

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

Applicant/Program: The Edith and Henry Heuser Hearing Institute Inc., Operating Costing

Executive Summary of Request:

District Four is allocating \$2000 to help cover the cost of utilities for The Edith and Henry Heuser Hearing Institute, Inc. Heuser Hearing is a non-profit organization in district four that provides services for children and adult experiencing hearing loss, dizziness, imbalance or any other ear-related problems.

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

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

<u>4</u>	<u><i>David Zandy / KK</i></u>	<u>\$2000</u>	<u>3/17/2016</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

_____ Date
Appropriations Committee Chairman

Clerk's Office Only:

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



Louisville Metro Council

David W. Tandy
District 4 Councilman

Keidra D.C. King
Legislative Aide

April 4, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following
Neighborhood Development Funds: Heusering Institute and the Independent Business Alliance.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy
Fourth District Councilman

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: The Edith and Henry Heuser Hearing Institute, Inc.

Program Name and Request Amount: Operating Cost

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>Kudra B King</i>	Date: <i>3/17/2016</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization:		The Edith and Henry Heuser Hearing Institute, inc			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>					
Main Office Street & Mailing Address: 117 East Kentucky Street Louisville Ky 40203					
Website: www.thehearinginstitute.org					
Applicant Contact:	Brett Bachmann/Joan Stewart	Title:	CEO/Grants		
Phone:	502.515.3320/502.593.1242	Email:	bbachmann@thehearinginstituteorg		
Financial Contact:	Dan Johnson	Title:	CFO		
Phone:	502.515.3320	Email:	djohnson@thehearinginstitute.org		
Organization's Representative who attended NDF Training: Joan Stewart jstewart@thehearinginstitute.org					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
Program Facility Location(s): 117 East Kentucky Street					
Council District(s): 4		Zip Code(s): 40203 (serving all zip codes in Jefferson County)			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION					
PROGRAM/PROJECT NAME: Heuser Hearing Institute---Language Academy					
Total Request: (\$) 20000.00		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:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense </td> <td style="width: 50%; border: none; vertical-align: top;"> <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 type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff </td> </tr> </table>				<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense	<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff
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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:

Mission Statement: The Mission of the Heuser Hearing Institute is to provide quality services for any child or adult experiencing a hearing loss, dizziness, imbalance or any other ear-related problems. The Heuser Hearing & Language Academy is a comprehensive educational community that exists to empower children with hearing loss and those experiencing a speech, language and communication delay to reach their full potential and to effectively participate in the larger community.

Services: The Heuser Hearing Institute offers in-depth evaluations for hearing and balance, ear-related medical services, amplification options and assistive listening devices, rehabilitation services and research opportunities. A full range of audiology services is available for all ages performed by experienced clinical audiologists obtaining reliable results in state-of-the-art sound-treated suites. Heuser offers Cochlear Implant Services when hearing aids cannot provide sufficient understanding or amplification for an adult or child with a severe to profound hearing loss. After the Implant occurs, the Team provides evaluation, post-surgical counseling, post surgical device mapping and management and rehabilitation services.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Heuser Hearing Institute is a regional center offering comprehensive services for hearing loss and ear-related disorders. The Mission of the Heuser Institute is to provide quality services to any child or adult experiencing a hearing loss, dizziness, imbalance, or other hearing related problems. The Heuser Institute offers in-depth diagnostic evaluations for hearing and balance, ear-related medical services, amplification options and assistive listening devices and rehabilitation services. The Heuser Institute also is involved in research opportunities.

Please see attached flyer for a discussion of the services of the Hearing component of The Heuser Hearing Institute.

The Heuser Hearing and Language Academy (HHLA), formerly The Louisville Deaf Oral School, began in 1948 with three children in a basement room in the Woman's Club on 4th Street. That was then...and now The Heuser (35000 sq ft of state-of-the-art educational facility for deaf, deaf/blind, hard of hearing and speech/language delayed children) houses not only the Hearing part of the Institute but a highly regarded school working with a targeted population of those youngsters who are deaf or hard of hearing from birth to 1st Grade. The mission/goal of the HHLA is to graduate students who are ready to attend any 1st Grade in any school in the Country! ...and the goal is attained each year...

The deaf child has services beginning at birth. From Birth to age 3 the child and parents are offered services through the Parent Infant Program (home based provided by Kentucky and Indiana First Steps Program). During the birth to age 3 time period, the parents learn about their deaf child...expectation level, learn how to progress with their child, and in some cases how to accept their child. At age 2 there are group play dates arranged for the children. At age 3, the child begins attending The HHLA. They are in a classroom...working with caring, highly trained and resourceful teachers. The goal of the age 3 to age 6 program is to make sure the child is ready for 1st Grade academically and behaviorally.

The Art and Music Program of the Heuser is a big part of the cutting-edge methodology of the teachers at the HHLA. The child has Art and Music each day. There are special methods of using Art and Music to enhance the learning process...and the reasoning process in order to empower the children to be ready to compete with and work with those 1st Graders who are not deaf.

See attached flyer for more information.

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

The requested funds will be spent toward the cost of Utilities for the Heuser Hearing Institute. Of the total Budgeted cost of \$81345, the \$20000 requested funds will pay for approximately 3.333 months of LG&E charges.

Part A. Description of Agency

The Heuser Hearing Institute is a regional center offering comprehensive services for hearing loss and ear-related disorders. The Mission of the Heuser Institute is **to provide quality services to any child or adult experiencing a hearing loss, dizziness, imbalance, or other hearing related problems.** The Heuser Institute offers in-depth diagnostic evaluations for hearing and balance, ear-related medical services, amplification options and assistive listening devices and rehabilitation services. The Heuser Institute also is involved in research opportunities.

