00
1-6013 - Insurance - Health	\$10,000.00
1-6015 - Insurance - Life	\$2,000.00
1-6016 - Computer Support	\$600.00
1-6017 - Gas & Electric	\$60,000.00
1-6018 - Office Supplies & Expense	\$2,000.00
1-6019 - Telephone	\$1,500.00
1-6020 - Security	\$2,500.00
1-6021 - Water	\$5,000.00
1-6022 - Wages & Salaries - Adm	\$35,000.00
1-6026 - Training, Conferences	\$2,000.00
1-6028 - Special Events	\$5,000.00
1-6029 - Advertisement	\$2,500.00
1-6034 - Cost of Goods Sold Vending Machine	\$4,000.00
1-6035 - Professional Services-Accounting	\$1,000.00
1-6066 - Volunteer Appreciation	\$1,000.00
1-6068 - Tax Penalty & Interest	\$500.00
1-6069 - Miscellaneous - Administrative Exp.	\$1,000.00
1-6071 - Late Payment Fees	\$500.00
1-6073 - Bank Fees	\$1,500.00
1-6080 - Depreciation Expense	\$80,000.00
1-6091 - License & Permits	\$200.00
1-6093 - Sales Tax	\$15,000.00
1-6100 - Simmons College Tuition	\$300.00
Total General Administration	\$249,500.00
Cafe	
1-6223 - Cost of Goods Sold	\$15,000.00
1-6225 - Supplies	\$1,500.00
Total Cafe	\$16,500.00
Gala	
1-6420 - Gala Entertainment	\$45,000.00
1-6421 - Gala Catering Cost	\$30,000.00
1-6422 - Gala Printing Cost	\$1,500.00
1-6425 - Gala Audio Visual	\$10,000.00
1-6428 - Gala Advertising	\$2,000.00
1-6430 - Gala Production Cost	\$5,000.00
Total Gala	\$93,500.00
Hotel California	

Income statement

January to December 2014

Note: The Report Option to include Open Transactions is selected.

Accounts	YTD Actual (This Year)
Revenues	
1-4500 - FLC Donations	\$22,725.00
1-4502 - Other Income	\$5,599.27
1-4504 - Facilities Rental Income	\$12,728.73
1-4600 - Kroger Contributions	\$3,691.23
1-4700 - Jazz in the Cafe tix sales	\$1,882.41
1-4702 - Jazz Food Sales	\$475.00
1-4992 - Vending Income	\$7,314.52
1-4993 - D.T.B.G. Youth Camp	\$30.00
1-4995 - Cafe Income	\$11,313.34
1-4996 - Membership Income	\$45,941.05
1-4997 - Recreation Income	\$17,957.50
1-4999 - SSBC Contribution	\$54,898.16
1-5005 - The Kitchen Income	\$88,321.40
1-5006 - Dollar Makes A Difference Income	\$79,028.19
1-5007 - Other Program Income	\$55.58
1-5008 - Booklink Income	\$59.00
1-5009 - The Fountain Income	\$156.25
1-5010 - Gala Revenue	\$31,536.53
1-5300 - Saturday Academy (Income)	\$850.00
Total Revenues	\$384,563.16

Family Life Center Board

Cheri Mills 01/2014-01/2016

Gertie Owens 01/2015-01/2017

Christine Cosby 01/2014-01/2016

Mark McCoy 01/2015-01/2017

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

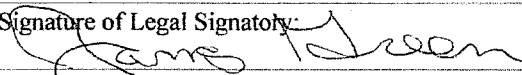
Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory: 	Date: 8.12.15
Legal Signatory (please print): James Green	Title: Executive Director
Phone: 502.583.6798	Extension: 6708
Email: jgreen@sscliv.org	

Relationship Disclosure

James Green Executive Director of Family Life Center, Inc. is the father of Councilwoman Jessica Green.

