

O-095-23

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

Applicant/Program: Elderserve, Inc./2023 Senior Center Revitalization Program
Applicant Requested Amount: \$20,000
Appropriation Request Amount: \$20,000

Executive Summary of Request

Funding to provide Senior Center activities, such as Bingo, Tai Chi, Music, Aerobics, and Computer Classes to District 1 residents, to provide transportation services to District 1 Seniors, and to provide ~~some light home repairs and yard clean-up services~~ ^{emergency home repairs} to D1 Seniors. Also, the NDF funds will be used to purchase supplies and materials associated with the activities and services provided to District 1 Seniors.

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

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

1
District #


Primary Sponsor Signature

\$20,000
Amount

May 2, 2023
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

Final Appropriations Amount: _____

Applicant/Program:

Elderserve, Inc./2023 Senior Center Revitalization 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.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Elderserve, Inc./2023 Senior Center Revitalization 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.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Elderserve, Inc.

Program Name and Request Amount 2023 Senior Center Revitalization Program

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="N/A"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="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 type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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="text" value="Yes"/>
<div style="display: flex; justify-content: space-between;"> Prepared by: Tammy Hawkins Date: May 2, 2023 </div>	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
(as listed on: http://www.sos.ky.gov/business/records ElderServe, Inc.			
Main Office Street & Mailing Address: 631 South 28th Street			
Website: www.elderserveinc.org			
Applicant Contact:	Shawnta Vaughn	Title:	Executive Assistant
Phone:	(502) 617-5281	Email:	svaughn@elderserveinc.org
Financial Contact:	Rhonda M. Mitchell	Title:	Chief Operating Officer
Phone:	(502) 617-5279	Email:	rmitchell@elderserveinc.org
Organization's Representative who attended NDF Training: Shawnta Vaughn			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	631 South 28th Street, Louisville 40211		
Council District(s):	District 1	Zip Code(s):	40211,40212,40214,40216,40218
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: ElderServe Inc - 2023 Senior Center Revitalization Program			
Total Request: (\$)	\$ 20,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

ElderServe is Louisville's largest non-profit organization dedicated to senior services, providing a safety net for older adults as they move through the aging process. This non-profit has been serving the West Louisville area and the entire Louisville community for more than 60 years with the overwhelming and growing need for senior support services. Since 1962, ElderServe has been empowering older adults by supporting independence, combating social isolation, protecting seniors and promoting wellness.

Our mission is to empower older adults to live independently with dignity. The vision for ElderServe is to support every older person in living a safer, healthier, and meaningful life. Within this vision, the Senior Center is integral and will strengthen its role as a resource and service hub for older adults, their families, and their caregivers in the local community.

To implement this vision, we offer health and wellness education, fitness activities, field trips to local attractions, education on topics to remain independent, social services provided by community resources, meals, holiday celebrations, recreation and social activities, and there will soon be an onsite Adult Day Care Center.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
John Moore, President	09/30/2025
Eric Schrenger, Vice President	09/30/2025
Karen Paulin, Secretary	09/30/2025
Tom Fenton, Treasurer	09/30/2025
A. Frazier Curry	09/30/2025
Steve Schulz	09/30/2025
Sanela Graziose	09/30/2025
Mike Cronan	09/30/2025
Julia Meredith	09/30/2025
Chris Kipper	09/30/2025
Lydia Shina	09/30/2025
Kate Vance	09/30/2025
Mike Carr	09/30/2025
Ben Keeton	09/30/2025
Monica Moman-Saunders	09/30/2025
Jackie Floyd	09/30/2025
Timothy Findley, Jr. - CEO - Term is based on tenure as CEO	

Describe the Board term limit policy:

ElderServe's bylaws call for renewable terms of three years for members of the board of directors. During the pandemic-induced suspension of activities at ElderServe, term limits were suspended indefinitely to enable retention of existing directors. At ElderServe's most recent annual meeting in September 2022, all existing directors agreed to renew and continue in service to support ElderServe's restart of services and renovation of its building, and therefore all current directors are serving terms that began in September 2022 and will expire September 30, 2025.

Three Highest Paid Staff Names	Annual Salary
Tim Findley, Jr - CEO	\$ 120,000.00
Rhonda M. Mitchell - COO	\$ 90,000.00
Andrea Manierre - Director	\$ 75,000.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The ElderServe Senior Center soft launch took place on March 1, 2023, and continues to serve the residents not only in the West End, but also other marginalized communities in Louisville. We offer health and wellness education, fitness activities, field trips to local attractions, education on topics to help secure independence, meals, holiday celebrations, and recreation and social activities. The Senior Center Revitalization Program, if funded, will provide for operations including activities, programs, supplies, ~~vehicle and property maintenance~~, ^{emergency} ~~as well as some light home repairs~~ ^{transportation services,} for qualifying program participants. This request will focus primarily on District 1 seniors. Full-scope redevelopment for the Adult Day Care and senior-focused community programming is the ideal solution for low-income senior care services. Additional funding will assist with our goal to increase capacity from 15 to 45 participants.

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

ElderServe is uniquely positioned to leverage its existing operations and meet the challenges of a growing senior population in our community. We will use the funding from District 1 to provide Senior Center activities, such as Bingo, Tai Chi, Music, Aerobics, and Computer Classes to District 1 residents, to provide ~~clean up services~~ ^{emergency home repairs} to District 1 Seniors, and to provide ~~some light home repairs and yard~~ ^{emergency home repairs} ~~clean up services~~ to District 1 Seniors. Funding will also be used for supplies and materials for the Senior Center activities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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:

- ☒ 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.

- ☐ Reimbursements should not be made before application date 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.

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:

A rising demand and shrinkage of family sizes will cause a shortage in senior care support services. The variety of services provided by ElderServe creates a supportive advocacy and resource center to address the various needs of older adults and their families. The service area of our Senior Center is in a predominantly low income, African-American population, and about 70% of the participants, from previous studies showed that they lived alone.

As Baby Boomer demographic ages, the senior (75+) population will increase 70% by 2030 while the number of adult caregivers (ages 45-60) will remain constant.

Example: In 2010, the ratio between potential caregivers and seniors exceeded 7 to 1. By 2030, the potential caregiver ratio is expected to fall below 4 to 1.

98% of 200 seniors participating in exercise programs increase their knowledge of how to live healthy and productive lives.

90% of 320 Senior Center attendees will participate in wellness and education activities to help maintain independence.

There are kiosks to sign participants in and out, which enhances our ability to track and report additional participant information. We also conduct participant surveys to continually address the needs of our Seniors.

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.

ElderServe has built, and is continuing to build collaborative relationships with other organizations in the community.

ElderServe has collaborative relationships with other organizations such as Atria, James Graham Brown and the Gheens Foundation, the Community Foundation and the Louisville Urban League Seniors Jobs Program.

The variety of services provided by ElderServe creates a supportive advocacy and resource center to address the various needs of older adults and their families. The service area of our Senior Center is predominantly a low income, African-American population, and about 70% of the participants, from previous studies showed that they live alone.

We couldn't do what we do without the support of local organizations and corporations. Coming together to serve older adults in our community is so important and these companies get it!

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 -- 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		\$ 845,000.00	\$ 845,000.00
B: Rent/Utilities		\$ 197,241.00	\$ 197,241.00
C: Office Supplies	\$ 1,000.00	\$ 15,064.00	\$ 16,064.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)	\$ 10,000.00		\$ 10,000.00
G: Professional Service Contracts		\$ 205,500.00	\$ 205,500.00
H: Program Materials	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 7,000.00	\$ 113,252.00	\$ 120,252.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 20,000.00	\$ 1,378,057.00	\$ 1,398,057.00
% of Program Budget	1.43%	98.57%	100%

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

Other State, Federal or Local Government	\$ 1,000,000.00
United Way	
Private Contributions (do not include individual donor names)	\$ 378,057.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 1,378,057.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Client Assistance***Emergency Home Repairs	\$ 10,000.00		\$ 10,000.00
***includes paying for light maintenance, yard work			\$ 0.00
***limb removal, shrub trimming, HVAC filter replace,			\$ 0.00
***smoke detector battery replacement, light bulb rep			\$ 0.00
Other Expenses:			\$ 0.00
Transportation costs for D1 residents going to Senior	\$ 7,000.00	\$ 58,000.00	\$ 65,000.00
Center for activities (gas, driver, etc)			\$ 0.00
Insurance		\$ 55,252.00	\$ 55,252.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 17,000.00	\$ 113,252.00	\$ 130,252.00

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
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution & Other In Kind)</i>	\$ 0.00	

*** 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: 07/01/2022

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:

There will be an anticipated increase in the budget from the current fiscal year due to the ElderServe's Senior Center opening back up beginning March 1, 2023 for it's soft opening, and renovations that will be taking place for the Adult Day Care.

The organization closed during the pandemic.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – 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 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 and the funds will not be disbursed to our organization.
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 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.