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See attached flyer for more information.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:
Not a Fundraiser...**

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Our children are deaf or severely hard of hearing. Their tactile skills, focusing skills, follow thru skills, and acceptance traits are not at the development level to be ready for First Grade at most of the regions schools when they enter into our program. Our Early Education Program is designed to make sure our children are ready for entrance into any First Grade in the area. Thus far the curriculum in our Early Education Component has been most successful. However, it is a known fact that programs must grow in order to maintain the level of success earned in the past. Our teachers are on the cutting edge of using innovative methods and curriculum for the growth of our students classroom, academic and social skills.

The following is a short list of the benefits for our children and globally for the community as a whole...

- *Listening
- *Following directions
- *Working as a team
- *Working independently
- *Learning focusing skills
- *Beginning the process of organization
- *Completing tasks on a deadline
- *Beginning to learn the social skill of accepting compliments
- *Being the understanding of differences in learning styles and achievement
- *Beginning to understand the feeling of self accomplishments and being proud of those accomplishments

The rubric for measuring the outcomes happening by the use of IEP's, follow up with the First Grade teachers in the schools attended by our alumni, follow up with the parents of our alumni and following the progress of the children from three year old classroom through the Kindergarten Classroom.

Our students are tracked after leaving us. The data shows the students Heuser prepares are well prepared for the rigors of 1st Grade, which sets a precedent for the remainder of their pre-university experience.

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.

Jefferson County Public Schools...partners in behavioral expectations/modification as well as therapy...Speech Therapy...
Louisville Ballet...movement/balance...brain training through memory of dances...special work in development of presentation and choreography
Louisville Orchestra...feeling the music...self-expression
University of Louisville...partner in research concerning hearing loss and methods
University of Kentucky...partner in research concerning hearing loss and methods

E. Description of Benefits for Program

Our children are deaf or severely hard of hearing. Their textile skills, focusing skills, follow thru skills, and acceptance traits are not at the development level to be ready for First Grade at most of the regions schools when they enter into our program. Our Early Education Program is designed to make sure our children are ready for entrance into any First Grade in the area. Thus far the curriculum in our Early Education Component has been most successful. However, it is a known fact that programs must grow in order to maintain the level of success earned in the past. Our teachers are on the cutting edge of using innovative methods and curriculum for the growth of our students' classroom, academic and social skills.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	20000	61345	81345
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	20000	61345	81345
% of Program Budget	24.59 %	75.41 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	61345 (Grants and fundraising)
Total Revenue for Columns 2 Expenses **	61345

*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 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 (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

* 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: 06/01/16

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:

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

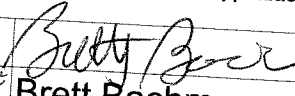
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

NONE

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory: 		Date:	
Legal Signatory: (please print): Brett Bachmann		Title:	CEO
Phone: 502.515.3319	Extension:	Email:	bbachmann@thehearinginstitute.org

Internal Revenue Service
P.O. Box 2508 Cincinnati,
OH 45201

Department of the Treasury

Date: MAR J 9 2009

Person to Contact:
Vaida Singleton
10# 0203345
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
[REDACTED]

Heuser Hearing & Language Academy Inc
115 E Kentucky St
Louisville KY 40203-2793

Dear Sir or Madam:

This is in response to the amendments to your organization's Articles of Incorporation filed with the state on October 29, 2008. We have updated our records to reflect the name change from Louisville Deaf Oral School to Heuser Hearing & Language Academy Inc, as indicated above.

Our records indicate that a determination letter was issued in September 1955, that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501 (c)(3) of the Internal Revenue Code.

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

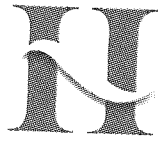
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely,



Manager, Exempt Or-
ganizations . Determi-
nations



Heuser Hearing Institute

To Whom It May Concern:

The members of the Board for Directors for The Heuser Hearing Institute do NOT have term limits. The members stay for as long as each member chooses to help The Heuser Hearing Institute.

Respectfully,

Brett Bachmann

CEO Heuser Hearing Institute

www.thehearinginstitute.org

Heuser Hearing & Language Academy
111 E. Kentucky St. | Lou., KY 40203
502.636.2084 | Fax: 502.636.9171

Heuser Hearing Services Center
117 E. Kentucky St. | Lou., KY 40203
502.584.3573 | Fax: 502.583.6364

Heuser Hearing Research Center
117 E. Kentucky St. | Lou., KY 40203
502.852.3860 | Fax: 502.852.3864

**HEUSER HEARING INSTITUTE
AND
HEUSER HEARING & LANGUAGE ACADEMY**
111 E. Kentucky Street
Louisville, KY 40203
515-3320

*By Laws Stipulates Membership: Minimum 3 – Maximum 44
2015-2016*

EXECUTIVE COMMITTEE MEMBERS:

OFFICERS

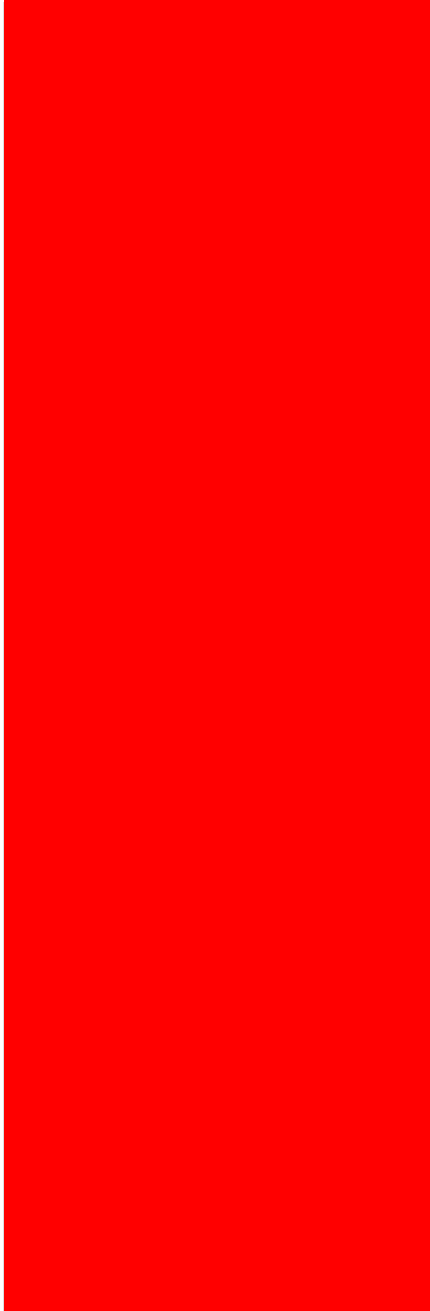
PRESIDENT

Jenny Headlee



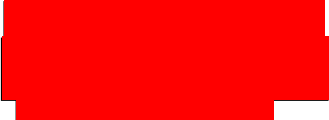
BUSINESS ADDRESS

HOME ADDRESS



VICE-PRESIDENT

David Ferguson



D DR Laboratories, LLC
332 W. Broadway, Suite 1500
Louisville, KY 40202

dferguson@3drinc.com

TREASURER/SECRETARY

Laura Dausman



LouAnn Atlas



Fifth Third Bank
Trust Officer
401 S. 4th Avenue
Louisville, KY 40202

Jeannie Livesay



Suzanne Moeller



H.I. Stroth, Jr.

BUTTERFLY SOCIETY PRESIDENT (1)

Deborah Greenwald

Past-President

Brad Broecker

THE KIWANIS CLUB (5) – 1 Vacancy

Ralph Barringer

Northwestern Mutual
10200 Forest Green Blvd.
Louisville, KY 40223

Jenny Hyland

James Oetken

Leslie Sampson

Stockton Mortgage Corporation
13125 Eastpoint Park Blvd., Ste 100
Louisville, KY 40223

THE WOMAN'S CLUB OF LOUISVILLE (5) – 2 Vacancies

Peggy Duane

8808 Denington Drive

Louisville, KY 40222

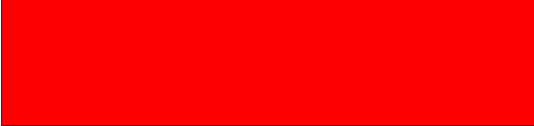
Sally Gray



Jeannie Livesay



Janice Mueller



Mildred Payne



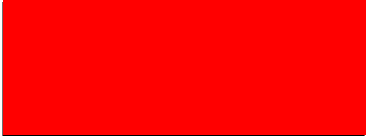
COMMUNITY AT LARGE (25) – 8 Vacancies

LouAnn Atlas



Fifth Third Bank
Trust Officer
401 S. 4th Avenue
Louisville, KY 40202

Brad Broecker



Shannon Cogan

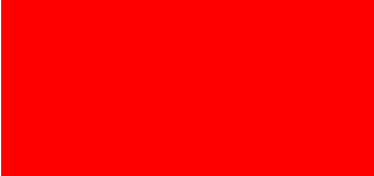


WAVE 3 Television
725 S. Floyd Street
Louisville, KY 40203

Laura Dausman



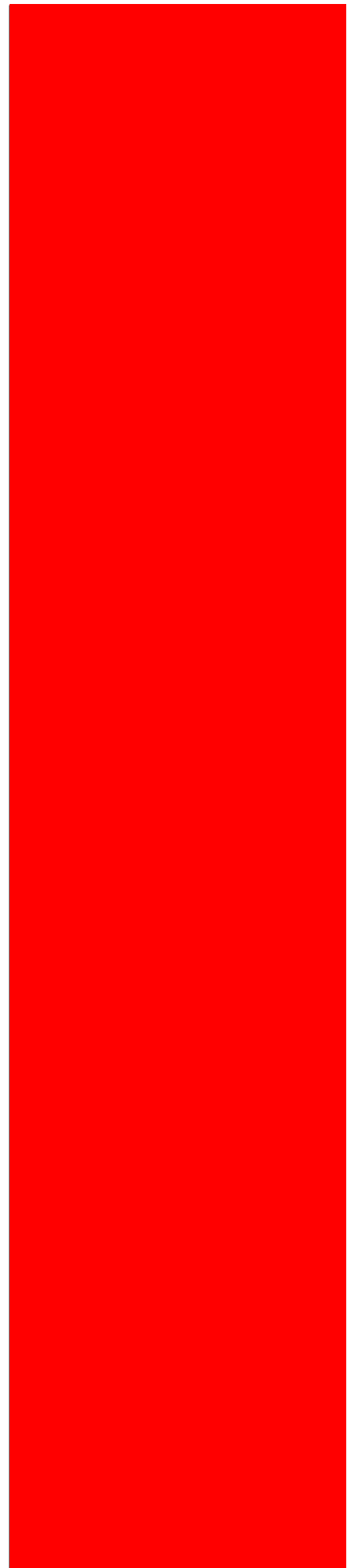
Beckie Ennis (Younger Woman's)



