

O-441-20

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

NDF101420HH12

**Applicant/Program:** Harbor House of Louisville, Inc./KenDucky Derby  
**Applicant Requested Amount:** \$52,000  
**Appropriation Request Amount:** ~~\$5,500~~ ~~\$6,500~~ \$16,000

**Executive Summary of Request**

The 17th Annual KenDucky Derby will take place on Saturday, August 29 at Waterfront Park. The race serves as the organization's signature fundraiser. Harbor House requests \$52,000 in funding for the payment of their GAME contract and for marketing at community events and festivals. All proceeds from this event are use for Harbor House's programming which supports adults with disabilities to lead full and meaningful lives.

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

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

12                      *Rick Blackwell*                      \$3,000                      9/14/2020  
 District #                      Primary Sponsor Signature                      Amount                      Date

**Primary Sponsor Disclosure**

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

Councilman Blackwell is a former board member for Harbor House.

**Approved by:**

\_\_\_\_\_  
 Appropriations Committee Chairman                      Date  
 Final Appropriations Amount: \$16,000

**Applicant/Program:**

Harbor House of Louisville, Inc./KenDucky Derby

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	<i>Cindi Fowler</i>	\$ 500.00
District 15	<i>Kym Triplett</i>	\$ 1,500

**Applicant/Program:**

Harbor House of Louisville, Inc./KenDucky Derby

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17  \_\_\_\_\_ \$ 500.00

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b>	Harbor House of Louisville, Inc.
<b>Program Name and Request Amount</b>	KenDucky Derby \$52,000
	<b>Yes/No/NA</b>
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"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<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"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
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"/> Yes
Prepared by: Liz McQuillen	Date: 09/14/2020

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Harbor House of Louisville, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
Main Office Street & Mailing Address: P. O. Box 58219, Louisville, KY			
Website: www.hhlou.org			
Applicant Contact:	Maria Smith	Title:	CEO
Phone:	502/719-0072	Email:	msmith@hhlou.org
Financial Contact:	Tom Evans	Title:	CFO
Phone:	502/719-0072	Email:	tevans@hhlou.org
Organization's Representative who attended NDF Training: Eric Dennison			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	2231 Lower Hunters Trace		
Council District(s):	All 26 Districts	Zip Code(s):	All Zip Codes in Districts
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 17th Annual Ken-Ducky Derby			
Total Request: (\$)	52,000	Total Metro Award (this program) in previous year: (\$)	9500
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Louisville Metro NDF Fund	Amount: (\$)	9,500
Source:	Louisville Jefferson Co. Metro Dev	Amount: (\$)	14,500
Source:	Councilman Yates & Blackwell	Amount: (\$)	7,307.11
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:

The vision of Harbor House of Louisville is for the 30,000 Louisville-area residents living with developmental and intellectual disabilities to feel part of their community by providing opportunities for socialization and employment.

The mission of Harbor House of Louisville, Inc. is to empower individuals with disabilities and their families to lead fulfilled and productive lives. The services of Harbor House include:

**Adult Day Training (ADT):** The ADT services, provides person-centered, goal-oriented day services for adults with disabilities. Services are available five days a week from 7 am - 5 pm. ADT staff encourages each participant to live up to their full potential. The ADT program provides life skills activities such as, daily living skills, communication, budgeting, learning to count money, learning to write, learning computer skills, arts & crafts, cooking, gardening, friendship building, learning to get along with others, self advocacy, health and safety, using community resources, community activities and volunteering.

**Community Living Supports (CLS):** This service is provided through the SCL waiver for participants that do not live in a staffed residence. CLS services are goal-oriented and person-centered. CLS staff works one-on-one with the participant in the community. CLS staff provides the participant with training and/or assistance with skills that they would like to achieve. Activities include: personal goals, educational, recreational or social skills.

**Personal Assistance (PA):** This service is provided through the SCL waiver for participants that do not live in a staffed residence. The participant receives assistance with eating, bathing, dressing, personal hygiene, community activities or activities of daily living.

**Bulk Mail & Fulfillment Services:** Harbor House's Mail & Fulfillment Center, an on-site employment allows the participants to work and earn a paycheck. Mail work may include, stuffing envelopes, inserting, tabbing, labeling, etc. The on-site employment also provides the participants with work skills that can assist them in obtaining and maintaining community employment, such as, completing work assignments, learning how to be on time and working with others.

**Supported Employment:** Employment Coordinators work with the Kentucky Dept. of Vocational Rehabilitation to help candidates find jobs in the community based on their skills and interests. Harbor House also provides on-the-job training and educational services to help participant further their skills for the work force.

**Respite:** This service is only available for participants that live at home with their family. It is provided when a family needs a brief period of relief apart from the participant for whom they care. Respite is provided at the Bramer Respite House.

**Home Sweet Home:** Program designed to nurture intergenerational relationships by employing and training individuals with disabilities and others to provide in-home services to individuals and families who are unable to perform the activities, such as, light housekeeping, laundry and grocery services.

**Transportation:** Transportation is a service available to a person to gain access to integrated waiver and other community services, activities, resources and organizations typically utilized by the general population. This service can be provided when transportation is not otherwise and customarily available through natural supports or is included as an element of another SCL waiver service.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Phil Ball	12/31/2021
Pamela Cooper	12/31/2024
Rick Farrar	12/31/2022
Joni Jenkins	12/31/2023
Father Christian Moore	Standing Member
Jim Morris	12/31/2024
David Owen	12/31/2022
Phil Percy	12/31/2022
Deena Pluhar	12/31/2024
Sean Salisbury	12/31/2022
Richard Swope	12/31/2024
Jamie Traughber	12/31/2022
Jackie Warner	12/31/2021
John Zoeller	12/31/2023

**Describe the Board term limit policy:**  
 Duly elected Directors shall serve a term of three (3) years from the date of election unless earlier removed by action of the Voting Members in accordance with the procedures set forth herein. Directors can serve two consecutive three-year terms.

Three Highest Paid Staff Names	Annual Salary
Maria Smith	171,965
Tom Evans	95,585
Mike Sostarich	65,000

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT NARRATIVE**

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

The Ken-Ducky Derby is a community-wide event that raises money for the mission of Harbor House. The Ken-Ducky Derby is an official event of the Kentucky Derby Festival held on Saturday, April 25, 2020. In its 17th year, the event has captivated the community each year with the annual launching of at least 40,000 rubber ducks in the Ohio River. This year's goal is 50,000 ducks.

The ducks that race in the river comprise the most significant part of the event. People in the community adopt ducks over an 8 week period leading up to the race. The first place winner receives a truck donated by Swope Family of Dealerships in Elizabethtown, KY. Adopters of the second and third place finishers receive a cash prize. All proceeds from the Ken-Ducky Derby benefit the programs and services at Harbor House.

Marketing efforts for the event includes the distribution of 150,000 duck adoption forms around the community through retail outlets including Republic Bank and Commonwealth Credit Union. Additionally, social media and other advertising will be used to advertise this event.

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

The funds requested would be used towards the payment of our contract with the Great American Race Event (GAME) and for marketing the race at other community festivals and events.

Harbor House contracts with Great American Merchandise Event (GAME) who developed the concept of the duck race. The contract gives Harbor House the exclusive rights to the trademarked duck race within a certain range of Metro Louisville. The contract also includes the shipping and rental of the ducks, printing of the duck adoption forms (150,000) and access to the online site, e-Quack, for securing duck adoptions on line.

The remainder of the funds will be used for fees to sell ducks at various community events, advertising, Feathers and Friends Kick-Off Gala, signage and other licenses and fees associated with the event.



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The request for funding from the Louisville Metro Council Neighborhood Development Fund is for sponsorship of the Harbor House Ken-Ducky Derby on Saturday, April 25 at Waterfront Park. All net proceeds from the event supports programming at Harbor House of Louisville.

Supported Employment - Employment Coordinators help candidates find jobs in the community based on their skills and interests.

Bulk Mail & Fulfillment Services - On-site employment that allows participants to work and earn a paycheck.