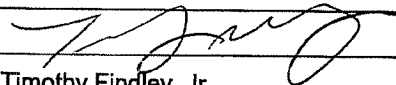
Standard Certifications

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 8 – 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:	4/19/2023
Legal Signatory: (please print):	Timothy Findley, Jr.	Title:	CEO
Phone:	(502) 778-7418	Extension:	
Email:	tfindley@elderserveinc.org		



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077555433
Oct. 02, 2015 LTR 4168C 0
61-6024140 000000 00
00025889
BODC: TE

ELDERSERVE INC
% WM R INLOW
300 E MARKET ST STE 190
LOUISVILLE KY 40202-1959

022753

Employer Identification Number: 61-6024140
Person to Contact: Mr Flammer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 27, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1968.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

022753.446796.135826.19047 1 MB 0.439 536



ELDERSERVE INC
% WM R INLOW
300 E MARKET ST STE 190
LOUISVILLE KY 40202-1959

022753

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.



The IRS address must appear in the window.

4077555433

BODCD-TE

Use for payments

Letter Number: LTR4168C

Letter Date : 2015-10-02

Tax Period : 000000



616024140

INTERNAL REVENUE SERVICE
P.O. Box 2508, Room 4010
Cincinnati OH 45201
|||

ELDERSERVE INC
% WM R INLOW
300 E MARKET ST STE 190
LOUISVILLE KY 40202-1959

616024140 WP ELDE 00 2 000000 670 000000000000

2022-23 Annual Budget



	<u>Annual</u>	
<u>Revenue & Support</u>		
Individual Contributions	\$ 50,000.00	
Corporate Contributions	\$ 200,000.00	
Grant Revenue	\$ 1,000,000.00	
Miscellaneous Income	\$ 460,000.00	
Total Income		\$ 1,710,000.00

ELDERSERVE G&A

CEO	\$ 120,000.00	
Finance Director	\$ 90,000.00	
Sr Ctr Director	\$ 70,000.00	
Admin 1	\$ 50,000.00	
Admin 2 (FT)	\$ 30,000.00	
Dir Development (+ Bonus)	\$ 75,000.00	
ADC Director	\$ 90,000.00	
ADC Sales	\$ 75,000.00	
Admin 3	\$ 50,000.00	
Total Payroll	\$ 650,000.00	
Benefits	\$ 130,000.00	
Finance	\$ 42,000.00	
Insurance Liability	\$ 55,252.00	
Technology	\$ 73,000.00	
Security	\$ 26,600.00	
Cleaning Service	\$ 15,300.00	
Program Activities	\$ 50,000.00	
Instructors	\$ 39,000.00	
Contracts	\$ 9,600.00	
Utilities	\$ 36,000.00	
Admin	\$ 16,064.00	
Total Expenses		\$ 1,142,816.00
Net Income (Loss)		\$ 567,184.00

Do Not Distribute

Proprietary & Confidential

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Elderserve, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

631 South 28th Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Louisville, KY 40211**F** Name and address of principal officer: **Patty Belden****631 South 28th Street, Louisville, KY 40211****D** Employer identification number**61-6024140****E** Telephone number**(502) 587-8673****G** Gross receipts \$ **1,853,235.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.elderserveinc.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1962** **M** State of legal domicile: **KY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ELDERSERVE, INC. PROVIDES SERVICES EMPOWER OLDER ADULTS TO LIVE INDEPENDENTLY WITH DIGNITY IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	113
	6 Total number of volunteers (estimate if necessary)	6	31
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,862,918.	1,029,024.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	461,510.	284,930.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,179.	419,898.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,094.	119,383.
	12	2,380,701.	1,853,235.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,869,053.	869,442.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,148.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,371,871.	1,161,901.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,240,924.	2,031,343.
19 Revenue less expenses. Subtract line 18 from line 12	-860,223.	-178,108.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,461,982.	2,141,382.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,214,667.	1,072,175.
		1,247,315.	1,069,207.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Thomas Fenton, Treasurer	Nov 2, 2022			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Tammy G. Finch	<i>Tammy G. Finch</i>	10/31/22		P00505590
	Firm's name ▶ FFS, LLC	Firm's EIN ▶ 85-2494549			
	Firm's address ▶ 800 Thorpe Drive Louisville, KY 40243	Phone no. (502) 384-2306			

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

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

See Schedule O for Organization Mission Statement Continuation

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:

Elderserve, Inc. provides services to empower older adults to live
independently with dignity in Louisville/Jefferson County.

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 \$ 474,378. including grants of \$) (Revenue \$ 284,930.)
Social Development

4b (Code:) (Expenses \$ 351,752. including grants of \$) (Revenue \$ 119,383.)
Social Services

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

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

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

4e Total program service expenses **826,130.**

Form 990 (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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	113	
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
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
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	7d	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2020)

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Elderserve, Inc. - (502)587-8673**
631 S 28th Street, Louisville, KY 40211

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Patty Belden CEO	37.50	X		X				99,000.	0.	0.
(2) Steve Schulz President	1.00	X						0.	0.	0.
(3) Patricia McGillan Vice President	1.00	X						0.	0.	0.
(4) Eric Schrenger Secretary	1.00	X						0.	0.	0.
(5) Julia Meredith Treasurer	1.00	X						0.	0.	0.
(6) Allison Harris Director	1.00	X						0.	0.	0.
(7) Cara Lococo Director	1.00	X						0.	0.	0.
(8) Christopher Kipper Director	1.00	X						0.	0.	0.
(9) Eileen Walsh Director	1.00	X						0.	0.	0.
(10) Frazier Curry Director	1.00	X						0.	0.	0.
(11) Jackie Emerson Director	1.00	X						0.	0.	0.
(12) Karen Paulin Director	1.00	X						0.	0.	0.
(13) Kate Vance Director	1.00	X						0.	0.	0.
(14) Kathy Chlon Director	1.00	X						0.	0.	0.
(15) Katie Gaughan Director	1.00	X						0.	0.	0.
(16) Lydia Shina Director	1.00	X						0.	0.	0.
(17) Mary Romelfanger Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) Mike Cronan Director	1.00	X						0.	0.	0.
(19) Thomas Fenton Director	1.00	X						0.	0.	0.
1b Subtotal								99,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								99,000.	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**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		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

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

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
NONE		

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 **0**

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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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	549,539.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	479,485.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,000.			
	h	Total. Add lines 1a-1f		1,029,024.			
Program Service Revenue	2 a	Social Development	Business Code 624100	284,930.	284,930.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		284,930.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,183.			1,183.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		418,715.		418,715.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Miscellaneous Income	Business Code 624100	119,383.	119,383.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		119,383.			
12	Total revenue. See instructions		1,853,235.	404,313.	0.	419,898.	

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 VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,000.	96,030.	1,980.	990.
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	608,734.	452,914.	139,422.	16,398.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	75,100.	61,333.	13,473.	294.
10 Payroll taxes	86,608.	42,631.	42,671.	1,306.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	125,067.	1,682.	123,385.	
12 Advertising and promotion				
13 Office expenses	14,914.	2,498.	12,416.	
14 Information technology				
15 Royalties				
16 Occupancy	64,527.	19,016.	45,511.	
17 Travel	2,891.	2,891.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	40,232.		40,232.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	552,797.		552,797.	
23 Insurance	48,988.	617.	48,371.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Volunteer Stipends	92,908.	92,908.		
b All Other Expenses	73,865.	28,974.	44,746.	145.
c Contract and Casual Lab	72,638.	5,590.	67,048.	
d Building Maintenance	51,461.		51,461.	
e All other expenses	21,613.	19,046.	2,552.	15.
25 Total functional expenses. Add lines 1 through 24e	2,031,343.	826,130.	1,186,065.	19,148.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance 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	595,562.	1	421,447.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	12,425.	3	236,069.
	4 Accounts receivable, net	34,627.	4	-32,092.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,281.	9	22,256.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,016,096.		
	b Less: accumulated depreciation	10b 777,411.	10c	1,238,685.
	11 Investments - publicly traded securities	163,610.	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	5,595,472.	15	255,017.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,461,982.	16	2,141,382.	
Liabilities	17 Accounts payable and accrued expenses	222,398.	17	105,599.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	0.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	457,966.	23	275,926.
	24 Unsecured notes and loans payable to unrelated third parties	500,000.	24	0.
	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	6,034,303.	25	690,650.
	26 Total liabilities. Add lines 17 through 25	7,214,667.	26	1,072,175.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,066,307.	27	888,199.
	28 Net assets with donor restrictions	181,008.	28	181,008.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,247,315.	32	1,069,207.
33 Total liabilities and net assets/fund balances	8,461,982.	33	2,141,382.	

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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	1,853,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,031,343.
3	Revenue less expenses. Subtract line 2 from line 1	3	-178,108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,247,315.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,069,207.

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Elderserve, Inc.

Employer identification number

61-6024140

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2322553.	2836370.	2896259.	1862918.	1029024.	10947124.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2322553.	2836370.	2896259.	1862918.	1029024.	10947124.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						10947124.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2322553.	2836370.	2896259.	1862918.	1029024.	10947124.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,950.	14,927.	25,712.	14,179.	1,183.	72,951.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	102,605.	31,514.	12,953.	5,390.	6,472.	158,934.
11 Total support. Add lines 7 through 10						11179009.
12 Gross receipts from related activities, etc. (see instructions)					12	3,634,450.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.93	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.84	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Pt II Ln 10

Other Income Part II, Line 10 Description: Other Income 2015: 12509.

2016: 102605. 2017: 31514. 2018: 12953. 2019: 5390. 2020: 6472

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

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

OMB No. 1545-0047

2020

Name of the organization

Elderserve, Inc.