Jamie Estes



Estes Public Relations
1938 Frankfort Avenue



[REDACTED]
jamie@estespr.com

David Ferguson

Louisville, KY 40206

D DR Laboratories, LLC
332 W. Broadway, Suite 1500
Louisville, KY 40202

Deborah Greenwald

Jenny Headlee

Rosemary Kirkwood

Suzanne Moeller

Shane Moseley

Cauttrell Agency
325 W. Main Street, Ste 1816
Louisville, KY 40202

Libby Parkinson

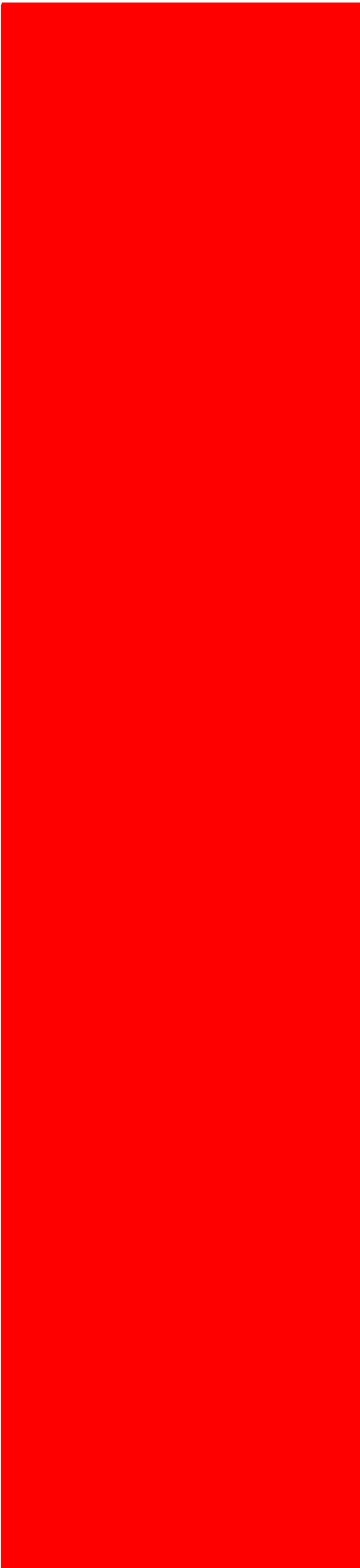
H.I. Stroth, Jr.

Joseph Thornton

Bellarmino University
2001 Newburg Road
Louisville, KY 40205

Peter L. Thurman

Greenbaum Doll & McDonald
3500 National City Tower
101 S. Fifth Street



[REDACTED]
Louisville, KY 40202

Bryan Yoffe
[REDACTED]

InnovateLTC
201 E. Jefferson Street, Ste 110
Louisville, KY 40202

SUPPORTING ORGANIZATIONS/FOUNDATIONS/COMMITTEES
LOUISVILLE DEAF ORAL SCHOOL FOUNDATION REPRESENTATIVE (1)

Betsy Holton (C)
[REDACTED]

UNIVERSITY OF LOUISVILLE REPRESENTATIVES: (2)

Justin Cooper
[REDACTED]

University of Louisville
Professor
2301 S. Third Street
Louisville, KY 40292

Charles R. Woods, MD, MS
[REDACTED]

U of L School of Medicine
Pediatric Infectious Diseases
571 S. Floyd Street, **Suite** 321
Louisville, KY 40202

NORTON HEALTHCARE REPRESENTATIVE: (2) 1 Vacancy

Annette Stambaugh
[REDACTED]

Director, Kosair Children's Hospital
Rehabilitation Services
P.O. Box 35070, Mailbox #N-15
Louisville, KY 40232

VACANT

KENTUCKYONE HEALTH REPRESENTATIVES: (2) 1 Vacancy

Lanette Vandertoll
[REDACTED]

KentuckyOne Health
Chief Marketing Officer
3920 Dutchman's Lane
Louisville, KY 40207

VACANT

UNIVERSITY OF KENTUCKY REPRESENTATIVES: (2)

William Britton
[REDACTED]

E. Britt Brockmann

John-Kenyon Eye Institute
519 State Street
New Albany, IN 47150

Updated August 2015

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Heuser Hearing & Language Academy	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 111 East Kentucky Street	Requester's name and address (optional)
City, state, and ZIP code Louisville, KY	
List account number(s) here (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or

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

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ 5-28-15
------------------	----------------------------	-----------------------

General Instructions

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

Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ARTICLES OF INCORPORATION

0509497.1

OF

THE EDITH & HENRY HEUSER
HEARING INSTITUTE, INC.

John Y. Brown
Secretary of State
Receivd and Fd
07/19/2001 03 12
Fee Receipt \$8
10000000000000000000

The undersigned, acting as incorporator of a nonstock, nonprofit corporation under Kentucky Revised Statutes Chapter 273, as amended, for the purpose of forming such a corporation, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I
-NAME-

The name of the nonstock, nonprofit corporation is **THE EDITH & HENRY HEUSER HEARING INSTITUTE, INC** (the "Corporation").

ARTICLE II
-PURPOSE-

The Corporation is organized and shall be operated exclusively for the following charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

- 1) To provide, administer and support educational, clinical, medical, counseling and related services to individuals who have hearing, balance and speech needs, and also to individuals who care and support those who have those needs;
- 2) To provide, administer and support research in the disciplines of hearing, balance and speech needs; and
- 3) To participate, so far as circumstances may warrant, in any activity designed and carried out to promote the general health of the region.