Adult Day Training - Program teaches responsibility and self-sufficiency

Bramer Respite House - Provides short-term respite for family members of people with disabilities

Community Living Supports- CLS is designed to provide an opportunity for a person to connect and become involved with clubs, associations and any other groups in the community including recreational, educational, religious, civic and volunteer opportunities with an outcome of less reliance on formal supports and an emphasis on the development of personal social networks, membership opportunities, friendships and relationships for the person.



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

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

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

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

By staging the Ken-Ducky Derby, a community-wide event, Harbor House is able to raise awareness in Louisville about the organization and the services provided to adults with intellectual and developmental disabilities while also raising money to benefit programming.

Our overall goal is to increase awareness and money raised to support the programming needs at Harbor House.

- 1) To increase the number of ducks adopted from 42,000 to 50,000
- 2) To increase the total revenue of the event by 25%

In order to meet these goals, we will track:

- 1) Track duck adoptions through our online purchasing software, e-Quack
- 2) Track financial reports

**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.**

Harbor House has collaborative relationships with the following community organizations:

- 1) Dare to Care, Meals on Wheels and Senior Care Experts - Participants from Harbor House deliver meals to the elderly
- 2) Bellarmine University's School of Nursing, Spalding University's School of Occupational Therapy, University of Louisville's School of Nursing students complete a portion of their training at Harbor House, giving students the opportunity to work with people with disabilities.
- 3) The Kentucky Humane Society - Harbor House participants volunteer to feed animals and to clean the cages at KHS.
- 4) Programming partnerships has been established with numerous schools and organizations, not limited to: 21st Century Parks, PRP High School, Holy Cross High School, Berrytown Recreational, Louisville Orchestra

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	52,000	90,700	142,700
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	52,000	90,700	142,700
	36 %	64 %	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)	150,000 (projected sponsors)
Fees Collected from Program Participants	150,000 (duck adopters)
Other (please specify)	50,000 (in-kind donations)
	350,000

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
PR Marketing -GAME Contract, all PR & Advertising, 2nd & 3rd place prize money (truck not included)	52,000	28,000	80,000
Travel		1,000	1,000
Licenses & Fees - State Filings, \$1 Million Duck insurance policy and duck sales location rentals		4,700	4,700
KDD Feathers & Friends KickOff event catering invoice& rental fees from Hyatt Regency		30,000	30,000
Postage for duck mailing form		6,500	6,500
Supplies - printing of postcards, envelopes & mailing materials, T-Shirts		20,000	20,000
Bank Service Charges		500	500
<b>Total</b>	52,000	90,700	142,700

Applicant's Initials *D.S.*

**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
Nissan Frontier Truck	19,290	Swope Family of Dealerships
Auction Items for Kick-Off Event	<del>7,000</del> 30,710	Cost of donated items
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	<del>26,290</del> \$ 60,000	

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

Agency Fiscal Year Start Date: July 1, 2020

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:

We are in the silent phase of a capital campaign and anticipate an increase in revenue and expenses as we move toward the public phase of the capital campaign.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 7 – CERTIFICATIONS & ASSURANCES**

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

**Standard Assurances**

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

**Standard Certifications**

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

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

**SECTION 8 – CERTIFICATIONS & ASSURANCES**

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

<b>Signature of Legal Signatory:</b> Maria Smith		<b>Date:</b> 2/14/2020
<b>Legal Signatory: (please print):</b> <i>Maria Smith</i>		<b>Title:</b> CEO
<b>Phone:</b> 502/719-0072	<b>Extension:</b> 539	<b>Email:</b> msmith@hhlou.org



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Harbor House of Louisville

Grantee Representative Name: Eric Dennison, Director of Development

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
Client Assistance, Community Events & Festival and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?  
Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

[Signature]  
Grantee Representative Signature

12-13-19  
Date

NOTE: Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov)

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

**Internal Revenue Service**

**Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** April 21, 2005

**Person to Contact:**

Stephanie Swartzbaugh 31-07594  
Customer Service Specialist

**HARBOR HOUSE OF LOUISVILLE INC  
2231 LOWER HUNTERS TRCE  
LOUISVILLE KY 40216-1358**

**Toll Free Telephone Number:**

8:30 a.m. to 5:30 p.m. ET  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

61-1216323

Dear Sir or Madam:

This is in response to your request of April 21, 2005, regarding your organization's tax-exempt status.

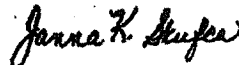
In August 1992 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

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

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

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services



## HARBOR HOUSE OF LOUISVILLE, INC.

### General Information

<b>Organization Number</b>	0297654
<b>Name</b>	HARBOR HOUSE OF LOUISVILLE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	3/5/1992
<b>Organization Date</b>	3/5/1992
<b>Last Annual Report</b>	4/24/2019
<b>Principal Office</b>	2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216
<b>Registered Agent</b>	MARIA SMITH 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216

### Current Officers

<b>President</b>	<a href="#"><u>Phil Peercy</u></a>
<b>Vice President</b>	<a href="#"><u>Jamie Traughber</u></a>
<b>Secretary</b>	<a href="#"><u>Jackie Warner</u></a>
<b>Treasurer</b>	<a href="#"><u>Doug Morris</u></a>
<b>Director</b>	<a href="#"><u>Rick Farrar</u></a>
<b>Director</b>	<a href="#"><u>Father Christian Moore</u></a>
<b>Director</b>	<a href="#"><u>John Zoeller</u></a>
<b>Director</b>	<a href="#"><u>Deena Pluhar</u></a>
<b>Director</b>	<a href="#"><u>Doug Morris</u></a>
<b>Director</b>	<a href="#"><u>Richard Swope</u></a>
<b>Director</b>	<a href="#"><u>David Owen</u></a>
<b>Director</b>	<a href="#"><u>Jamie Traughber</u></a>
<b>Director</b>	<a href="#"><u>Phil Peercy</u></a>
<b>Director</b>	<a href="#"><u>Sean Salisbury</u></a>
<b>Director</b>	<a href="#"><u>Jackie Warner</u></a>
<b>Director</b>	<a href="#"><u>Joni Jenkins</u></a>
<b>Director</b>	<a href="#"><u>Marc Tawfik</u></a>
<b>Director</b>	<a href="#"><u>Jim Morris</u></a>
<b>Director</b>	<a href="#"><u>Pamela Cooper</u></a>
<b>Director</b>	<a href="#"><u>Dustin Gilcrest</u></a>
<b>Director</b>	<a href="#"><u>Phil Ball</u></a>

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#"><u>DARLEEN BROWNING</u></a>
<b>Director</b>	<a href="#"><u>BOB LEMEN</u></a>
<b>Director</b>	<a href="#"><u>LEO POLLOCK</u></a>
<b>Director</b>	<a href="#"><u>MARGIE EMBRY</u></a>
<b>Director</b>	<a href="#"><u>AUGUSTA SPENCER</u></a>
<b>Incorporator</b>	<a href="#"><u>DARLEEN BROWNING</u></a>
<b>Incorporator</b>	<a href="#"><u>RONALD L LEWIS</u></a>

**Incorporator** LEO POLLOCK  
**Incorporator** ALMA POLLOCK  
**Incorporator** BOB LEMEN

**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.

<u>Annual Report</u>	4/24/2019	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/18/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/9/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/11/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/26/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/20/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/9/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/6/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/14/2011	1 page	<u>PDF</u>	
<u>Amended and Restated Articles</u>	11/18/2010	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/11/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/12/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/26/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/27/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/20/2006	1 page	<u>PDF</u>	
<u>Statement of Change</u>	11/30/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/11/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/27/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/23/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/17/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/17/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/22/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	4/12/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/3/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/15/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/20/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/1/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	9/19/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/4/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	5/19/1992	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	3/5/1992	7 pages	<u>tiff</u>	<u>PDF</u>