Employer identification number

61-6024140

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

Elderserve, Inc.

61-6024140

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Brown Forman 636 W Main St Louisville, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CVS Health 1 CVS Drive Woonsocket, RI 02895	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Gheens Foundation, Inc. One Riverfront Plaza, 401 W Main St, Ste 705 Louisville, KY 40202-2937	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Kurt and Lisa Bratton 9007 Bergamot Drive Prospect, KY 40059	\$ 43,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

61-6024140

Part II

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

Name of organization

Employer identification number

Elderserve, Inc.**61-6024140**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public
Inspection

Name of the organization

Elderserve, Inc.

Employer identification number

61-6024140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2020

032051 12-01-20

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,730.		66,730.
b Buildings		596,840.	63,765.	533,075.
c Leasehold improvements		897,380.	289,467.	607,913.
d Equipment		455,146.	424,179.	30,967.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,238,685.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Client Accounts	255,017.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	255,017.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Client Accounts	255,017.
(3) Deposits	7,718.
(4) Grant Advanced Liability	430,500.
(5) Suspense Clearing Account	-2,585.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	690,650.

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

Schedule D (Form 990) 2020

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

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

Part XII		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	9
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020
Open to Public
Inspection

Name of the organization

Elderserve, Inc.

Employer identification number
61-6024140

Form 990, Part I, Line 1, Description of Organization Mission:

LOUISVILLE/JEFFERSON COUNTY.

FORM 990, PART I, LINE 8 - 22

BEGINNING YEAR BALANCES HAVE BEEN UPDATED TO REFLECT PRIOR YEAR

AMENDMENTS

Form 990, Part VI, Section B, line 11b:

PART VI, LINE 11B: AN ELECTRONIC COPY OF THE COMPLETED FORM 990 IS EMAILED
TO

BOARD MEMBERS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING THE FORM

Form 990, Part VI, Section B, Line 12c:

ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO COMPLETE AN
AFFIRMATION OF COMPLIANCE AND A DISCLOSURE STATEMENT. THE DISCLOSURE
STATEMENTS ARE THEN REVIEWED BY THE CEO AND CFO TO DETERMINE ANY NEED FOR
ADDITIONAL INFORMATION. A RECORD IS KEPT OF ALL TRANSACTIONS IN WHICH A
PERSON HAS A CONFLICT OF INTEREST AND THE PROCEDURES FOLLOWED IN SUCH
INSTANCES.

Form 990, Part VI, Section B, Line 15:

THE CEO PREPARES A SELF-EVALUATION AND IS EVALUATED BASED ON GOALS AND
OBJECTIVES FOR THE YEAR BY THE EXECUTIVE COMMITTEE. THE COMPENSATION
AMOUNT IS DETERMINED PRIMARILY THROUGH COMPARABLE DATA AND IS APPROVED BY
THE EXECUTIVE COMMITTEE., OTHER OFFICERS AND EMPLOYEES ARE EVALUATED

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Elderserve, Inc.

Employer identification number

61-6024140

INTERNALLY AND COMPENSATION IS DETERMINED PRIMARILY BY COMPARABLE DATA.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND UPON
REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE ALSO
AVAILABLE UPON REQUEST. AN ANNUAL REPORT THAT INCLUDES FINANCIAL
INFORMATION







2020 Elderserve, Inc. 990 (FOR PUBLISHING)

Final Audit Report

2022-11-02

Created:	2022-11-01
By:	Tammy Finch (tfinch@finchfinancialservices.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfl-cEDP5Fq2Q9n1SgeDIhANVy4SnTcml

"2020 Elderserve, Inc. 990 (FOR PUBLISHING)" History

-  Document created by Tammy Finch (tfinch@finchfinancialservices.com)
2022-11-01 - 9:57:26 PM GMT- IP address: 76.181.134.178
-  Document emailed to tcf@mpmfirm.com for signature
2022-11-01 - 9:58:06 PM GMT
-  Email viewed by tcf@mpmfirm.com
2022-11-02 - 3:49:41 PM GMT- IP address: 12.246.113.50
-  Signer tcf@mpmfirm.com entered name at signing as Thomas C. Fenton
2022-11-02 - 3:51:25 PM GMT- IP address: 12.246.113.50
-  Document e-signed by Thomas C. Fenton (tcf@mpmfirm.com)
Signature Date: 2022-11-02 - 3:51:27 PM GMT - Time Source: server- IP address: 12.246.113.50
-  Agreement completed.
2022-11-02 - 3:51:27 PM GMT



Adobe Acrobat Sign



Bobbie Holsclaw
Jefferson County Clerk's Office

As evidenced by the instrument number shown below, this document
has been recorded as a permanent record in the archives of the
Jefferson County Clerk's Office.



INST # 2016158647

BATCH # 31399

JEFFERSON CO, KY FEE \$11.00

PRESENTED ON: 07-06-2016 6 02:51:11 PM

LODGED BY: MORGAN & POTTINGER

RECORDED: 07-06-2016 02:51:11 PM

BOBBIE HOLSCLOW
CLERK

BY: EVELYN MAYES
RECORDING CLERK

BK: C 740

PG: 776-778

0048013.09

amcray
RSA

Allison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:
6/30/2016 1:40 PM
Fee Receipt: \$8.00

RESTATED ARTICLES OF INCORPORATION
OF
ELDERSERVE, INC.

Pursuant to the provisions of KRS 273.273, ElderServe, Inc. (the "Corporation"), hereby executes these Restated Articles of Incorporation.

ARTICLE I

The name of the Corporation is ElderServe, Inc.

ARTICLE II

The purposes of the Corporation are any lawful purposes permitted to a nonprofit corporation under KRS Chapter 273 exclusively for charitable, benevolent, eleemosynary, educational, civic, social, and cultural purposes.

ARTICLE III

The Corporation shall have all rights, powers, privileges, and immunities permitted to a nonprofit corporation under KRS Chapter 273.

ARTICLE IV

The Corporation shall indemnify its directors, officers, employees, and agents from and against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with any action, lawsuit, or legal proceeding, including administrative or investigative proceedings, brought against such person by reason of the fact that he or she is or was a director, officer, employee, or agent of the Corporation, if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful; except that no indemnification shall be made with respect to any claim, issue, or matter as to which such person shall have been adjudged to be liable for gross negligence or intentional misconduct in the performance of his or her duties to the Corporation.

ARTICLE V

No director of the Corporation shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a director, except for liability for: (a) any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation; (b) acts or omissions not in good faith, which involve intentional misconduct or are known to the director to be a violation of law; or (c) any transaction from which the director derived an improper personal benefit.

ARTICLE VI

In the event of the dissolution of the Corporation, all of its assets shall be distributed for tax-exempt purposes to a nonprofit charitable organization in Louisville, Kentucky, that, in the judgment of the board of directors, is engaged in activities substantially similar to those of the Corporation.


The foregoing Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as heretofore amended, have been duly adopted as required by law, and supersede the original Articles of Incorporation and all amendments thereto.

IN WITNESS WHEREOF, the Corporation has caused these Restated Articles of Incorporation to be duly executed this 29th day of June, 2016.

ELDERSERVE, Inc.

By: CK
Name: Chris Kipper
Title: Vice President

This instrument prepared by:


Thomas C. Fenton
Morgan & Pottinger, PSC
401 South Fourth Street
Suite 1200
Louisville, Kentucky 40202

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Elderserve, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions. 631 South 28th St. 6 City, state, and ZIP code Louisville, KY 40211 7 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

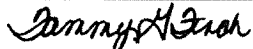
Social security number								
			-					
or								
Employer identification number								
6	1	-	6	0	2	4	1	4 0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► 	Date: 2022.12.21 14:30:38 -05'00'
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Management Report

ElderServe Inc.

For the period ended January 31, 2023



Prepared by
FFS, LLC

Prepared on
February 16, 2023

For management use only

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DRAFT Management Reports - Unaudited

The accompanying financial statements of ElderServe, Inc. for this fiscal year, June 2023, have been drafted for Management Use. The final year-end closing review has not been completed. These financial statements were not subject to an audit, review, or compilation engagement by me, my accounting services team, nor any outside third party accounting services team. Accordingly, we do not express an opinion, conclusion, nor provide any assurance on them.

These financials are for management use only.