FAMILY LIFE CENTER, INCORPORATED**General Information**

Organization Number	0259897
Name	FAMILY LIFE CENTER, INCORPORATED
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/20/1989
Organization Date	6/20/1989
Last Annual Report	4/2/2015
Principal Office	2000 PNC PLAZA 500 W. JEFFERSON STREET LOUISVILLE, KY 40202
Registered Agent	DAVID W. TANDY ESQ. 2000 PNC PLAZA 500 W. JEFFERSON STREET LOUISVILLE, KY 40202

Current Officers

CEO	<u>Kevin W. Cosby</u>
Secretary	<u>Shirley D. Compton</u>
Treasurer	<u>Gertie M. Owens</u>
Director	<u>Scott Love</u>
Director	<u>Mark McCoy</u>
Director	<u>Dwight Sweeney</u>

Individuals / Entities listed at time of formation

Director	<u>BRUCE E BELL</u>
Director	<u>LAKEN COSBY JR</u>
Director	<u>STERLING O NEAL</u>
Director	<u>IRVIN OWENS</u>
Director	<u>TONI WHALEN</u>
Incorporator	<u>CHARLES BROWN</u>
Incorporator	<u>HELEN E HINES</u>
Incorporator	<u>GERTIE M OWENS</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

4/2/2015

1 page

PDF

Annual Report	1/23/2014	1 page	PDF	
Annual Report	1/15/2013	1 page	PDF	
Annual Report	2/11/2012	1 page	PDF	
Annual Report	2/8/2011	1 page	PDF	
Annual Report	9/21/2010	1 page	PDF	
Annual Report	2/11/2009	1 page	PDF	
Principal Office Address Change	2/6/2009 2:34:04 PM	1 page	PDF	
Registered Agent name/address change	2/3/2009	1 page	tiff	PDF
Annual Report	10/10/2008	1 page	PDF	
Annual Report	11/29/2007	1 page	PDF	
Statement of Change	7/10/2006	1 page	tiff	PDF
Annual Report	6/29/2006	1 page	tiff	PDF
Annual Report	6/30/2005	1 page	tiff	PDF
Annual Report	7/27/2004	1 page	tiff	PDF
Annual Report	9/10/2003	1 page	tiff	PDF
Statement of Change	7/14/2003	1 page	tiff	PDF
Annual Report	8/28/2002	1 page	tiff	PDF
Annual Report	7/24/2001	1 page	tiff	PDF
Annual Report	8/25/2000	1 page	tiff	PDF
Annual Report	7/16/1999	1 page	tiff	PDF
Annual Report	6/1/1998	1 page	tiff	PDF
Annual Report	7/1/1997	3 pages	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Reinstatement	2/24/1994	2 pages	tiff	PDF
Statement of Change	2/24/1994	2 pages	tiff	PDF
Administrative Dissolution	11/2/1993	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	3 pages	tiff	PDF
Articles of Incorporation	6/20/1989	7 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/2/2015 10:36:11 AM	4/2/2015 10:36:11 AM	
Annual report	1/23/2014 1:16:43 PM	1/23/2014 1:16:43 PM	
Annual report	1/15/2013 9:57:51 AM	1/15/2013 9:57:51 AM	
Annual report	2/11/2012 10:04:51 AM	2/11/2012 10:04:51 AM	
	2/8/2011	2/8/2011	

Annual report	9:10:45 AM	9:10:45 AM
Annual report	9/21/2010 4:52:30 PM	9/21/2010 4:52:30 PM
Annual report	2/11/2009 12:02:55 PM	2/11/2009 12:02:55 PM
Principal office change	2/6/2009 2:34:04 PM	2/6/2009 2:34:04 PM
Registered agent address change	2/3/2009 8:54:28 AM	2/3/2009
Annual report	10/10/2008 3:08:21 PM	10/10/2008 3:08:21 PM
Annual report	11/29/2007 5:46:18 PM	11/29/2007 5:46:18 PM
Registered agent address change	7/10/2006 12:19:53 PM	7/10/2006
Annual report	6/29/2006 11:58:33 AM	6/29/2006
Annual report	6/30/2005 4:55:01 PM	6/30/2005
Registered agent address change	7/14/2003 11:54:43 AM	7/14/2003
Annual report	7/14/2003 11:54:23 AM	7/14/2003
Principal office change	7/21/2000 3:44:39 PM	7/21/2000
Principal office change	7/21/2000 3:32:35 PM	7/21/2000
Principal office change	6/14/1999	6/14/1999
Principal office change	6/30/1997	6/30/1997

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.

Annual Report	10/11/2004	1 page
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