**Assumed Names**

**Activity History**

<b>Filing</b>	<b>File Date</b>	<b>Effective Date</b>	<b>Org. Referenced</b>
Annual report	4/24/2019 12:19:06 PM	4/24/2019 12:19:06 PM	
Annual report	4/18/2018 4:44:15 PM	4/18/2018 4:44:15 PM	
Annual report	5/9/2017 9:23:57 AM	5/9/2017 9:23:57 AM	
Annual report	7/11/2016 11:57:22 AM	7/11/2016 11:57:22 AM	
Annual report	2/26/2015 4:27:02 PM	2/26/2015 4:27:02 PM	

Annual report	3/20/2014	3/20/2014
	1:32:57 PM	1:32:57 PM
Annual report	1/9/2013	1/9/2013
	9:38:44 AM	9:38:44 AM
Annual report	7/6/2012	7/6/2012
	9:58:32 AM	9:58:32 AM
Annual report	3/14/2011	3/14/2011
	9:23:25 AM	9:23:25 AM
Amendment - Amended and restated articles / CLP	11/18/2010	11/18/2010
	12:56:03 PM	
Annual report	6/11/2010	6/11/2010
	4:13:31 PM	4:13:31 PM
Annual report	6/12/2009	6/12/2009
	2:32:25 PM	
Annual report	6/26/2008	6/26/2008
	1:30:46 PM	
Annual report	6/27/2007	6/27/2007
	11:09:24 AM	11:09:24 AM
Annual report	6/20/2006	6/20/2006
	12:02:07 PM	12:02:07 PM
Registered agent address change	11/30/2005	11/30/2005
	2:25:28 PM	
Registered agent address change	10/11/2005	10/11/2005
	1:50:35 PM	
Registered agent address change	6/23/2005	6/23/2005
	3:41:27 PM	
Principal office change	6/15/2004	6/15/2004
	6:29:55 PM	
Registered agent address change	4/12/2002	4/12/2002
	4:01:36 PM	
Registered agent address change	9/19/1996	9/19/1996
Principal office change	6/15/1996	6/15/1996
Amendment - Change purpose	5/19/1992	5/19/1992

## Microfilmed Images

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

Annual Report	8/6/2004	1 page
Annual Report	9/17/2003	1 page
Annual Report	5/22/2002	1 page
Statement of Change	4/12/2002	1 page
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Annual Report	7/1/1994	1 page
Statement of Change	5/4/1994	1 page
Annual Report	7/1/1993	1 page
Amendment	5/19/1992	4 pages
Articles of Incorporation	3/5/1992	6 pages

**IL BUDGET FOR FISCAL YEAR FY2020**  
**Confidential for HH Management & Board Members**

REVENUES:	FY2020 BUDGET
In-Kind Contributions	45,000
Contributions	100,000
Contributions Capital Camp.	
Contributions Benevon	
Grants	100,000
ADT Private Pay Services	56,000
Participant Act. Fees	12,000
Medicaid CLS	195,000
Personal Assistance	65,000
Medicaid Respite	60,000
Medicaid SE	52,000
Medicaid ST	
Medicaid ADT On-Site	1,191,400
Vocational Rehab	60,000
Transportation Rev	384,000
Mail Revenue	110,000
Special Event Revenue	950
Promotional Sales	4,689
KDD Sporns. Revenue	150,000
KDD Duck Sales	150,000
KDD Merchandise	220
F & F Ticket Revenue	8,000
KDD Auction Revenue	21,700
Audit Take Back	6,500
Miscellaneous Income	201

**TOTAL REVENUE \$2,772,660**

**FY2020 BUDGET**

**EXPENSES:**

PR/Marketing	132,300
HH Autos	49,100
Dues & Subscriptions	11,250
Equip Maint/Contracts	52,275
Liability Insurance (incl' D&O)	26,000
Workers Comp	15,000
KY Unemployment Insurance	
Interest Expense	12,000
Janitorial	3,600
Bank Charges	4,500
Depreciation	107,400
Provider Tax	52,800
Rent	8,000
Printing	5,000
Supplies	78,240
Postage	57,950
Bld. Maintenance	18,300
Office Equipment	20,000
Employee Benefits	177,500
Payroll Expense	1,643,759
Payroll Tax Expense	125,748
Telephone	6,816
Activities Expense	12,000
Meals	49,700
Travel	18,030
Professional Fees	27,980
Licenses & Fees	4,440
Utility Expense	21,720
Training	4,800
Bad Debt Expense	6,000

**TOTAL EXPENSES:**

**\$2,752,208**

**NET INCOME:**

**\$20,452**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidated Financial Statements  
and  
Supplementary Information**

**Years Ended June 30, 2018 and 2017**

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Smith Financial Services, PLLC  
David L. Smith, CPA

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**Smith Financial Services, PLLC**

David L. Smith, CPA

11822 Ransom Drive  
Suite 102  
Louisville, Kentucky 40243

Telephone: 502-882-2708  
Fax: 1-866-655-0739  
E-mail: david@dlsmithcpa.com

**Independent Auditors' Report**

To the Board of Directors  
Harbor House of Louisville, Inc.  
Harbor House Home Sweet Home, Inc.  
Louisville, Kentucky

We have audited the accompanying consolidated financial statements of Harbor House of Louisville, Inc. and Harbor House Home Sweet Home, Inc. (not-for-profit organizations), which comprise the consolidated statements of financial position as of June 30, 2018 and 2017 and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error.

(Continued)



In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Harbor House of Louisville, Inc. and Harbor House Home Sweet Home, Inc. as of June 30, 2018 and 2017, and the changes in their net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

*Smith Financial Services, PLLC*

Louisville, Kentucky  
October 5, 2018

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidated Statements of Financial Position  
June 30, 2018 and 2017**

**Assets**

	<u>2018</u>	<u>2017</u>
<b>Current Assets</b>		
Cash	\$ 25,465	\$ 165,985
Accounts receivable	140,465	120,204
Unconditional promises to give:		
Pledges receivable	81,191	32,481
Contributions and grants receivable	194,488	167,884
Prepaid expenses	7,612	15,706
Total current assets	<u>449,221</u>	<u>502,260</u>
<b>Unconditional promises to give--long term</b>		
Pledges receivable	239,550	19,950
Contributions and grants receivable	150,000	-
	<u>389,550</u>	<u>19,950</u>
<b>Property and Equipment</b>		
Equipment, furniture and vehicles	622,735	442,802
Building and leasehold improvements	1,386,860	1,366,993
Future building site	244,472	209,248
	<u>2,254,067</u>	<u>2,019,043</u>
Less accumulated depreciation	<u>954,150</u>	<u>872,683</u>
	<u>1,299,917</u>	<u>1,146,360</u>
Total assets	<u>\$ 2,138,688</u>	<u>\$ 1,668,570</u>

**Liabilities and Net Assets**

<b>Current Liabilities</b>		
Line of credit	\$ 321,112	\$ 127,708
Capital lease obligations	7,941	-
Accounts payable	5,337	6,913
Accrued and withheld payroll taxes	6,050	25,322
Accrued expenses	81,836	73,236
Deferred revenue	880	135
Total current liabilities	<u>423,156</u>	<u>233,314</u>
<b>Capital Lease Obligations (less current portion)</b>	<u>30,780</u>	<u>-</u>
<b>Net Assets</b>		
Unrestricted	1,001,059	1,080,288
Temporarily restricted	683,693	354,968
Total net assets	<u>1,684,752</u>	<u>1,435,256</u>
Total liabilities and net assets	<u>\$ 2,138,688</u>	<u>\$ 1,668,570</u>