Tammy G. Finch
FFS, LLC

Statement of Activity

July 2022 - January 2023

	Total
REVENUE	
41200 Grants	50,000.00
42210 Contributions-Unrestricted	149,611.16
43950 Rep Payee Income	35,596.58
Total Revenue	235,207.74
GROSS PROFIT	235,207.74
EXPENDITURES	
60000 Salaries, Wages and Benefits	
60005 Wages	71,736.85
60010 Payroll Tax Expense	6,387.69
60020 Employee Benefits	7,128.23
60070 Unemployment Expense	-9,122.93
60080 Insurance - Workers Comp	-1,131.00
Total 60000 Salaries, Wages and Benefits	74,998.84
62000 Occupancy Expense	
62020 Building Maintenance	4,709.53
62030 Janitorial Services	5,150.00
62040 Outdoor Maintenance	12,453.00
62060 Security	8,415.45
62410 Internet & Cable	6,413.98
62420 Power & Water	30,982.49
62430 Telephone Expense	4,860.78
62440 Trash and Recycling	523.66
Total 62000 Occupancy Expense	73,508.89
62500 Insurance	
62510 Insurance - Building	6,144.67
62520 Insurance - Automobile	8,041.11
62530 Insurance - Liability	20,223.00
Total 62500 Insurance	34,408.78
63000 General Operations	
63005 Advertising & Marketing	12,976.72
63010 Cloud Computing & Software	5,673.52
63020 Dues & Subscriptions	910.00
63025 Equipment Rental	483.46
63030 Office and General Supplies	1,798.97
63050 Postage and Shipping	3,911.52
65000 Automobile	
65020 Repairs & Maintenance - Automobiles	44.00
Total 65000 Automobile	44.00
Total 63000 General Operations	25,798.19
64000 Professional Services	
64010 Accounting Fees	33,205.00

	Total
64020 Networking & IT Services	3,661.00
64030 Legal Fees	1,652.00
64090 Other Professional Fees	4,582.50
Total 64000 Professional Services	43,100.50
66000 Service Fees	
66010 Payroll Fees	753.81
66020 Bank Charges & Fees	1,734.52
66030 PayPal Service Fees	931.77
66040 Late Fees	213.34
66050 Other Merchant Fees	10.00
66090 Other Miscellaneous Service Fees	45.00
Total 66000 Service Fees	3,688.44
69990 Bad Debt Expense	3,086.76
Melio Credit card fee	6.00
Total Expenditures	258,596.40
NET OPERATING REVENUE	-23,388.66
OTHER REVENUE	
71000 Interest Income	22,011.86
71010 Investment Income	216.32
71020 Gain/Loss on Sale of Assets	-5,300.90
71200 CARES Act - ERC & Sick Credits	464,689.36
Total Other Revenue	481,616.64
OTHER EXPENDITURES	
72000 Other Expense	
72010 Interest Expense	8,384.36
72100 Depreciation Expense	38,319.53
Total 72000 Other Expense	46,703.89
Total Other Expenditures	46,703.89
NET OTHER REVENUE	434,912.75
NET REVENUE	\$411,524.09

Statement of Financial Position

As of January 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
10101 Republic Bank Operating (8763)	386,152.24
10105 Fifth Third (6863)	-38.00
10106 Fifth Third (9545)	14.00
Total Bank Accounts	386,128.24
Accounts Receivable	
11000 Accounts Receivable	2,900.00
Total Accounts Receivable	2,900.00
Other Current Assets	
10600 Cash-Rep Payee Restricted Funds	
10605 Client Accounts - RB x8801	21,604.46
10606 Client Accounts - Outside PNC	137,460.67
Total 10600 Cash-Rep Payee Restricted Funds	159,065.13
11300 Other Receivables	13,566.99
13000 Unemployment Trust	28,425.75
13050 Reserve for UST	-28,425.75
14000 Prepaid Expenses	2,015.82
14100 Prepaid Insurance	13,193.95
Total Other Current Assets	187,841.89
Total Current Assets	576,870.13
Fixed Assets	
15000 Fixed Assets	
15100 Furniture, Fixtures and Equipm	2,016,576.48
15200 Construction in Process	54,057.50
15900 Accum. Depreciation - FFE	-904,903.07
Total 15000 Fixed Assets	1,165,730.91
Total Fixed Assets	1,165,730.91
TOTAL ASSETS	\$1,742,601.04
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	1,725.97
Total Accounts Payable	1,725.97
Other Current Liabilities	
21400 Accrued Payroll	5,546.73
21500 Accrued PTO	1,471.46
23000 Accrued Expenses	7,463.23
23050 Unclaimed Property	17,595.86

	Total
23090 Suspense-Clearing Account	4,282.33
23900 Future Unemployment Liability	5,530.36
25600 Rep Payee Restricted Funds	
25610 Client Accounts - Outside	159,065.13
Total 25600 Rep Payee Restricted Funds	159,065.13
Total Other Current Liabilities	200,955.10
Total Current Liabilities	202,681.07
Long-Term Liabilities	
27100 Construction Loan RB - Noncurr	244,115.61
Total Long-Term Liabilities	244,115.61
Total Liabilities	446,796.68
Equity	
39000 Net Assets - Unrestricted	888,198.52
39010 Net Assets - Temporarily Restricted	181,008.43
39950 Retained Earnings	-184,926.68
Net Revenue	411,524.09
Total Equity	1,295,804.36
TOTAL LIABILITIES AND EQUITY	\$1,742,601.04

ELDERSERVE, INC.

Financial Statements and Independent Auditors' Reports

June 30, 2019 and 2018

ELDERSERVE, INC.
Financial Statements and Independent Auditors' Reports
June 30, 2019 and 2018

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- Certified Public Accountants
- Business Advisors

p: 812.945.5236
f: 812.949.4095
w: rodefermoss.com
301 East Elm Street
New Albany, IN 47150



Independent Auditors' Report

To the Officers and Directors
ElderServe, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of ElderServe, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

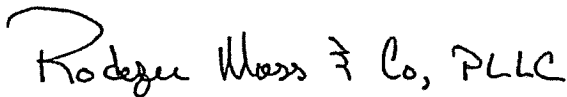
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of ElderServe, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 16, 2019, on our consideration of ElderServe, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of ElderServe, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ElderServe, Inc.'s internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Rodefer Moss & Co, PLLC". The signature is written in a cursive, flowing style.

Rodefer Moss & Co, PLLC
New Albany, Indiana
December 16, 2019

ELDERSERVE, INC.
Statements of Financial Position
June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Cash and cash equivalents	\$ 62,601	\$ 58,264
Unconditional promise to give - United Way	152,753	291,498
Unconditional promises to give - Comprehensive Campaign, net	289,804	66,300
Accounts receivable, net	231,073	243,463
Grants receivable	172,803	153,826
Prepaid expenses and other assets	2,862	8,778
Investments	209,470	375,273
Property and equipment, net of accumulated depreciation	2,148,897	1,595,771
Client accounts	<u>7,423,207</u>	<u>6,480,867</u>
Total assets	<u>\$ 10,693,470</u>	<u>\$ 9,274,040</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	\$ 70,681	\$ 42,360
Accrued payroll and related expenses	106,155	105,907
Line of credit	470,000	310,000
Deposits and deferred revenue	11,239	25,923
Lease payable	32,843	40,752
Mortgage payable	469,670	216,574
Client accounts	<u>7,423,207</u>	<u>6,480,867</u>
Total liabilities	<u>8,583,795</u>	<u>7,222,383</u>
Net Assets		
Net assets without donor restrictions	1,928,667	1,760,159
Net assets with donor restrictions	<u>181,008</u>	<u>291,498</u>
Total net assets	<u>2,109,675</u>	<u>2,051,657</u>
Total liabilities and net assets	<u>\$ 10,693,470</u>	<u>\$ 9,274,040</u>

ELDERSERVE, INC.
Statement of Activities
Year Ended June 30, 2019

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
Support and Revenues			
Federal and State government grants	\$ 1,541,893	\$ -	\$ 1,541,893
Contributions	548,359	-	548,359
Program fees	487,118	-	487,118
In-kind contributions	403,768	-	403,768
Other grants	143,369	29,487	172,856
Metro United Way	-	151,521	151,521
Fundraising	96,027	-	96,027
Local government grants	83,100	-	83,100
Investment income	25,712	-	25,712
Miscellaneous	12,953	-	12,953
Unrealized gain (loss) on investments	5,401	-	5,401
Realized gain (loss)	(2,085)	-	(2,085)
Total revenues, gains, and other support	3,345,615	181,008	3,526,623
Net assets released from restrictions	291,498	(291,498)	-
Total support and revenues	3,637,113	(110,490)	3,526,623
Expenses			
Program Services			
Social Services	2,382,804	-	2,382,804
Social Development	828,072	-	828,072
Total program services	3,210,876	-	3,210,876
General and Administrative	141,684	-	141,684
Fundraising	116,045	-	116,045
Total expenses	3,468,605	-	3,468,605
Change in net assets	168,508	(110,490)	58,018
Net assets at the beginning of the year	1,760,159	291,498	2,051,657
Net assets at the end of the year	\$ 1,928,667	\$ 181,008	\$ 2,109,675

See notes to financial statements.

ELDERSERVE, INC.
Statement of Activities
Year Ended June 30, 2018

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
Support and Revenues			
Federal and State government grants	\$ 1,523,795	\$ -	\$ 1,523,795
Contributions	138,257	-	138,257
Program fees	763,039	-	763,039
In-kind contributions	693,173	-	693,173
Other grants	102,637	-	102,637
Metro United Way	1,889	291,498	293,387
Fundraising	132,393	-	132,393
Local government grants	104,100	-	104,100
Investment income	14,927	-	14,927
Miscellaneous	31,514	-	31,514
Unrealized gain (loss) on investments	(53,216)	-	(53,216)
Realized gain (loss)	66,506	-	66,506
	<hr/>	<hr/>	<hr/>
Total revenues, gains, and other support	3,519,014	291,498	3,810,512
Net assets released from restrictions	253,625	(253,625)	-
	<hr/>	<hr/>	<hr/>
Total support and revenues	3,772,639	37,873	3,810,512
	<hr/>	<hr/>	<hr/>
Expenses			
Program Services			
Social Services	2,446,064	-	2,446,064
Social Development	825,025	-	825,025
	<hr/>	<hr/>	<hr/>
Total program services	3,271,089	-	3,271,089
General and Administrative	124,927	-	124,927
Fundraising	138,881	-	138,881
	<hr/>	<hr/>	<hr/>
Total expenses	3,534,897	-	3,534,897
	<hr/>	<hr/>	<hr/>
Change in net assets	237,742	37,873	275,615
Net assets at the beginning of the year	1,522,417	253,625	1,776,042
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	\$ 1,760,159	\$ 291,498	\$ 2,051,657
	<hr/>	<hr/>	<hr/>

See notes to financial statements.