The Corporation is empowered to exercise all rights and powers conferred by the Kentucky Nonprofit Corporation Act, so long as they are consistent with the requirements of Section 501(c)(3) of the Code, including, without limitation, to participate, either directly or through a subordinate organization which is controlled by or affiliated with the Corporation, as a member, partner, associate or shareholder in a business organization in a manner that will permit the Corporation to act exclusively in furtherance of its charitable purposes within the meaning of Section 501(c)(3) of the Code.

It is intended that this Corporation shall have the status of a corporation which is exempt from Federal income taxation under Section 501(c)(3) of the Code, contributions to which are deductible under Section 170(e)(2) of the Code. These Articles shall be construed accordingly, and all powers and activities of the Corporation shall be limited accordingly.

401.12-410000-420434-20000000000000000000

of the Corporation; and second, to any other organizations or governmental entity with the same or substantially similar purpose to the Corporation. Any such assets that are not disposed of in that manner shall be disposed of by a court of competent jurisdiction located in Jefferson County, Kentucky. The court shall distribute the Corporation's assets in the same priorities exclusively for the purposes stated above, and if that goal is not practical, to such other organization or organizations which are organized and operated exclusively under Code section 501(c)(3) as the court shall determine.

**ARTICLE VII
-AMENDMENTS-**

Amendments to the Articles of Incorporation may be made by the Board of Directors upon the majority vote of the directors, subject to the power of approval reserved to one or more of the Corporation's Members as specified in the Corporation's Bylaws.

**ARTICLE VIII
-INITIAL REGISTERED OFFICE AND
REGISTERED AGENT/PRINCIPAL OFFICE-**

The street address of the initial registered office of the Corporation is 400 West Market Street, Suite 1800, Louisville, Kentucky 40202, and the name of its initial registered agent at such address is S & H Louisville, LLC.

The mailing address of the Corporation's principal office is 414 West Ormsby Avenue, Louisville, Kentucky 40203.

**ARTICLE IX
-BOARD OF DIRECTORS-**

The number of directors constituting the initial Board of Directors of the Corporation is seven, and the names and mailing addresses of the persons who are to serve as directors until their successors are selected in accordance with the provisions of the bylaws of the Corporation are:

Name:	Address:
Jerry E. Abramson	Frost Brown Todd, PLLC 3200 Providian Center Louisville, KY 40202
Owsley Brown Frazier	P.O. Box 1080 Louisville, KY 40201
James R. Grant	Fifth Third Bank 401 S. 4 th Avenue Louisville, KY 40202

STATEMENT OF CONSENT OF INITIAL REGISTERED AGENT

Pursuant to KRS 273.247(5), the undersigned as the initial registered agent, and agent for service of process identified in Article VIII of the Articles of Incorporation of The Edith & Henry Heuser Hearing Institute, Inc. (the "Company") hereby consents to serve the Company in that capacity until such time as such appointment is terminated or the initial registered agent resigns in accordance with the Kentucky Business Corporation Act.

S & H LOUISVILLE, LLC

Dated: January 5, 2001

By: Mary Scott Herrington
Mary Scott Herrington, Member

COMMONWEALTH OF KENTUCKY)
COUNTY OF JEFFERSON) SS
)

The foregoing instrument was acknowledged before me on this the 25th day of January, 2001, by John A. Johnson, Incorporator of The Edith & Henry Heuser Hearing Institute, Inc., on behalf of Corporation.

My commission Expires:

3/4/2002
Mary Scott Herrington
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

By John A. Johnson (MAH)
John A. Johnson
Stites & Harbison
400 West Market Street, Suite 1800
Louisville, KY 40202
(502) 587-3400

**Heuser Hearing and Language Academy
FY 2015-2016 annual Budget**

	June	July	August	September	October
Revenue					
Tuition	633	563	7,100	3,366	4,180
State Allocation	-	50,000	-	-	-
Service Fees	11,922	10,903	14,354	18,550	18,001
Grants	9,900	75,731	19,000	58,000	-
Supporting Organizations	-	-	-	151	1,670
Contributions	22,710	3,421	50,544	85,440	17,587
Special Events-net	-	-	-	-	-
Chair Fund Distribution	-	126,902	-	-	-
Foundation Contribution	-	-	-	-	-
Total Revenue	45,165	267,519	90,997	165,507	41,438
Expenses					
Salaries	50,511	51,446	54,324	55,620	55,445
Contract Labor	3,600	3,600	3,600	3,600	3,600
Employee Benefits	11,858	12,077	12,753	13,057	13,016
Professional Development	131	1,633	215	(51)	6,277
General Insurance	890	890	1,890	1,684	1,684
Professional Fees	425	425	4,425	425	425
Advertising & Public Relations	2,800	3,565	3,182	2,800	2,800
Dues/Licenses	58	406	394	65	99
Utilities	6,040	5,320	4,552	5,815	4,008
Repair & Maintenance	6,475	5,228	11,189	9,427	11,120
Cleaning & Landscaping	-	246	265	402	214
Supplies	1,152	1,195	3,369	2,101	3,625
Telephone	30	292	40	39	32
Postage	199	341	(10)	184	105
Travel	751	1,569	998	1,375	1,525
Miscellaneous Expense	976	183	2,603	20	2,351
Interest & Fees	3,416	1,075	2,004	2,163	1,918
Total Operating Expenses	89,312	89,491	105,792	98,728	108,245
Net Operating Surplus/(Deficit)	(44,146)	178,028	(14,795)	66,779	(66,808)
Non Operating Income/Expenses					
Depreciation	25,551	25,437	25,551	25,111	25,012
Chair Fund Investment Expenses	1,156	16,741	1,194	1,226	1,028
Realized (Gains)/Losses on Investments	-	-	-	-	-
Unrealized Gains/Losses	-	-	-	-	-
Total Non-operating (Income)/Expense	26,707	42,178	26,745	26,337	26,039