**See Notes to Consolidated Financial Statements**

**Harbor House of Louisville, Inc.  
and  
Harbor Home Sweet Home, Inc.**

**Consolidated Statements of Activities  
Years ended June 30, 2018 and 2017**

	2018		2017	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
<b>Revenues and Support:</b>				
Program service income	\$ 1,429,862	\$ -	\$ 1,305,429	\$ -
Contributions and grants	149,198	642,226	173,038	243,344
Fund-raising events	272,724	-	256,988	-
Interest income	52	-	122	-
Net assets released from restrictions	1,851,836	642,226	1,735,577	243,344
	313,501	(313,501)	116,110	(116,110)
Total revenues and support	2,165,337	328,725	1,851,687	127,234
<b>Expenses:</b>				
Program services	1,821,315	-	1,616,817	-
Management and general	172,029	-	164,853	-
Fund-raising	251,222	-	177,918	-
Total expenses	2,244,566	-	1,959,588	-
<b>Increase (decrease) in net assets</b>	(79,229)	328,725	(107,901)	127,234
<b>Net assets at beginning of year</b>	1,080,288	354,968	1,188,189	227,734
<b>Net assets at end of year</b>	<u>\$ 1,001,059</u>	<u>\$ 683,693</u>	<u>\$ 1,080,288</u>	<u>\$ 354,968</u>

**See Notes to Consolidated Financial Statements**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidated Statements of Functional Expenses  
Years ended June 30, 2018 and 2017**

	2018			2017				
	Program services	Management and general	Fund-raising	Total	Program services	Management and general	Fund-raising	Total
Wages and salaries	\$ 1,182,907	\$ 90,584	\$ 12,277	\$ 1,285,768	\$ 1,057,101	\$ 80,858	\$ 11,064	\$ 1,149,023
Employee benefits	116,496	8,951	1,179	126,626	99,949	7,625	1,067	108,641
Payroll taxes	85,763	6,568	889	93,220	78,048	5,971	816	84,835
Professional fees	12,201	8,608	69,000	89,809	17,535	16,186	-	33,721
Depreciation	81,467	-	-	81,467	62,925	-	-	62,925
Repairs and maintenance	68,630	1,418	-	70,048	42,689	881	-	43,570
Travel	38,210	9,791	956	48,957	38,067	9,737	882	48,686
Insurance	29,274	12,506	-	41,780	22,429	9,562	-	31,991
Provider tax	36,056	-	-	36,056	35,702	-	-	35,702
Advertising	12,883	72	18,599	31,554	14,067	180	19,298	33,545
Supplies	18,733	12,179	-	30,912	17,848	10,879	-	28,727
Therapy fees	25,946	85	-	26,031	33,506	-	-	33,506
Meals and entertainment	20,384	5,064	-	25,448	21,606	5,377	-	26,983
Utilities	15,169	2,804	237	18,210	13,817	2,554	216	16,587
Postage and delivery	16,557	1,057	-	17,614	11,953	763	-	12,716
Interest	13,285	-	-	13,285	2,372	-	-	2,372
Miscellaneous	8,880	668	-	9,548	7,221	544	-	7,765
Dues and subscriptions	1,595	7,076	643	9,314	1,662	6,687	608	8,957
Telephone	5,734	1,840	75	7,649	5,780	1,850	77	7,707
Bank charges	7,346	3	-	7,349	1,803	7	-	1,810
Payroll processing	5,570	440	45	6,055	5,062	399	41	5,502
Training	4,415	542	-	4,957	8,329	940	-	9,269
Printing and production	2,017	1,002	998	4,017	2,867	1,240	1,135	5,242
Rent	3,447	-	-	3,447	3,863	-	-	3,863
Uncollectible fees	2,852	-	-	2,852	-	-	-	-
Janitorial services	2,415	340	8	2,763	2,967	418	10	3,395
Licenses and fees	2,248	164	-	2,412	1,026	76	-	1,102
Information technology	835	267	11	1,113	6,623	2,119	88	8,830
<b>Fund-raising events direct expenses</b>	<b>1,821,315</b>	<b>172,029</b>	<b>104,917</b>	<b>2,098,261</b>	<b>1,616,817</b>	<b>164,853</b>	<b>35,302</b>	<b>1,816,972</b>
	<b>-</b>	<b>-</b>	<b>146,305</b>	<b>146,305</b>	<b>-</b>	<b>-</b>	<b>142,616</b>	<b>142,616</b>
	<b>\$ 1,821,315</b>	<b>\$ 172,029</b>	<b>\$ 251,222</b>	<b>\$ 2,244,566</b>	<b>\$ 1,616,817</b>	<b>\$ 164,853</b>	<b>\$ 177,918</b>	<b>\$ 1,959,588</b>

**See Notes to Consolidated Financial Statements**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidated Statements of Cash Flows  
Year Ended June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Cash flows from operating activities:</b>		
Cash received from program services	\$ 1,392,002	\$ 1,341,760
Cash received from contributions and grants	310,204	303,327
Cash received from special events and fund-raising activities	272,724	256,988
Interest received	52	122
Cash paid for payroll, employee benefits, and payroll taxes	(1,516,368)	(1,338,644)
Cash paid to suppliers	(583,240)	(531,018)
Cash paid for interest	(12,996)	(2,220)
<b>Net cash provided by (used in) operating activities</b>	<u>(137,622)</u>	<u>30,315</u>
<b>Cash flows from investing activities:</b>		
Purchase of property and equipment	(188,738)	(185,160)
<b>Net cash used in investing activities</b>	<u>(188,738)</u>	<u>(185,160)</u>
<b>Cash flows from financing activities:</b>		
Net proceeds from borrowings on line of credit	193,404	127,708
Principal payments on capital lease obligations	(7,564)	-
<b>Net cash provided by financing activities</b>	<u>185,840</u>	<u>127,708</u>
<b>Net decrease in cash</b>	<u>(140,520)</u>	<u>(27,137)</u>
Cash at beginning of year	<u>165,985</u>	<u>193,122</u>
<b>Cash at end of year</b>	<u>\$ 25,465</u>	<u>\$ 165,985</u>
<b>Reconciliation of increase in net assets to net cash provided by (used in) operating activities:</b>		
Increase in net assets	<u>\$ 249,496</u>	<u>\$ 19,333</u>
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation	81,467	62,925
Allowances for doubtful accounts and pledges	3,558	3,533
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(23,569)	36,298
Pledges receivable	(468,560)	2,604
Grants receivable	23,396	(86,778)
Prepaid expenses	8,094	(9,911)
Increase (decrease) in:		
Accounts payable	(1,577)	(1,844)
Accrued and withheld payroll taxes	(19,272)	2,098
Accrued expenses	8,600	2,327
Deferred revenue	745	(270)
<b>Total adjustments</b>	<u>(387,118)</u>	<u>10,982</u>
<b>Net cash provided by (used in) operating activities</b>	<u>\$ (137,622)</u>	<u>\$ 30,315</u>
<b>Supplemental Disclosure:</b>		
Noncash investing and financing activities:		
Vehicle obtained under capital lease obligation	<u>\$ 46,285</u>	<u>\$ -</u>

**See Notes to Consolidated Financial Statements**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note A      Nature of Operations and Significant Accounting Policies**

**Nature of Operations:**

Harbor House of Louisville, Inc. (Harbor House), a not-for-profit organization located in Louisville, Kentucky, is a certified training and development center for individuals with developmental and intellectual disabilities that can affect their ability to find suitable employment opportunities and be able to take an active role in their community. Harbor House was founded by a group of parents of adult children with disabilities who recognized the importance of having a place where their adult children and others could receive the training and confidence to become involved in community activities to enhance the lives of the individuals served.

Harbor House Home Sweet Home, Inc. (Home Sweet Home), a not-for-profit organization also located in Louisville, Kentucky, seeks to provide employment opportunities for individuals with and without developmental and intellectual disabilities. The organization provides in-home personal care services for seniors and others who have disabilities limiting their ability to perform routine activities of daily living, including but not limited to light house-keeping, grocery shopping, and laundry services.

Both entities have been established to serve individuals in Jefferson County, Kentucky. The individuals receive training intended to improve their job skills, training that teaches them how to improve their life skills through being active in their community, and, provides training for them to be able to provide assistance to individuals who are unable to independently perform all of the normal activities of daily living.

The primary sources of revenue are payments from the Kentucky Medicaid program for providing training and development services to the individuals; revenue from customers of the Mail Fulfillment Services program; and donations from the general public.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Significant Accounting Policies:**

**Principles of consolidation**

The consolidated financial statements include the accounts of Harbor House and Home Sweet Home. Home Sweet Home is consolidated since Harbor House has both an economic interest in Home Sweet Home and control through a majority voting interest in its governing board. All material inter-company transactions have been eliminated.