ELDERSERVE, INC.
Statement of Functional Expenses
Year Ended June 30, 2019

	Program Services					Total
	Social Services	Social Development	Total	General and Administrative	Fundraising	
Salaries and wages	\$ 1,580,222	\$ 363,707	\$ 1,943,929	\$ 104,833	\$ 60,123	\$ 2,108,885
Payroll taxes	128,644	28,713	157,357	8,521	4,737	170,615
Volunteer stipends	-	153,155	153,155	-	-	153,155
Benefits	90,131	31,833	121,964	5,491	2,665	130,120
Program supplies	72,146	16,896	89,042	575	40,036	129,653
Depreciation	97,443	20,887	118,330	2,964	1,271	122,565
Professional services	81,351	36,218	117,569	2,567	1,953	122,089
Utilities	63,844	46,388	110,232	675	290	111,197
Travel reimbursement	41,916	24,026	65,942	-	-	65,942
Interest and finance fees	35,341	7,575	42,916	3,265	462	46,643
Contract and casual labor	33,001	10,381	43,382	43	595	44,020
Insurance	28,994	10,179	39,173	4,389	248	43,810
Building maintenance	24,410	13,357	37,767	925	339	39,031
Volunteer support	691	26,293	26,984	132	57	27,173
Maintenance and vehicles	11,119	10,675	21,794	-	-	21,794
Telephone	15,495	4,248	19,743	405	373	20,521
Printing and copying	14,513	3,979	18,492	454	194	19,140
Office supplies	14,259	3,745	18,004	511	242	18,757
Bad debt	9,904	2,817	12,721	3,269	1,401	17,391
Local mileage	13,712	2,311	16,023	257	111	16,391
Postage	7,951	1,911	9,862	886	378	11,126
Building supplies	4,537	3,393	7,930	44	19	7,993
Training and conferences	4,280	2,272	6,552	78	34	6,664
Dues, subscriptions, and fees	3,609	1,534	5,143	365	156	5,664
Other	3,062	657	3,719	283	39	4,041
Advertising and marketing	678	589	1,267	705	302	2,274
Board and committee meetings	1,551	333	1,884	47	20	1,951
Total	\$ 2,382,804	\$ 828,072	\$ 3,210,876	\$ 141,684	\$ 116,045	\$ 3,468,605

See notes to financial statements.

ELDERSERVE, INC.
Statement of Functional Expenses
Year Ended June 30, 2018

	Program Services			General and		Total
	Social Services	Social Development	Total	Administrative	Fundraising	
Salaries and wages	\$ 1,635,930	\$ 356,446	\$ 1,992,376	\$ 90,399	\$ 54,947	\$ 2,137,722
Payroll taxes	132,319	27,822	160,141	7,236	4,606	171,983
Volunteer stipends	-	176,479	176,479	-	-	176,479
Benefits	95,892	31,663	127,555	5,905	4,835	138,295
Program supplies	51,135	13,983	65,118	292	53,280	118,690
Depreciation	77,695	16,196	93,891	2,040	874	96,805
Professional services	86,969	28,448	115,417	7,124	3,738	126,279
Utilities	50,668	33,057	83,725	584	250	84,559
Travel reimbursement	43,125	23,582	66,707	-	-	66,707
Interest and finance fees	16,354	3,970	20,324	2,618	215	23,157
Contract and casual labor	53,853	20,684	74,537	233	5,163	79,933
Insurance	29,260	8,056	37,316	4,424	262	42,002
Building maintenance	35,269	11,599	46,868	421	180	47,469
Volunteer support	1,298	29,021	30,319	132	57	30,508
Maintenance and vehicles	7,503	7,504	15,007	-	-	15,007
Telephone	27,461	8,006	35,467	562	544	36,573
Printing and copying	10,326	3,982	14,308	416	319	15,043
Office supplies	11,134	2,345	13,479	462	227	14,168
Bad debt	35,329	10,855	46,184	-	8,596	54,780
Local mileage	13,462	1,668	15,130	226	99	15,455
Postage	8,035	2,272	10,307	761	326	11,394
Building supplies	7,657	3,790	11,447	166	55	11,668
Training and conferences	3,448	342	3,790	43	18	3,851
Dues, subscriptions, and fees	6,549	1,661	8,210	198	110	8,518
Other	2,146	520	2,666	344	28	3,038
Advertising and marketing	2,280	321	2,601	313	134	3,048
Board and committee meetings	967	753	1,720	28	18	1,766
Total	\$ 2,446,064	\$ 825,025	\$ 3,271,089	\$ 124,927	\$ 138,881	\$ 3,534,897

See notes to financial statements.

ELDERSERVE, INC.
Statements of Cash Flows
Years Ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash Flows From Operating Activities		
Changes in Net Assets	\$ 58,018	\$ 275,615
Adjustments to reconcile changes in net assets to net cash flows from operating activities:		
Depreciation	122,565	96,805
In-kind revenue from donated property	(380,000)	(663,570)
Decrease (increase) in assets:		
Unconditional promises to give	(84,759)	29,925
Accounts receivable	12,390	(32,464)
Grants receivable	(18,977)	93,549
Prepaid expenses and other assets	5,916	6,659
Representative payee accounts	(942,340)	1,105,308
Unrealized (gain) loss on investments	(5,401)	53,216
Realized (gain) loss on investments	2,085	(66,506)
(Gain) loss on sale of property and equipment	-	(3,037)
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	28,321	(23,006)
Accrued payroll and related expenses	248	(6,093)
Deposits and deferred revenue	(14,684)	14,895
Representative payee accounts	<u>942,340</u>	<u>(1,105,308)</u>
Net cash flows from operating activities	<u>(274,278)</u>	<u>(224,012)</u>
Cash Flows From Investing Activities		
Purchase of property and equipment	(295,691)	(87,517)
Purchase of investments	(4,490)	(320,793)
Sale of investments	<u>173,609</u>	<u>337,919</u>
Net cash flows from investing activities	<u>(126,572)</u>	<u>(70,391)</u>
Cash Flows From Financing Activities		
Proceeds from line of credit	460,000	1,527,000
Proceeds from construction loan	271,836	-
Payments on line of credit	(300,000)	(1,292,000)
Payments on mortgage payable	(18,740)	(18,089)
Payments on capital lease	<u>(7,909)</u>	<u>(2,503)</u>
Net cash flows from financing activities	<u>405,187</u>	<u>214,408</u>
Net change in cash and cash equivalents	4,337	(79,995)
Cash and cash equivalents at the beginning of the year	<u>58,264</u>	<u>138,259</u>
Cash and cash equivalents at the end of the year	<u>\$ 62,601</u>	<u>\$ 58,264</u>
Supplemental Disclosures		
Noncash Investing Transaction		
Donated property and equipment	<u>\$ 380,000</u>	<u>\$ 663,570</u>
Donated stock	<u>\$ -</u>	<u>\$ 52,672</u>
Interest paid	<u>\$ 32,529</u>	<u>\$ 17,562</u>

See notes to financial statements.

ELDERSERVE, INC.
Notes to Financial Statements
June 30, 2019 and 2018

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organizational Activities - ElderServe, Inc. (the "Organization"), Louisville, Kentucky was incorporated in Kentucky as a non-profit organization under Section 501(c)(3) of the Internal Revenue Code. The Organization provides service to enhance and sustain the quality of life for older persons throughout the Jefferson County area.

The Organization provides a wide range of services to the public, focusing on the needs of the elderly of the area it serves. Federal, state and local government assistance accounts for the majority of the Organization's funding. Funds are also received from the Metro United Way, fiduciary fees, and private donations. Government-related funding includes federal grants from the Corporation for National and Community Service, Department of Justice, the Department of Health and Human Services, as well as allocations from Louisville Metro government.

Basis of Presentation - The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting. The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions.

Net Assets Without Donor Restrictions - Net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions - The Organization's donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Unconditional Promises to Give - Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

The Organization presents its long term unconditional promises to give at net present value and discounts future expected cash inflows based on the average treasury yield for the years collection is expected. Total unconditional promises to give were \$465,903 and \$372,798 at June 30, 2019 and 2018, respectively. Discounts on unconditional promises to give at June 30, 2019 and 2018 were \$10,046 and \$0, respectively. The allowance for doubtful unconditional promises to give was \$13,300 and \$15,000 at June 30, 2019 and 2018, respectively.

Contributed Services, Materials - The Organization receives donated services and materials that are used for cost sharing and match requirements of program grants.

Certain contributed materials and services are recorded as support and expensed at fair market value when determinable, otherwise at values indicated by the donor. For the years ended June 30, 2019 and 2018, the Organization received donated services and materials valued at \$403,768 and \$693,173, respectively.