November	December	January	February	March	April	May
2,982	2,947	7,941	3,087	3,715	3,357	3,492
-	-	50,000	-	-	-	-
19,452	20,942	22,119	17,805	29,100	25,492	25,492
50,000	16,000	55,000	2,500	234	50,000	5,000
3,180	975	-	1,101	-	-	-
34,337	36,785	8,881	11,235	13,044	21,698	9,000
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	166,000	-	-	-	-
109,951	77,649	309,940	35,727	46,093	100,547	42,983

56,119	56,119	56,352	55,419	55,419	55,419	55,419
3,600	3,600	3,600	3,600	3,600	3,600	3,600
13,174	13,174	13,229	13,010	13,010	13,010	13,010
365	922	75	867	-	-	-
1,684	1,890	1,890	1,890	1,810	1,200	1,200
425	3,425	425	425	425	425	425
2,800	3,565	3,652	2,800	2,800	2,800	2,800
115	608	108	102	65	800	800
4,539	3,469	4,474	3,888	4,513	3,600	4,538
6,229	5,740	4,499	4,076	6,273	5,544	5,544
542	-	429	1,626	706	354	354
2,474	1,220	1,281	1,698	1,520	1,442	708
386	386	117	32	83	140	140
189	83	102	113	181	142	142
1,214	1,489	1,672	1,643	1,561	1,675	1,675
1,532	1,234	(1,136)	(760)	1,555	455	324
2,585	2,541	2,085	1,948	1,973	2,140	2,140
97,971	99,462	92,854	92,377	95,494	92,747	92,820

11,980	(21,813)	217,087	(56,650)	(49,401)	7,800	(49,836)
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25,092	25,092	24,899	24,761	25,066	24,761	24,761
1,236	1,238	1,113	1,182	1,413	1,200	1,200
-	-	-	-	-	-	-
-	-	-	-	-	-	-
26,328	26,330	26,013	25,944	26,478	25,961	25,961

Total Budget

43,363

100,000

234,130

341,365

7,077

314,681

-

126,902

166,000

1,333,518

657,613

43,200

154,375

10,433

18,603

12,100

36,364

3,618

54,757

81,345

5,138

21,785

1,719

1,771

17,146

9,337

25,988

1,155,292

178,225

301,094

29,927

-

-

331,021

For the Heuser Hearing Institute, the 3 highest paid Staff:

Brett Bachmann.....CEO..... \$87487.00

Dan Johnson.....CFO.....\$64308.00

Cheryl Donaldson.....Speech/Language Pathologist.....\$69641.52

Return of Organization Exempt From Income Tax

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

2014

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning **JUN 1, 2014** and ending **MAY 31, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEUSER HEARING & LANGUAGE ACADEMY Doing business as		D Employer identification number **_*****
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 EAST KENTUCKY STREET		E Telephone number 502-515-3320
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203		G Gross receipts \$ 1,662,065.
	F Name and address of principal officer: BRETT BACHMANN 111 EAST KENTUCKY STREET, LOUISVILLE, KY 40		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: **THEHEARINGINSTITUTE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1954** **M** State of legal domicile: **KY**

Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A COMPREHENSIVE DAILY PROGRAM IN SPEECH/LANGUAGE DEVELOPMENT AND AUDITORY SKILL		
	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	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	160
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	531,428.	775,248.
	9 Program service revenue (Part VIII, line 2g)	221,823.	272,774.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,528.	614,043.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,469.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,054,248.	1,662,065.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	2,818.
	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)	613,635.	766,071.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,122.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	613,470.	664,243.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,227,105.	1,433,132.	
19 Revenue less expenses. Subtract line 18 from line 12	-172,857.	228,933.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,060,763.	End of Year 11,080,007.
	21 Total liabilities (Part X, line 26)	412,531.	455,522.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,648,232.	10,624,485.

Part III 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
	DAN JOHNSON, CFO Type or print name and title	2-19-16

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CARRIE A. MERRILL, CPA	CARRIE A. MERRILL, C	02/19/16		*****
	Firm's name ▶ BLUE & CO., LLC	Firm's EIN ▶ **_*****			
	Firm's address ▶ 2650 EASTPOINT PKWY, SUITE 300 LOUISVILLE, KY 40223	Phone no. 502-992-3500			