**Basis of Accounting**

The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other accruals.

**Basis of Presentation**

Information regarding financial position and activities is reported according to classes of net assets that are based upon the existence or absence of donor restrictions on use:

Unrestricted: net assets that are not subject to donor-imposed restrictions; available for purposes deemed necessary by management.

Temporarily restricted: net assets restricted by donors or grantors to a specific time period or purpose. When the restriction expires, that is, when a stipulated restriction ends or a purpose restriction is accomplished, these net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

**Accounts Receivable**

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The allowance is based on experience, third-party contracts, analysis of past due accounts, and other circumstances which may affect the collectability of the amount receivable. Uncollectible accounts receivable are written-off when management determines the receivable will not be collected.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Property and Equipment**

Property and equipment is stated at cost if purchased.

Donations of property and equipment are recorded as contributions at fair value on the date of the donation. Such donations are recorded as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions.

Absent donor stipulations regarding how long those donated assets must be maintained, expirations of donor restrictions are reported as reclassifications from temporarily restricted net assets to unrestricted net assets when the donated or acquired assets are placed in service as instructed by the donor,

Items in excess of \$1,000 with lives longer than one year are capitalized and depreciated using the straight-line method over their estimated useful lives, which range from three to thirty-nine years. Items not meeting this threshold are charged to expense as incurred.

**Deferred Revenue**

Harbor House conducts an annual fund-raising event. Cash is sometimes received from sponsors and other participants in this event prior to the fiscal year in which the event is held. These receipts are not recorded as revenue when received since the sponsors and other participants receive advertising space and other ancillary benefits in return for their payment. These amounts received are recorded as deferred revenue and will be recognized as revenue in the fiscal year in which the event is held.



**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Promises to Give**

Unconditional promises to give (pledges) are recognized as revenues or gains in the period received and as assets, decreases of liabilities, or expenses, depending on the form of the benefits received. Unconditional promises to give that are receivable within one year are reported at net realizable value (gross amount less an allowance), which approximates fair value. Unconditional promises that are expected to be collected in more than one year are reported at fair value initially and in subsequent periods using an appropriate discount rate.

Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

**Contributions and Grants Receivable**

Contributions and grants received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and nature of any donor restrictions. Contributions other than cash are recorded at fair value on the date of the donation. Contributions and grants that are receivable within one year are reported at net realizable value (gross amount less an allowance), which approximates fair value. Contributions and grants that are expected to be collected in more than one year are reported at fair value initially and in subsequent periods using an appropriate discount rate.

Many individuals volunteer their time and perform a variety of tasks. Contributed services are recognized as revenue if the services create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and typically need to be purchased if not provided by donation. Contributed services that do not meet the above criteria are not recognized as revenues and are not reported in the financial statements.

**Advertising Costs**

Advertising costs are expensed as incurred.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Shipping and Handling Costs**

Shipping and handling costs related to the mail fulfillment program are expensed as incurred and are included as postage and delivery expense on the statement of functional expenses.

**Functional Expense Allocation**

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies; square footage of space occupied; and miscellaneous other objective methods. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide overall support and direction.

**Exemption from Income Taxes**

Harbor House and Home Sweet Home are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

In addition, they qualify for the charitable contribution deduction and have been classified as public charities under the applicable provisions of the Internal Revenue Code. However, net income from certain activities not directly related to their tax-exempt purpose is subject to taxation as unrelated business income. Management believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements, including any net income from activities that could be subject to taxation as unrelated business income. Therefore, no provision for income taxes has been made in the financial statements.

**Estimates**

The preparation of financial statements in conformity with United States generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. However, actual results could differ from those estimates and assumptions.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Fair Value Measurements**

Assets and liabilities subject to fair value measurements are valued using a hierarchy that defines three levels of inputs. Level 1 inputs are based on quoted market prices within active markets. Level 2 inputs are based on observable market-based inputs other than quoted prices within active markets. Level 3 inputs are based on management's assumptions and unobservable inputs.

**Reclassifications**

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

**Note B      Concentrations**

Bank accounts are maintained at a bank located in Louisville, Kentucky. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000 per depositor. In the normal course of business throughout the year, there may be deposits in excess of the insured balance. There were no deposits in excess of the insured balance at June 30, 2018.

Harbor House receives payments from the Kentucky Medicaid program for providing services to eligible participants. Net service revenue from Medicaid was approximately \$1,104,000 and \$1,054,000 for the years ended June 30, 2018 and 2017, respectively. These amounts were approximately 44% and 53% of total support and revenue for the years ended June 30, 2018 and 2017, respectively.

Also see Notes C, D, and E for additional concentrations.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note C    Accounts Receivable**

Accounts receivable consists primarily of amounts receivable from the Kentucky Medicaid program; from customers for providing mail fulfillment services; and from program participants:

	<u>2018</u>	<u>2017</u>
Kentucky Medicaid program	\$ 122,393	\$ 105,150
Contractual allowances	<u>(6,500)</u>	<u>(6,475)</u>
	<u>115,893</u>	<u>98,675</u>
 Mail fulfillment customers	 <u>4,764</u>	 <u>4,564</u>
 Program participants	 23,116	 17,023
Allowance for doubtful accounts	<u>(3,308)</u>	<u>(58)</u>
	<u>19,808</u>	<u>16,965</u>
 Total accounts receivable	 <u>\$ 140,465</u>	 <u>\$ 120,204</u>

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note D Pledges Receivable**

Pledges receivable are as follows:

	<u>2018</u>	<u>2017</u>
Gross unconditional promises to give	\$ 323,991	\$ 58,931
Allowance for uncollectible amounts	(3,250)	(6,500)
	<u>\$ 320,741</u>	<u>\$ 52,431</u>

Future collections are as follows:

Less than one year (net realizable value)	\$ 81,191	\$ 32,481
One to five years (fair value)	179,550	19,950
More than five years (fair value)	60,000	-
	<u>\$ 320,741</u>	<u>\$ 52,431</u>

Changes in pledges receivable are as follows:

Beginning balance	\$ 58,931	\$ 65,035
New pledges	292,810	64,749
Collections	(19,250)	(70,853)
Write-offs	(8,500)	-
	<u>\$ 323,991</u>	<u>\$ 58,931</u>

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note E Contributions and Grants Receivable**

Grants and contributions receivable consist of amounts receivable from entities and individuals for sponsorships of past fund-raising events; purchase of fixed assets; and for general operations. Approximately 58% of the and contributions and grants receivable amount reported on the statement of financial position at June 30, 2018 was receivable from one entity.

Future collections are as follows:

Less than one year (net realizable value)	\$ 194,488
One to five years (fair value)	150,000
More than five years (fair value)	-
	<u>\$ 320,741</u>

**Note F Future Building Site**

Harbor House has purchased property adjacent to its current facility. It is anticipated the property will be used as a site to construct a new building that will be used to expand the programs and services offered by Harbor House.

**Note G Line of Credit**

Harbor House has a \$450,000 revolving line of credit maturing on February 26, 2019. Interest on the outstanding balance is computed at the prime rate plus .50%. However, the minimum interest rate on borrowings will not be less than 3.75%. The interest rate at June 30, 2018 was 4.75%. The line of credit is secured by the building.

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note H      Capital Lease Obligation**

Harbor House leases a vehicle under a capital lease agreement. The economic substance of the lease is that Harbor House is financing the acquisition of the vehicle through the lease and, accordingly, the lease is recorded in the assets and liabilities on the statement of financial position. The vehicle has a net book value of \$38,571 at June 30, 2018.