Estimates - The preparation of financial statements, in conformity with generally accepted accounting principles, requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments - Investments are valued at fair market value. Realized and unrealized gains and losses are included in the change in net assets in the Statements of Activities. Investment income and gains restricted by donors are reported as increases in net assets without donor restrictions if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Grants and Accounts Receivable - Grants and accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Receivables are considered uncollectible if payment is not received in accordance with the contractual terms. For the years ended June 30, 2019 and 2018, the Organization established an allowance for doubtful accounts related to accounts receivable in the amount of \$30,860. The Organization expects grants receivable to be fully collectible.

Property and Equipment - Property and equipment are stated at cost less accumulated depreciation. The costs of additions and betterments are capitalized and expenditures for repairs and maintenance are expensed in the period incurred. When items of property and equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in income. Depreciation is provided over the estimated useful lives of the assets on the straight-line basis. The ranges of estimated useful lives per category of assets are listed below. The Organization's policy is to expense assets costing \$1,000 or less. Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose.

	<u>Years</u>
Building	39
Building improvements	5 - 39
Furniture and equipment	2 - 7
Vehicles	5

Income Taxes - ElderServe, Inc. is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization evaluates its uncertain tax positions in accordance with applicable standards. The Organization has evaluated its tax positions and believes that it has none that are uncertain. At the Statement of Financial Position date, ElderServe, Inc.'s Form 990s for the years ending June 30, 2016 through 2019 remained subject to examination by the Internal Revenue Service.

Advertising - Advertising costs are expensed as incurred. Advertising expense was \$2,274 and \$3,048 for the years ending June 30, 2019 and 2018, respectively.

Cost Allocation/Functional Allocation of Expenses - Costs directly identifiable to a particular function are charged to that function. Indirect costs are allocated to the various programs in a way that management believes best allocates cost in accordance with the benefits derived and is equitable to the Federal and State Governments and the Organization. The costs of providing the various programs and other supporting activities have been summarized on a functional basis in the Statements of Functional Expenses.

Reclassifications - Certain items have been reclassified from 2018 to conform to the classification of 2019. Such reclassifications had no effect on the total statement of activities or statement of financial position as previously reported.

Change in Accounting Principle - On August 18, 2016 the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, Not-For-Profit Entities (Topic 958) - *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification and requires additional information about liquidity, availability of resources, expenses and investment return. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented.

Date of Management's Review - Management has evaluated events and transactions occurring subsequent to the Statement of Financial Position date for items that should potentially be recognized or disclosed in these financial statements. The evaluation was conducted through the date of the report, which is the date these financial statements were available to be issued.

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements - The FASB also issued the following accounting standards, which will be effective in subsequent years: 1) ASU No. 2014-09, *Revenue from Contracts with Customers*, effective for fiscal years beginning after December 15, 2018; 2) ASU No. 2016-18, *Statement of Cash Flows: Restricted Cash*, effective for years beginning after December 15, 2018; 3) ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, effective for fiscal years beginning after December 15, 2018; 4) ASU No. 2016-02, *Leases*, effective for fiscal years beginning after December 15, 2020; and 5) ASU No. 2016-13, *Financial Instruments-Credit Losses*, effective for fiscal years beginning after December 15, 2020. The Organization will evaluate each of these new standards and has yet to determine the effect, if any, on its financial position and operations.

NOTE 2 - FUNCTIONAL EXPENSES

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, payroll taxes, miscellaneous, and professional fees. These expenses are allocated on the basis of estimates of time and effort.

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS

The carrying amounts of the Organization's investments approximate fair value because of the short-term maturity of these instruments. These financial assets are measured at fair value on the financial statements using inputs from the three levels of the fair value hierarchy. A financial asset or liability classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The three levels are as follows:

- Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities the Organization has the ability to access at the measurement date.
- Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs).
- Level 3 - Unobservable inputs reflect the Organization's judgments about the assumptions market participants would use in pricing the asset or liability since limited market data exists. The Organization develops these inputs based on the best information available, including its own data.

Investments are valued at the closing price reported on the active market on which the individual securities are traded. There have been no changes in the methodologies used to value investments at June 30, 2019 and 2018.

In accordance with the Fair Value Measurements Topic of the FASB Accounting Standards Codification, the following tables represent the Organization's fair value hierarchy for financial assets measured at fair value on a recurring basis as of June 30, 2019 and 2018. The tables also set forth the respective levels to which the fair value measurements are classified within the fair value hierarchy.

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 3 - FAIR VALUE MEASUREMENTS AND INVESTMENTS (Continued)

June 30, 2019				
	Level 1	Level 2	Level 3	Total
Equities	\$ 146,266	\$ -	\$ -	\$ 146,266
Mutual fund/debt investments	44,867	-	-	44,867
Real estate	12,790	-	-	12,790
Various	5,547	-	-	5,547
Total assets at fair value	<u>\$ 209,470</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 209,470</u>

June 30, 2018				
	Level 1	Level 2	Level 3	Total
Equities	\$ 220,210	\$ -	\$ -	\$ 220,210
Mutual fund/debt investments	122,127	-	-	122,127
Real estate	22,639	-	-	22,639
Various	10,297	-	-	10,297
Total assets at fair value	<u>\$ 375,273</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 375,273</u>

The following table summarizes the Organization's investments and accumulated unrealized appreciation (depreciation) by investment class:

June 30, 2019			
	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Equities	\$ 141,776	\$ 146,266	\$ 4,490
Mutual fund/debt investments	46,364	44,867	(1,497)
Real estate	12,161	12,790	629
Various	5,580	5,547	(33)
Total investments	<u>\$ 205,881</u>	<u>\$ 209,470</u>	<u>\$ 3,589</u>

June 30, 2018			
	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Equities	\$ 218,469	\$ 220,210	\$ 1,741
Mutual fund/debt investments	124,366	122,127	(2,239)
Real estate	24,916	22,639	(2,277)
Various	10,411	10,297	(114)
Total investments	<u>\$ 378,162</u>	<u>\$ 375,273</u>	<u>\$ (2,889)</u>

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 4 - UNCONDITIONAL PROMISES TO GIVE, GRANTS AND ACCOUNTS RECEIVABLE

Unconditional promises to give, grants and accounts receivable consist of the following:

	<u>2019</u>	<u>2018</u>
Metro United Way	\$ 152,753	\$ 291,498
Home Care	124,840	199,719
KIPDA	71,982	93,036
Comprehensive Campaign	313,150	81,300
Adult Day Care	49,111	39,804
VOCA	34,654	35,390
Fiduciary	19,989	29,501
Other	46,943	21,920
Senior Companion Program	7,730	8,779
Retirement Research Foundation	29,487	-
Atria	50,000	-
Gross receivables	\$ 900,639	\$ 800,947
Discounts	(10,046)	-
Allowance for doubtful accounts	(30,860)	(30,860)
Allowance for doubtful unconditional promises to give	(13,300)	(15,000)
Total receivables	<u>\$ 846,433</u>	<u>\$ 755,087</u>

All receivables including the Comprehensive Campaign are expected to be collected within the next five years. Unconditional promises to give relating to the Comprehensive Campaign are receivable as follows:

	<u>2019</u>	<u>2018</u>
Receivable due within one year	\$ 140,650	\$ 81,300
Receivable due in two to five years	172,500	-
Allowance for doubtful unconditional promises to give	(13,300)	(15,000)
Discounts	(10,046)	-
Total	<u>\$ 289,804</u>	<u>\$ 66,300</u>

NOTE 5 - FIXED ASSETS

Fixed assets consist of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Land	\$ 216,730	\$ 216,730
Building	1,540,952	1,194,952
Building improvements	757,342	486,884
Furniture and equipment	382,179	356,946
Vehicles	109,710	75,710
	\$ 3,006,913	2,331,222
Less: accumulated depreciation	(858,016)	(735,451)
Total fixed assets	<u>\$ 2,148,897</u>	<u>\$ 1,595,771</u>

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 6 - CLIENT ACCOUNTS

The Organization acts as a custodian of funds for individuals who are unable to manage their own financial matters. Since the Organization acts as an agent for these accounts, the Organization reports the balances and activities as agency transactions. Therefore, an agency liability as of June 30, 2019 and 2018 has been recorded for \$ 7,423,207 and \$6,480,867, respectively, to offset an agency asset as of June 30, 2019 and 2018 of \$7,423,207 and \$6,480,867, respectively, on the financial statements.

NOTE 7 - DEBT

The Organization has a mortgage payable due to Republic Bank that originated on August 2, 2016, which matures on April 2, 2028. The loan has an interest rate is 3.50%. The loan is secured by the building and land located at 215 W. Breckinridge St., Louisville, KY, 40203. The loan requires a monthly payment of \$2,177. As of June 30, 2019 and 2018, the loan had a principal balance of \$197,834 and \$216,574, respectively.

The Organization entered into a construction loan agreement with Republic Bank that originated on October 26, 2018. The loan has an interest rate of 5.03% and is secured by the buildings and land on Magazine Street in Louisville, Kentucky. The total construction loan is for \$400,000 and has a maturity date of October 26, 2028. As of June 30, 2019, draws on the loan totaled \$271,836. Payments on the loan are interest only through October 26, 2019. Beginning November 26, 2019, a monthly principal and interest payment of \$2,744 is required.