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>		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>		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>	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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body with questions 1a through 14b and corresponding Yes/No columns. Includes sub-questions for various IRS forms and financial reporting.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNY HEADLEE PRESIDENT	0.50									
(2) DAVID FERGUSON VICE PRESIDENT	0.50	X					0.	0.	0.	
(3) LAURA DAUSMAN SECRETARY/TREASURER	0.50	X					0.	0.	0.	
(4) ANNETTE STAMBAUGH DIRECTOR	0.50	X					0.	0.	0.	
(5) BECKIE ENNIS DIRECTOR	0.50	X					0.	0.	0.	
(6) BETSY HOLTON DIRECTOR	0.50	X					0.	0.	0.	
(7) BRAD BROECKER DIRECTOR	0.50	X					0.	0.	0.	
(8) BRYAN YOFFE DIRECTOR	0.50	X					0.	0.	0.	
(9) CHARLES R WOODS DIRECTOR	0.50	X					0.	0.	0.	
(10) DEBORAH GREENWALD DIRECTOR	0.50	X					0.	0.	0.	
(11) E BRITT BROCKMAN, MD DIRECTOR	0.50	X					0.	0.	0.	
(12) H.I. STROTH JR. DIRECTOR	0.50	X					0.	0.	0.	
(13) JAMES OETKEN DIRECTOR	0.50	X					0.	0.	0.	
(14) JAMIE ESTES DIRECTOR	0.50	X					0.	0.	0.	
(15) JANICE MUELLER DIRECTOR	0.50	X					0.	0.	0.	
(16) JEANIE LIVESAY DIRECTOR	0.50	X					0.	0.	0.	
(17) JENNY HYLAND DIRECTOR	0.50	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)			
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a						
	b	Membership dues	1b	10,286.					
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	433,365.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	331,597.					
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f		775,248.					
	Program Service Revenue	2 a	NET PATIENT SERVICE RE	Business Code	900099	228,638.	228,638.		
b		TUITION AND SERVICE FE		611600	44,136.	44,136.			
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f		272,774.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		216,063.			216,063.		
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
	6 a	Gross rents	(i) Real	(ii) Personal					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
					397,980.				
					0.				
					397,980.				
		Net gain or (loss)			397,980.		397,980.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
			b	Less: direct expenses	b				
			c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a						
			b	Less: direct expenses	b				
c			Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a							
		b	Less: cost of goods sold	b					
		c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code						
11 a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d								
12	Total revenue. See instructions.			1,662,065.	272,774.	0.	614,043.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,818.	2,818.		
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	43,911.		43,911.	
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	605,995.	519,925.	40,577.	45,493.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,583.	17,266.	2,806.	1,511.
9 Other employee benefits	49,644.	39,715.	6,454.	3,475.
10 Payroll taxes	44,938.	35,950.	5,842.	3,146.
11 Fees for services (non-employees):				
a Management				
b Legal	368.	294.	48.	26.
c Accounting	6,399.	5,119.	832.	448.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,227.	24,181.	3,930.	2,116.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	99,168.	79,334.	12,892.	6,942.
12 Advertising and promotion	14,757.	11,806.	1,918.	1,033.
13 Office expenses	12,372.	9,898.	1,608.	866.
14 Information technology	6,865.	5,492.	892.	481.
15 Royalties				
16 Occupancy	55,830.	44,664.	7,258.	3,908.
17 Travel	16,833.	13,467.	2,188.	1,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,200.	7,360.	1,196.	644.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	304,672.	283,345.		21,327.
23 Insurance	19,531.	15,625.	2,539.	1,367.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIR AND MAINTENANCE	22,861.	18,289.	2,972.	1,600.
b SUPPLIES	17,700.	14,160.	2,301.	1,239.
c BAD DEBT EXPENSE	16,558.	13,246.	2,153.	1,159.
d BANK SERVICE CHARGES	16,238.	12,990.	2,111.	1,137.
e All other expenses	14,664.	11,732.	1,906.	1,026.
25 Total functional expenses. Add lines 1 through 24e	1,433,132.	1,186,676.	146,334.	100,122.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 959-720)				

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,662,065.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,433,132.
3	Revenue less expenses. Subtract line 2 from line 1	3	228,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,648,232.
5	Net unrealized gains (losses) on investments	5	-199,460.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-53,220.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,624,485.

Part XII Financial Statements and Reporting

Check 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
2b	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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part VII Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Name of organization

Employer identification number

HEUSER HEARING & LANGUAGE ACADEMY

-***

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	ETSCORN CHARITABLE FOUNDATION P.O. BOX 32760 LOUISVILLE, KY 40232	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GOOD SAMARITAN FOUNDATION 7500 FLOYDSBURG ROAD CRESTWOOD, KY 40014	\$ 12,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FUND FOR THE ARTS 623 W MAIN STREET LOUISVILLE, KY 40202	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KOSAIR CHARITIES 982 EASTERN PARKWAY, P.O. BOX 37370 LOUISVILLE, KY 40233	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NORTON FOUNDATION 333 E MAIN ST, STE 400 LOUISVILLE, KY 40202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE GHEENS FOUNDATION 401 W. MAIN STREET, SUITE #705 LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HEUSER HEARING & LANGUAGE ACADEMY

-***

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

HEUSER HEARING & LANGUAGE ACADEMY

Employer identification number
-***

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Part VIII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FOUNDATION	3,561,361.
(2) BENEFICIAL INTEREST IN CHARITABLE TRUST	413,549.
(3) ADVANCES TO AFFILIATES	421,209.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,396,119.

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information (continued)

DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND.

THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS, IF ANY, IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA.

PART X, LINE 2:

THE ACADEMY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. AS SUCH, THE ACADEMY IS GENERALLY EXEMPT FROM INCOME TAXES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF MAY 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE CONSOLIDATED FINANCIAL STATEMENTS WERE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Name of the organization

HEUSER HEARING & LANGUAGE ACADEMY

Employer identification number

-***

FORM 990 PART XI LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGANIZATION CONTINUES TO MAINTAIN AN AUDIT AND FINANCE COMMITTEE COMPRISED EXCLUSIVELY OF DIRECTORS WHO SELECT THE INDEPENDENT AUDITOR. THE COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR PRIOR TO AND AT THE CONCLUSION OF THE ANNUAL AUDIT, INCLUDING AN EXECUTIVE SESSION WITHOUT MANAGEMENT.