Future minimum lease payments are as follows:

Year ending June 30:	
2019	\$ 9,579
2020	9,579
2021	9,579
2022	9,579
2023	4,616
	<u>42,932</u>
Less: amounts representing interest	<u>4,211</u>
Present value of minimum lease payments	38,721
Less: current portion	<u>(7,941)</u>
Long-term portion	<u>\$ 30,780</u>

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note I      Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes:

	2018	2017
Purchase of fixed assets	\$ 95,388	\$ 212,340
Program services	40,464	78,866
Promises to give (primarily for building)	520,741	52,431
Fund-raising events sponsorships	27,100	11,331
	\$ 683,693	\$ 354,968

**Note J      In-Kind Contributions**

Included in the contributions and grants amount on the statement of activities are in-kind contributions of approximately \$33,000 and \$32,000 for the years ended June 30, 2018 and 2017, respectively

**Note K      Retirement Plans**

Harbor House sponsors a 401(k) plan. Covered employees are eligible for employer matching contributions up to 4% of employee compensation. The plan also allows Harbor House to make discretionary contributions on behalf of covered employees. Employer contributions recognized as expense were \$32,782 and \$30,310 for the years ended June 30, 2018 and 2017, respectively.



**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Notes to Consolidated Financial Statements  
June 30, 2018 and 2017**

**Note L Fund-Raising Events Direct Expenses**

Fund-raising events direct expenses are primarily for an annual fund-raising event and consist of the following:

	<u>2018</u>	<u>2017</u>
Advertising and marketing	\$ 106,763	\$ 101,430
Meals and entertainment	17,421	16,566
Supplies and postage	15,385	18,283
Licenses and fees	3,617	3,449
Rent	2,123	1,113
Travel	611	1,306
Miscellaneous	330	469
Professional fees	55	-
	<u>\$ 146,305</u>	<u>\$ 142,616</u>

Included in the above expenses are donated amounts recognized as in-kind contributions of approximately \$33,000 and \$32,000 for the years ended June 30, 2018 and 2017, respectively.

**Note M Subsequent Events**

Management has evaluated subsequent events through October 5, 2018 which is the date the financial statements were available to be issued.

**Independent Auditors' Report on Supplementary Information**

To the Board of Directors  
Harbor House of Louisville, Inc.  
Harbor House Home Sweet Home, Inc.  
Louisville, Kentucky

We have audited the consolidated financial statements of Harbor House of Louisville, Inc. and Harbor House Home Sweet Home as of and for the years ended June 30, 2018 and 2017, and issued our report thereon dated October 5, 2018, which contained an unmodified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole.

The consolidating financial statements presented on pages 20-27 are for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Smith Financial Services, PLLC*

Louisville, Kentucky  
October 5, 2018

**Harbor House of Louisville, Inc.**  
and  
**Harbor House Home Sweet Home, Inc.**

**Consolidating Statement of Financial Position**  
**June 30, 2018**

**Assets**

	<b>Harbor House of Louisville, Inc.</b>	<b>Harbor House Home Sweet Home, Inc.</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Current Assets</b>				
Cash	\$ 19,959	\$ 5,506	\$ -	\$ 25,465
Accounts receivable	140,025	440	-	140,465
Due from affiliate	91,753	104,352	(196,105)	-
Unconditional promises to give:				
Pledges receivable	81,191	-	-	81,191
Contributions and grants receivable	194,488	-	-	194,488
Prepaid expenses	7,612	-	-	7,612
Total current assets	<u>535,028</u>	<u>110,298</u>	<u>(196,105)</u>	<u>449,221</u>
<b>Unconditional promises to give—long term</b>				
Pledges receivable	239,550	-	-	239,550
Contributions and grants receivable	150,000	-	-	150,000
	<u>389,550</u>	<u>-</u>	<u>-</u>	<u>389,550</u>
<b>Property and Equipment</b>				
Equipment, furniture and vehicles	622,735	-	-	622,735
Building and leasehold improvements	1,386,860	-	-	1,386,860
Future building site	244,472	-	-	244,472
	<u>2,254,067</u>	<u>-</u>	<u>-</u>	<u>2,254,067</u>
Less accumulated depreciation	<u>954,150</u>	<u>-</u>	<u>-</u>	<u>954,150</u>
	<u>1,299,917</u>	<u>-</u>	<u>-</u>	<u>1,299,917</u>
Total assets	<u>\$ 2,224,495</u>	<u>\$ 110,298</u>	<u>\$ (196,105)</u>	<u>\$ 2,138,688</u>

**Liabilities and Net Assets**

<b>Current Liabilities</b>				
Line of credit	\$ 321,112	\$ -	\$ -	\$ 321,112
Capital lease obligations	7,941	-	-	7,941
Accounts payable	5,256	81	-	5,337
Accrued and withheld payroll taxes	6,050	-	-	6,050
Accrued expenses	81,836	-	-	81,836
Due to affiliate	104,352	91,753	(196,105)	-
Deferred revenue	880	-	-	880
Total current liabilities	<u>527,427</u>	<u>91,834</u>	<u>(196,105)</u>	<u>423,156</u>
<b>Capital Lease Obligations (less current portion)</b>	<u>30,780</u>	<u>-</u>	<u>-</u>	<u>30,780</u>
<b>Net Assets</b>				
Unrestricted	1,001,059	-	-	1,001,059
Temporarily restricted	665,229	18,464	-	683,693
Total net assets	<u>1,666,288</u>	<u>18,464</u>	<u>-</u>	<u>1,684,752</u>
Total liabilities and net assets	<u>\$ 2,224,495</u>	<u>\$ 110,298</u>	<u>\$ (196,105)</u>	<u>\$ 2,138,688</u>

**See Independent Auditors' Report on Supplementary Information**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.  
Consolidating Statement of Financial Position  
June 30, 2017**

**Assets**

	<b>Harbor House of Louisville, Inc.</b>	<b>Harbor House Home Sweet Home, Inc.</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Current Assets</b>				
Cash	\$ 119,992	\$ 45,993	\$ -	\$ 165,985
Accounts receivable	118,240	1,964	-	120,204
Due from affiliate	91,753	104,352	(196,105)	-
Unconditional promises to give:				
Pledges receivable	32,481	-	-	32,481
Contributions and grants receivable	167,884	-	-	167,884
Prepaid expenses	15,706	-	-	15,706
Total current assets	<u>546,056</u>	<u>152,309</u>	<u>(196,105)</u>	<u>502,260</u>
<b>Unconditional promises to give—long term</b>				
Pledges receivable	19,950	-	-	19,950
<b>Property and Equipment</b>				
Equipment, furniture and vehicles	442,802	-	-	442,802
Building and leasehold improvements	1,366,993	-	-	1,366,993
Future building site	209,248	-	-	209,248
	<u>2,019,043</u>	<u>-</u>	<u>-</u>	<u>2,019,043</u>
Less accumulated depreciation	872,683	-	-	872,683
	<u>1,146,360</u>	<u>-</u>	<u>-</u>	<u>1,146,360</u>
Total assets	<u>\$ 1,712,366</u>	<u>\$ 152,309</u>	<u>\$ (196,105)</u>	<u>\$ 1,668,570</u>

**Liabilities and Net Assets**

<b>Current Liabilities</b>				
Line of credit	\$ 127,708			\$ 127,708
Accounts payable	6,609	304	-	6,913
Accrued and withheld payroll taxes	23,936	1,386	-	25,322
Accrued expenses	73,236	-	-	73,236
Due to affiliate	104,352	91,753	(196,105)	-
Deferred revenue	135	-	-	135
Total current liabilities	<u>335,976</u>	<u>93,443</u>	<u>(196,105)</u>	<u>233,314</u>
<b>Net Assets</b>				
Unrestricted	1,080,288	-	-	1,080,288
Temporarily restricted	296,102	58,866	-	354,968
Total net assets	<u>1,376,390</u>	<u>58,866</u>	<u>-</u>	<u>1,435,256</u>
Total liabilities and net assets	<u>\$ 1,712,366</u>	<u>\$ 152,309</u>	<u>\$ (196,105)</u>	<u>\$ 1,668,570</u>

**See Independent Auditors' Report on Supplementary Information**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidating Statement of Activities  
Year Ended June 30, 2018**