A five-year summary of the maturity of long-term debt is presented below.

<u>Year ending June 30,</u>	
2020	\$ 27,839
2021	33,381
2022	34,799
2023	36,280
2024	37,767
Thereafter	<u>299,604</u>
	<u>\$ 469,670</u>

NOTE 8 - LINES OF CREDIT

The Organization has a line of credit with Fifth Third Bank. The line of credit has a limit of \$200,000. The line of credit is secured by the investment account. Interest on the outstanding balance was computed at a floating rate per annum equal to 1.00% below Fifth Third Prime rate. The line was renewed with a new maturity date of December 15, 2019. The balance on the line of credit at June 30, 2019 and 2018 was \$175,000 and \$10,000, respectively.

The Organization has a line of credit with Republic Bank. The line of credit matures on August 1, 2019 and has a limit of \$300,000. The line of credit was subsequently extended through July 31, 2020. The line of credit is secured by building and land located at 215 W. Breckinridge St., Louisville, KY, 40203. Interest on the outstanding balance is computed at the Prime Rate (as published in the Wall Street Journal) with the amount being no less than 3.50%. The balance on the line of credit at June 30, 2018 was \$300,000 at a rate of 5%. The balance on the line of credit at June 30, 2019 was \$295,000 at a rate of 5.5%.

NOTE 9 - CAPITAL LEASE OBLIGATIONS

The Organization leased a telephone system, under a capital lease through May 2018. The assets and liabilities under capital lease were recorded at the lower of the present value of the minimum lease payments or the fair value of the asset. The assets were depreciated over their estimated useful life. Depreciation of assets under capital leases is included in depreciation expense for the year ending June 30, 2019 and 2018. The purchase price of \$31,606 was partially funded by

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 9 - CAPITAL LEASE OBLIGATIONS (Continued)

a grant in the amount of \$25,000. A warranty was included and recorded as a prepaid expense and recognized over the one year warranty period. The amount not funded by the grant represented the capital lease. Interest rate on the capital lease was 8% and was imputed based on the lessor's implicit rate of return. The capital lease had a bargain purchase option of \$1. The bargain purchase option was exercised at the completion of the lease in May 2018.

During 2018, the Organization entered into a new capital lease for copier machines through April 2023. The fair value of the asset at date of purchase was \$42,044. Interest rate on the capital lease is 3.3% and is imputed based on the lessor's implicit rate of return.

Following is a summary of property held under capital lease at June 30, 2019:

Copier machines	\$ 42,044
Less: Accumulated depreciation	<u>(9,810)</u>
Net book value	<u>\$ 32,234</u>

Future minimum lease payments under capital leases as of June 30, 2019 are as follows:

<u>Year ending June 30,</u>	
2020	\$ 9,132
2021	9,132
2022	9,132
2023	<u>7,608</u>
Net minimum lease payments	35,004
Amount representing interest	<u>(2,161)</u>
Present value of net minimum lease payments	<u>\$ 32,843</u>

NOTE 10 - OPERATING LEASES

The Organization has various equipment operating leases. For the year ended June 30, 2019 and 2018, equipment lease expense under these leases was \$12,014 and \$9,348, respectively. Future minimum lease payments due under operating leases are as follows:

<u>Year ending June 30,</u>	
2020	\$ 1,508
	<u>\$ 1,508</u>

NOTE 11 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods:

Subject to the passage of time:

	<u>2019</u>	<u>2018</u>
Metro United Way	\$ 151,521	\$ 291,498
Retirement Research Foundation	<u>29,487</u>	<u>-</u>
Total net assets with donor restrictions	<u>\$ 181,008</u>	<u>\$ 291,498</u>

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 12 - EMPLOYEE BENEFITS

The Organization provides a 403(b) pension plan ("the Plan") whereby participants may contribute a portion of their salary to the Plan. The Organization contributes 10% of the first 5% of each participant's contribution. The Organization may make additional contributions to the accounts of eligible employees at the discretion of ElderServe, Inc.'s Board of Directors. Participants are immediately vested in their contributions, with 100% vesting in ElderServe, Inc.'s contributions after four years of service. For the year ended June 30, 2019 and 2018, the Organization contributed \$1,811 and \$2,434 to the plan, respectively.

NOTE 13 - CONDITIONAL PROMISE TO GIVE

The Organization previously received notification of a grant award from Transit Authority of River City (TARC) in the amount of \$46,645. The grant was conditional on the Organization purchasing a new vehicle, at which time they would be reimbursed by TARC. The grant condition had been met as of June 30, 2018; as a result this conditional promise to give was recognized as revenue in the June 30, 2018 financial statements. There were no conditional promises to give at June 30, 2019.

NOTE 14 - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentrations of credit risk are primarily cash and cash equivalents and client accounts. The Organization's cash and cash equivalent deposits are held in financial institutions and may at times exceed federally insured amounts. The Organization has a fiduciary responsibility for the client accounts and these accounts may at times exceed federally insured amounts. The Organization has a potential concentration of credit risk in that it periodically maintains deposits in excess of amounts insured by FDIC as of June 30, 2019 and 2018.

NOTE 15 - LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

Cash and Cash Equivalents	\$ 62,601
Unconditional promise to give - United Way	152,753
Accounts and Grants Receivable, Net	403,876
Pledges Receivable, Net	140,650
Investments	<u>209,470</u>
	<u>\$ 969,350</u>

The Organization is supported by contributions through various government programs and contributions by various donors through fundraisers and pledge campaigns. The Organization has total cash and cash equivalents of \$62,601 and investments of \$209,470 available to be used within one year of the Statement of Financial Position date to meet cash needs for general expenditures. A new pledge campaign began shortly before year-end, thus most pledges were receivable at year end. Total pledge receivables due within the year were \$140,650. The pledges have no donor restrictions and may be used for general purposes within the Organization. In addition to the pledges receivable, the Organization has other accounts and grants receivable due within the year of \$403,876 and an unconditional promise to give from United Way of \$152,753 to be received in the upcoming year.

As of June 30, 2019, the Republic Bank line of credit had a balance of \$295,000 and the Fifth Third line of credit had a balance of \$175,000. The maximum borrowing amount of the Republic Bank line of credit is \$300,000. The Fifth Third Line of Credit limit is based off balance of investments.

ELDERSERVE, INC.
Notes to Financial Statements (Continued)

NOTE 16 - RELATED PARTY TRANSACTIONS

Board members and their employers contribute to the Organization through contributions and sponsorships of events.

Julie Guenther, the Organization's CEO, made an interest-free loan to the Organization on October 17, 2018 for \$45,000. The loan was paid back in full during the year.

NOTE 17 - SUBSEQUENT EVENTS

The line of credit with Fifth Third had an outstanding balance of \$200,000 as of the date of this report. The line of credit at Republic Bank had an outstanding balance of \$300,000 as of the date of this report and was extended through July 31, 2020.

On September 4, 2019, ElderServe was awarded a \$250,000 match grant by the James Graham Brown Foundation, Inc. Management anticipates the match funds will be obtained and the grant from the James Graham Brown Foundation, Inc. will be received in early December.

The Republic Bank construction loan was in the process of being refinanced into a loan with PNC bank. The loan would be equal to the lesser of \$2,000,000 or 80% of the appraised value of the Oak and Acorn building as completed. The loan would consist of up to a 24 month interest only period at a rate of approximately 4.65% and is to be secured by the building and land at 631 S 28th Street. As of the date of this report, final bids and appraisals have not been finalized. As a result, execution of the new loan has not taken place.

- Certified Public Accountants
- Business Advisors

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301 East Elm Street
New Albany, IN 47150



**Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards**

To the Officers and Directors of
ElderServe, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of ElderServe, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 16, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered ElderServe, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of ElderServe, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify certain deficiencies in internal control, described below that we consider to be material weaknesses.

1. 2019-001 Client Account check signatures

Observation: The Organization's software automatically includes one signature pre-printed on checks for disbursements from the Client Account. The Organization's Client Account coordinator reviews and approves vouchers for payment before an accounting assistant enters the voucher into the accounting system. Before distribution, a third member of the Finance team who neither approves vouchers nor prints checks reviews the printed checks and vouchers. The Organization's policy is to have a dual, manual signature on all disbursements over \$3,000. There were two checks over the \$3,000 threshold that did not include a dual signature.

Recommendation: The Organization should revise its procedures regarding dual signatures to ensure proper oversight is provided for all disbursements and that each item is properly supported and authorized with a second signature.

ElderServe, Inc.'s Response: ElderServe immediately reminded check processors of the two-signature thresholds. In addition, check processors began flagging all checks requiring a second signature. The flags were not removed until they reached the check reviewers, so that they could verify that the checks had second signatures. Subsequent internal monitoring includes the implementation of running all checks over \$3,000 separately in a check run once a week. All invoices and vouchers over \$3,000 are kept in the Fiduciary Manager's office and not turned in until the designated day to be printed to help ensure separation from other checks below the threshold.

2. 2019-001 Misappropriation of Representative Payee Account Funds

Observation: During the fiscal year ending June 30, 2019, the Organization's Director of Finance and Accounting discovered that the Fiduciary Manager withdrew funds from representative payee client accounts and subsequently deposited the funds into their personal account. The total amount missing from fiduciary client accounts totaled approximately \$19,000.