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HEUSER HEARING & LANGUAGE ACADEMY	Employer identification number (EIN) or **_*****
	Number, street, and room or suite no. If a P.O. box, see instructions. 111 EAST KENTUCKY STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40203	

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

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

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

THE ORGANIZATION

• The books are in the care of **111 EAST KENTUCKY ST. - LOUISVILLE, KY 40203**
 Telephone No. **502-515-3320** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **APRIL 15, 2016**

5 For calendar year or other tax year beginning **JUN 1, 2014**, and ending **MAY 31, 2015**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title **CPA** Date

Hauser Hearing & Language Academy
Income Statement
For Month Ended 01/31/16, Fiscal Year 06/15-05/16

	01/2016	01/2015	Variance	01/2016 Budget	Variance	YTD 01/2016	YTD 01/2015	Variance	YTD Budget	Variance	Total Budget
Revenue											
Tuition	4,318	7,464	(3,147)	7,941	(3,623)	19,409	28,703	(9,294)	29,712	(10,303)	43,363
State Allocation	50,000	50,000	-	50,000	-	100,000	100,000	-	100,000	-	100,000
Service Fees	13,959	14,212	(253)	22,119	(8,160)	155,996	93,119	62,877	136,242	19,753	234,130
Grants	56,161	55,000	1,161	55,000	1,161	382,661	283,631	99,050	283,631	99,050	341,365
Supporting Organizations	225	(324)	549	-	225	71,261	2,119	69,141	5,976	65,265	7,077
Contributions	23,625	8,881	14,744	8,881	14,744	814,594	257,529	557,065	259,704	554,890	314,681
Special Events-net	-	970	(970)	-	-	(2,504)	(7,438)	4,934	-	(2,504)	-
Chair Fund Distribution	-	-	-	-	-	126,105	121,902	4,203	126,902	(797)	126,902
Foundation Contribution	170,000	161,000	9,000	166,000	4,000	170,000	161,000	9,000	166,000	4,000	166,000
Total Revenue	318,287	297,203	21,084	309,940	8,347	1,837,540	1,040,565	796,975	1,108,167	729,373	1,333,518
Expenses											
Salaries	56,639	53,995	2,644	56,352	287	451,837	433,869	17,967	435,935	15,901	657,613
Contract Labor	2,760	4,640	(1,880)	3,600	(840)	25,301	30,215	(4,913)	28,800	(3,499)	43,200
Employee Benefits	12,267	10,713	1,555	13,229	(961)	80,452	66,486	13,966	102,336	(21,884)	154,375
Professional Development	-	59	(59)	75	(75)	1,312	7,383	(6,072)	9,566	(8,254)	10,433
General Insurance	2,161	1,862	299	1,890	271	15,634	12,318	3,315	12,503	3,131	18,603
Professional Fees	600	-	600	425	175	1,188	6,336	(5,149)	10,400	(9,213)	12,100
Advertising & Public Relations	-	852	(852)	3,652	(3,652)	17,265	2,764	14,502	25,164	(7,898)	36,364
Dues/Licenses	420	108	312	108	312	1,941	1,786	155	1,851	90	3,618
Utilities	8,835	4,461	4,374	4,474	4,361	38,585	38,160	425	38,217	368	54,757
Repair & Maintenance	7,568	4,444	3,125	4,499	3,069	50,003	59,310	(9,307)	59,908	(9,905)	81,345
Cleaning & Landscaping	740	424	316	429	310	2,759	2,073	686	2,098	661	5,138
Supplies	1,050	1,266	(217)	1,281	(232)	25,677	15,011	10,665	16,417	9,260	21,765
Telephone	707	196	511	117	590	1,847	1,974	(127)	1,322	525	1,719
Postage	121	101	20	102	19	1,180	1,179	1	1,193	(13)	1,771
Travel	1,224	1,652	(427)	1,672	(447)	13,622	9,899	3,723	10,594	3,029	17,146
Miscellaneous Expense	111	(1,122)	1,234	(1,136)	1,247	15,367	7,612	7,755	7,764	7,603	9,337
Interest & Fees	2,757	2,085	672	2,085	672	20,001	18,188	1,813	17,788	2,213	25,988
Total Operating Expenses	97,960	85,733	12,226	92,854	5,106	763,971	714,564	49,407	781,855	(17,884)	1,155,292
Net Operating Surplus/(Deficit)	220,328	211,470	8,858	217,087	3,241	1,073,569	326,001	747,568	326,312	747,257	178,225
Non Operating Income/Expenses											
Depreciation	25,002	24,800	103	24,800	103	206,920	201,745	5,186	201,745	5,186	301,002

over

THE EDITH & HENRY HEUSER HEARING INSTITUTE, INC.

General Information

Organization Number	0509497
Name	THE EDITH & HENRY HEUSER HEARING INSTITUTE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	1/25/2001
Organization Date	1/25/2001
Last Annual Report	3/16/2016
Principal Office	111 EAST KENTUCKY STREET LOUISVILLE, KY 40203
Registered Agent	DANIEL R. JOHNSON 115 E. KENTUCKY ST. LOUISVILLE, KY 40203

Current Officers

President	<u>Jenny Headlee</u>
Vice President	<u>David Ferguson</u>
Treasurer	<u>Laura Dausman</u>
Director	<u>Suzanne Moeller</u>
Director	<u>H. Stroth</u>
Director	<u>Brad Broecker</u>
Director	<u>LouAnn Atlas</u>
Director	<u>Pam Thompson</u>

Individuals / Entities listed at time of formation

Director	<u>JERRY E ABRAMSON</u>
Director	<u>OWSLEY BROWN FRAZIER</u>
Director	<u>JAMES R GAUNT</u>
Director	<u>OLIVIA KIRTLEY</u>
Director	<u>JAMES MCDOWELL</u>
Director	<u>WILLIAM E MCANULTY JR</u>
Director	<u>LINDY B RICHARDSON</u>
Incorporator	<u>JOHN A JOHNSON</u>

Images available online

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

Annual Report

3/16/2016

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PDF