	Harbor House of Louisville, Inc.		Harbor House Home Sweet Home, Inc.		Eliminations		Unrestricted		Temporarily Restricted		Consolidated	
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted	Total	
<b>Revenues and Support:</b>												
Program service income	\$ 1,394,200	\$ -	\$ 1,394,200	\$ 35,662	\$ -	\$ 35,662	\$ 1,429,862	\$ -	\$ 1,429,862	\$ -	\$ 1,429,862	
Contributions and grants	148,698	642,226	790,924	500	-	500	149,198	-	149,198	642,226	791,424	
Fund-raising events	272,724	-	272,724	-	-	-	272,724	-	272,724	-	272,724	
Interest income	47	-	47	5	-	5	52	-	52	-	52	
<b>Net assets released from restrictions</b>	1,815,669	642,226	2,457,895	36,167	-	36,167	1,851,836	-	1,851,836	642,226	2,494,062	
	273,099	(273,099)	-	40,402	(40,402)	-	313,501	(313,501)	-	-	-	
<b>Total revenues and support</b>	2,088,768	369,127	2,457,895	76,569	(40,402)	36,167	2,165,337	-	2,165,337	328,725	2,494,062	
<b>Expenses:</b>												
Program services	1,751,168	-	1,751,168	70,147	-	70,147	1,821,315	-	1,821,315	-	1,821,315	
Management and general	165,607	-	165,607	6,422	-	6,422	172,029	-	172,029	-	172,029	
Fund-raising	251,222	-	251,222	-	-	-	251,222	-	251,222	-	251,222	
<b>Total expenses</b>	2,167,997	-	2,167,997	76,569	-	76,569	2,244,566	-	2,244,566	-	2,244,566	
<b>Increase (decrease) in net assets</b>	(79,229)	369,127	289,898	-	(40,402)	(40,402)	(79,229)	-	(79,229)	328,725	249,496	
<b>Net assets at beginning of year</b>	1,080,288	296,102	1,376,390	-	58,866	58,866	1,080,288	-	1,080,288	354,968	1,435,256	
<b>Net assets at end of year</b>	\$ 1,001,059	\$ 665,229	\$ 1,666,288	\$ -	\$ 18,464	\$ 18,464	\$ 1,001,059	\$ -	\$ 1,001,059	\$ 683,693	\$ 1,684,752	

See Independent Auditors' Report on Supplementary Information

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.  
Consolidating Statement of Activities  
Year Ended June 30, 2017**

	Harbor House of Louisville, Inc.		Harbor House Home Sweet Home, Inc.		Consolidated	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
<b>Revenues and Support:</b>						
Program service income	\$ 1,273,931	\$ -	\$ 31,498	\$ -	\$ 1,305,429	\$ -
Contributions and grants	173,038	239,742	-	3,602	173,038	243,344
Fund-raising events	256,988	-	-	-	256,988	-
Interest income	109	-	13	-	122	-
Net assets released from restrictions	1,704,066	239,742	31,511	3,602	1,735,577	243,344
	86,631	(86,631)	29,479	(29,479)	116,110	(116,110)
Total revenues and support	1,790,697	153,111	60,990	(25,877)	1,851,687	127,234
<b>Expenses:</b>						
Program services	1,561,281	-	55,536	-	1,616,817	-
Management and general	159,399	-	5,454	-	164,853	-
Fund-raising	177,918	-	-	-	177,918	-
Total expenses	1,898,598	-	60,990	-	1,959,588	-
<b>Increase (decrease) in net assets</b>	<b>(107,901)</b>	<b>153,111</b>	<b>-</b>	<b>(25,877)</b>	<b>(107,901)</b>	<b>127,234</b>
<b>Net assets at beginning of year</b>	<b>1,188,189</b>	<b>142,991</b>	<b>-</b>	<b>84,743</b>	<b>1,188,189</b>	<b>227,734</b>
<b>Net assets at end of year</b>	<b>\$ 1,080,288</b>	<b>\$ 296,102</b>	<b>\$ -</b>	<b>\$ 58,866</b>	<b>\$ 1,080,288</b>	<b>\$ 354,968</b>

See Independent Auditors' Report on Supplementary Information

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidating Statement of Functional Expenses  
Year Ended June 30, 2018**

	Harbor House of Louisville, Inc.			Harbor House Home Sweet Home, Inc.			Eliminations	Consolidated Total
	Program services	Management and general	Fund-raising	Program services	Management and general	Fund-raising		
Wages and salaries	\$ 1,129,519	\$ 85,942	\$ 12,277	\$ 53,388	\$ 4,642	\$ -	\$ -	\$ 1,285,768
Employee benefits	108,476	8,254	1,179	8,020	697	-	-	126,626
Payroll taxes	81,827	6,226	889	3,936	342	-	-	93,220
Professional fees	12,201	8,608	69,000	-	-	-	-	89,809
Depreciation	81,467	-	-	-	-	-	-	81,467
Repairs and maintenance	68,603	1,400	-	27	18	-	45	70,048
Travel	37,266	9,555	956	944	236	-	1,180	48,957
Insurance	28,995	12,427	-	279	79	-	358	41,780
Provider tax	36,056	-	-	-	-	-	-	36,056
Advertising	12,399	-	18,599	484	72	-	556	31,554
Supplies	18,200	12,133	-	533	46	-	579	30,912
Therapy fees	25,689	-	-	257	85	-	342	26,031
Meals and entertainment	20,138	5,034	-	246	30	-	276	25,448
Utilities	15,169	2,804	237	-	-	-	-	18,210
Postage and delivery	16,543	1,056	-	14	1	-	15	17,614
Interest	13,285	-	-	-	-	-	-	13,285
Miscellaneous	8,880	668	-	-	-	-	-	9,548
Dues and subscriptions	1,470	7,076	643	125	-	-	125	9,314
Telephone	5,693	1,822	75	41	18	-	59	7,649
Bank charges	7,312	-	-	34	3	-	37	7,349
Payroll processing	4,123	314	45	1,447	126	-	1,573	6,055
Training	4,388	542	-	27	-	-	27	4,957
Printing and production	1,998	999	998	19	3	-	22	4,017
Rent	3,447	-	-	-	-	-	-	3,447
Uncollectible fees	2,852	-	-	-	-	-	-	2,852
Janitorial services	2,415	340	8	-	-	-	-	2,763
Licenses and fees	1,922	140	-	326	24	-	350	2,412
Information technology	835	267	11	-	-	-	-	1,113
<b>Fund-raising events direct expenses</b>	<b>1,751,168</b>	<b>165,607</b>	<b>104,917</b>	<b>70,147</b>	<b>6,422</b>	<b>-</b>	<b>76,569</b>	<b>2,098,261</b>
			<b>146,305</b>					<b>146,305</b>
	<b>\$ 1,751,168</b>	<b>\$ 165,607</b>	<b>\$ 251,222</b>	<b>\$ 70,147</b>	<b>\$ 6,422</b>	<b>\$ -</b>	<b>\$ 76,569</b>	<b>\$ 2,244,566</b>