Recommendation: The Organization should maintain internal control policies and procedures that increase segregation of duties.

ElderServe, Inc.'s Response: ElderServe immediately terminated the employee upon learning of the fraudulent activity and updated internal control policies to ensure that the Fiduciary Manager is no longer able to access bank statements. Segregation of duties were implemented to have one employee make transfers and request withdrawals for client accounts, a different employee enter in all transactions and the accounting manager prepare monthly the bank reconciliation.

Compliance and Other Matters

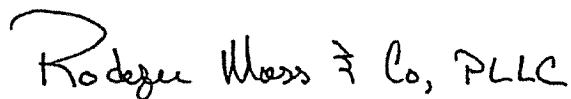
As part of obtaining reasonable assurance about whether ElderServe, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

ElderServe, Inc.'s Response to Findings

ElderServe, Inc.'s response to the findings identified in our audit is described above in the Internal Control Over Financial Reporting section. ElderServe, Inc.'s responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Rodefer Moss & Co, PLLC
New Albany, Indiana
December 16, 2019

ELDERSERVE, INC.
Summary Schedule of Prior Year Audit Findings
Year Ended June 30, 2019

1. 2018-001 Client Account Check Signatures

Condition: The Organization's software automatically includes one signature pre-printed on checks for disbursements from the Client Account. The Organization's Client Account coordinator reviews and approves vouchers for payment before an accounting assistant enters the voucher into the accounting system. Before distribution, a third member of the Finance team who neither approves vouchers nor prints checks reviews the printed checks and vouchers. The Organization's policy is to have a dual, manual signature on all disbursements over \$3,000. There were several checks over the \$3,000 threshold that did not include a dual signature.

Recommendation: The Organization should revise its procedures regarding dual signatures to ensure proper oversight is provided for all disbursements and that each item is properly supported and authorized with a second signature.

Current Status: See 2019-001 for current year findings.



Kentucky Secretary of State Michael G. Adams

ELDERSERVE, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	File Registered Agent Resignation
Upload a filing		
Printable Forms	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

Organization Number	0048013
Name	ELDERSERVE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/10/1962
Organization Date	9/10/1962
Last Annual Report	6/20/2022
Principal Office	631 S. 28TH ST. LOUISVILLE, KY 40211
Registered Agent	THOMAS C. FENTON MORGAN POTTINGER MCGARVEY 401 SOUTH FOURTH STREET SUITE 1200 LOUISVILLE, KY 40202

Current Officers

President	Julia Meredith
Vice President	Eric Schrenger

Secretary	Jackie Emerson
Treasurer	VACANT VACANT
Director	Charles Cronan
Director	Eileen Walsh
Director	Steve Schulz
Director	Chris Kipper
Director	Karen Paulin

Show Individuals / Entities listed at time Of formation

Director	MATILDA MEYER
Director	JEAN F TRAUB
Director	MARION W HORNER
Director	GEO D KOBICK
Director	WM L JONES
Director	MATILDA MEYER
Director	JEAN F TRAUB
Director	MARION W HORNER
Director	GEO D KOBICK
Director	WM L JONES
Incorporator	MATHILDA MEYER
Incorporator	JEAN F TRAUB
Incorporator	MARION W HORNER
Incorporator	GEO D KOBICK
Incorporator	WM L JONES
Incorporator	MATHILDA MEYER
Incorporator	JEAN F TRAUB
Incorporator	MARION W HORNER
Incorporator	GEO D KOBENICK
Incorporator	WM L JONES

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Kentucky Unbridled Spirit

Board of Directors Meeting Minutes



Tuesday, November 15, 2022

5:45 p.m.

Present: John Moore, Tom Fenton, Mike Cronan, Sanela Graziose, Chris Kipper, Steve Schulz, Ben Keeton, Karen Paulin, Tim Findley Jr., and Monica Moman-Saunders (after approval)

Present Electronically (by phone): Lydia Shina

Absent: Eric Schrenger, Frazier Curry, Kate Vance, and Julia Meredith

Guest(s): Bryan Hudson and David Jennings (Atria)

A G E N D A

- I. Welcome and Confirmation of a Quorum (John Moore)
 - a. Meeting started at 5:45 p.m.
- II. Review & Approve Minutes (John Moore)
 - a. The September 20, 2022, Board meeting minutes were approved with no changes. Tom Fenton moved, Mike Cronan 2nd – all yes, zero no.
- III. Action Items and Discussion: Board Composition (Mike Cronan)
 - a. Three new Board members were presented for a vote: Mike Carr, Monica Moman-Saunders, and Jackie Floyd.
 - i. All yes, zero no.
 - b. The Board discussed the resignation of Board members Sadiqa Reynolds and Tim Findley, Jr.
 - i. Sadiqa Reynolds shall serve as ElderServe's Strategic Advisor.
- IV. Discussion Item: Patty Belden resignation as CEO effective October 13, 2022 (John Moore)
- V. Action Item: Ratification of Tim Findley, Jr. as CEO (John Moore)

ElderServe Board of Directors

John Moore, President	Eric Schrenger, Vice President	Karen Paulin, Secretary	Tom Fenton, Treasurer			
A. Frazier Curry	Steve Schulz	Sanela Graziose	Mike Cronan	Julia Meredith	Chris Kipper	Lydia Shina
Kate Vance	Mike Carr	Ben Keeton	Monica Moman-Saunders	Jackie Floyd	Timothy Findley, Jr., CEO	

Board of Directors Meeting Minutes



- i. Mike Cronan moved, Tom Fenton 2nd – all yes, zero no. Tim Findley, Jr. was ratified as ElderServe’s CEO effective November 15, 2022.
- VI. Discussion Item: Update on Transaction and Funding (John Moore)
 - a. Re:Land JV and Sale/Leaseback of Senior Center Building
 - i. Currently stalled because we need a conditional use permit (“CUP”) for the adult day care.
 - ii. Zoning can take a long time.
 - iii. Ben Keeton’s wife formerly ran BOZA, and Ben will ask if there is a way to expedite the CUP process.
 - b. Brown-Forman gave ElderServe money and Gheens Foundation is ready to give money when ElderServe is operational.
 - c. John Moore continues to speak with leadership from the CEOc, and they are ready to give ElderServe money.
- VII. Discussion Item: Report on current net cash position and receipt of ERC funds (Tom Fenton)
 - a. Tom presented the Weekly Cash Management Report for the period ending November 9, 2022 from Tammy Finch’s company.
- VIII. Discussion Item: Update on guardianship wind down activities (Karen Paulin)
 - a. Karen gave an update on the status of the Dale Dolson matter currently pending in Shelby District Court and the Veterans Administration’s demand for payment from ElderServe’s fidelity bond carrier.
 - b. Next Step: Retain counsel to represent ElderServe in the Dolson matter. Hearing scheduled for December 5, 2022.
- IX. Action Item: Resolution adding Tom Fenton, Karen Paulin, and Tim Findley, Jr. as signatories on ElderServe’s 5/3 Bank account.
 - a. Steve Schulz moved, Mike Cronan 2nd – all yes, zero no.
 - b. Note: There is no resolution requirement for ElderServe’s account with Republic Bank.

ElderServe Board of Directors

John Moore, President	Eric Schrenger, Vice President	Karen Paulin, Secretary	Tom Fenton, Treasurer			
A. Frazier Curry	Steve Schulz	Sanela Graziose	Mike Cronan	Julia Meredith	Chris Kipper	Lydia Shina
Kate Vance	Mike Carr	Ben Keeton	Monica Moman-Saunders	Jackie Floyd	Timothy Findley, Jr., CEO	

Board of Directors Meeting Minutes



- X. Discussion Item: PR and communications (John Moore)
 - a. Sanela Graziose and Ben Keeton shared a draft press release to be issued on November 16th or 17th.
 - b. Short discussion of longer-term communications plan.
 - c. Short discussion about passwords for ElderServe website.
- XI. Adjournment – the meeting adjourned at 7:16 p.m.

ElderServe Board of Directors

John Moore, President	Eric Schrenger, Vice President	Karen Paulin, Secretary	Tom Fenton, Treasurer			
A. Frazier Curry	Steve Schulz	Sanela Graziose	Mike Cronan	Julia Meredith	Chris Kipper	Lydia Shina
Kate Vance	Mike Carr	Ben Keeton	Monica Moman-Saunders	Jackie Floyd	Timothy Findley, Jr., CEO	

The Need – Neighborhood Demographics

Located in the highest incidence of poverty among seniors in Louisville

- Of the 3,000 75+ seniors living in West Louisville, approximately 2,250 (73%) are Medicaid-eligible
- Moreover, with its transportation services, Elderserve can reach 3,700 Medicaid-eligible seniors within a short 10-minute drive
- The senior (75+) population in Louisville is expected to grow by 12% by 2022 and approximately 70% by 2030

Source: Demographics from ESRI
2030 estimates are from the Urban Institute



DRAFT

Private and Confidential

The Need – Population Forecast

Rising demand and shrinking family sizes will cause a shortage in senior care support services

- As the Baby Boomer demographic ages, the senior (75+) population will increase 70% by 2030 while the number of adult caregivers (ages 45-65) will remain constant
- In 2010, the ratio between potential caregivers and seniors exceeded 7 to 1
- By 2030, the potential caregiver ratio is expected to fall below 4 to 1