**See Independent Auditors' Report on Supplementary Information**

**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.**

**Consolidating Statement of Functional Expenses  
Year Ended June 30, 2017**

	Harbor House of Louisville, Inc.			Harbor House Home Sweet Home, Inc.			Consolidated Total			
	Program services	Management and general	Fund-raising	Total	Program services	Management and general	Fund-raising	Total	Eliminations	
Wages and salaries	\$ 1,017,933	\$ 77,452	\$ 11,064	\$ 1,106,449	\$ 39,168	\$ 3,406	\$ -	\$ 42,574	\$ -	\$ 1,149,023
Employee benefits	98,193	7,472	1,067	106,732	1,756	153	-	1,909	-	108,641
Payroll taxes	75,081	5,713	816	81,610	2,967	258	-	3,225	-	84,835
Depreciation	62,925	-	-	62,925	-	-	-	-	-	62,925
Travel	34,409	8,823	882	44,114	3,658	914	-	4,572	-	48,686
Repairs and maintenance	42,674	871	-	43,545	15	10	-	25	-	43,570
Provider tax	35,702	-	-	35,702	-	-	-	-	-	35,702
Professional fees	17,535	16,186	-	33,721	-	-	-	-	-	33,721
Therapy fees	32,478	-	-	32,478	1,028	-	-	1,028	-	33,506
Advertising	12,866	-	-	12,866	1,201	180	-	1,381	-	13,545
Insurance	22,079	9,463	19,298	50,840	350	99	-	449	-	51,389
Supplies	16,089	10,726	-	26,815	1,759	153	-	1,912	-	28,727
Meals and entertainment	21,417	5,354	-	26,771	189	23	-	212	-	26,983
Utilities	13,817	2,554	216	16,587	-	-	-	-	-	16,587
Postage and delivery	11,817	754	-	12,571	136	9	-	145	-	12,716
Information technology	6,623	2,119	88	8,830	-	-	-	-	-	8,830
Dues and subscriptions	1,389	6,687	608	8,684	273	-	-	273	-	8,957
Training	7,608	940	-	8,548	721	-	-	721	-	9,269
Miscellaneous	7,221	544	-	7,765	-	-	-	-	-	7,765
Telephone	5,780	1,850	77	7,707	-	-	-	-	-	7,707
Printing and production	2,271	1,135	1,135	4,541	596	105	-	701	-	5,242
Payroll processing	3,782	288	41	4,111	1,280	111	-	1,391	-	5,502
Rent	3,863	-	-	3,863	-	-	-	-	-	3,863
Janitorial services	2,967	418	10	3,395	-	-	-	-	-	3,395
Interest	2,372	-	-	2,372	-	-	-	-	-	2,372
Bank charges	1,703	-	-	1,703	100	7	-	107	-	1,810
Licenses and fees	687	50	-	737	339	26	-	365	-	1,102
<b>Fund-raising events direct expenses</b>	<b>1,561,281</b>	<b>159,399</b>	<b>35,302</b>	<b>1,755,982</b>	<b>55,536</b>	<b>5,454</b>	<b>-</b>	<b>60,990</b>	<b>-</b>	<b>1,816,972</b>
			<b>142,616</b>	<b>142,616</b>						<b>142,616</b>
	<b>\$ 1,561,281</b>	<b>\$ 159,399</b>	<b>\$ 177,918</b>	<b>\$ 1,898,598</b>	<b>\$ 55,536</b>	<b>\$ 5,454</b>	<b>\$ -</b>	<b>\$ 60,990</b>	<b>\$ -</b>	<b>\$ 1,959,588</b>

See Independent Auditors' Report on Supplementary Information



**Harbor House of Louisville, Inc.  
and  
Harbor House Home Sweet Home, Inc.  
Consolidating Statement of Cash Flows  
Year Ended June 30, 2018**

	Harbor House of Louisville, Inc.	Harbor House Home Sweet Home, Inc.	Eliminations	Consolidated
<b>Cash flows from operating activities:</b>				
Cash received from program services	\$ 1,354,816	\$ 37,186	\$ -	\$ 1,392,002
Cash received from contributions and grants	309,704	500	-	310,204
Cash received from special events and fund-raising activities	272,724	-	-	272,724
Interest received	47	5	-	52
Cash paid for payroll, employee benefits, and payroll taxes	(1,443,957)	(72,411)	-	(1,516,368)
Cash paid to suppliers	(577,473)	(5,767)	-	(583,240)
Cash paid for interest	(12,996)	-	-	(12,996)
<b>Net cash used in operating activities</b>	<b>(97,135)</b>	<b>(40,487)</b>	<b>-</b>	<b>(137,622)</b>
<b>Cash flows from investing activities:</b>				
Purchase of property and equipment	(188,738)	-	-	(188,738)
<b>Net cash used in investing activities</b>	<b>(188,738)</b>	<b>-</b>	<b>-</b>	<b>(188,738)</b>
<b>Cash flows from financing activities:</b>				
Net proceeds from borrowings on line of credit	193,404	-	-	193,404
Principal payments on capital lease obligations	(7,564)	-	-	(7,564)
<b>Net cash provided by financing activities</b>	<b>185,840</b>	<b>-</b>	<b>-</b>	<b>185,840</b>
<b>Net decrease in cash</b>	<b>(100,033)</b>	<b>(40,487)</b>	<b>-</b>	<b>(140,520)</b>
Cash at beginning of year	119,992	45,993	-	165,985
<b>Cash at end of year</b>	<b>\$ 19,959</b>	<b>\$ 5,506</b>	<b>\$ -</b>	<b>\$ 25,465</b>
<b>Reconciliation of increase (decrease) in net assets to net cash used in operating activities:</b>				
Increase (decrease) in net assets	\$ 289,898	\$ (40,402)	\$ -	\$ 249,496
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:				
Depreciation	81,467	-	-	81,467
Allowances for doubtful accounts and pledges	3,558	-	-	3,558
Changes in assets and liabilities:				
(Increase) decrease in:				
Accounts receivable	(25,093)	1,524	-	(23,569)
Pledges receivable	(468,560)	-	-	(468,560)
Grants receivable	23,396	-	-	23,396
Prepaid expenses	8,094	-	-	8,094
Due from affiliate	-	-	-	-
Increase (decrease) in:				
Accounts payable	(1,354)	(223)	-	(1,577)
Accrued and withheld payroll taxes	(17,886)	(1,386)	-	(19,272)
Accrued expenses	8,600	-	-	8,600
Due to affiliate	-	-	-	-
Deferred revenue	745	-	-	745
<b>Total adjustments</b>	<b>(387,033)</b>	<b>(85)</b>	<b>-</b>	<b>(387,118)</b>
<b>Net cash used in operating activities</b>	<b>\$ (97,135)</b>	<b>\$ (40,487)</b>	<b>\$ -</b>	<b>\$ (137,622)</b>

**See Independent Auditors' Report on Supplementary Information**

**Harbor House of Louisville, Inc.**  
**and**  
**Harbor House Home Sweet Home, Inc.**  
**Consolidating Statement of Cash Flows**  
**Year Ended June 30, 2017**

	<b>Harbor House of Louisville, Inc.</b>	<b>Harbor House Home Sweet Home, Inc.</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Cash flows from operating activities:</b>				
Cash received from program services	\$ 1,311,826	\$ 29,934	\$ -	\$ 1,341,760
Cash received from contributions and grants	299,725	3,602	-	303,327
Cash received from special events and fund-raising activities	256,988	-	-	256,988
Interest received	109	13	-	122
Cash paid for payroll, employee benefits, and payroll taxes	(1,292,119)	(46,525)	-	(1,338,644)
Cash paid to suppliers	(517,985)	(13,033)	-	(531,018)
Cash paid for interest	(2,220)	-	-	(2,220)
<b>Net cash provided by (used in) operating activities</b>	<b>56,324</b>	<b>(26,009)</b>	<b>-</b>	<b>30,315</b>
<b>Cash flows from investing activities:</b>				
Purchase of property and equipment	(185,160)	-	-	(185,160)
<b>Net cash used in investing activities</b>	<b>(185,160)</b>	<b>-</b>	<b>-</b>	<b>(185,160)</b>
<b>Cash flows from financing activities:</b>				
Net proceeds from borrowings on line of credit	127,708	-	-	127,708
<b>Net cash provided by financing activities</b>	<b>127,708</b>	<b>-</b>	<b>-</b>	<b>127,708</b>
<b>Net decrease in cash</b>	<b>(1,128)</b>	<b>(26,009)</b>	<b>-</b>	<b>(27,137)</b>
Cash at beginning of year	121,120	72,002	-	193,122
<b>Cash at end of year</b>	<b>\$ 119,992</b>	<b>\$ 45,993</b>	<b>\$ -</b>	<b>\$ 165,985</b>
<b>Reconciliation of increase (decrease) in net assets to net cash provided by (used in) operating activities:</b>				
Increase (decrease) in net assets	\$ 45,210	\$ (25,877)	\$ -	\$ 19,333
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:				
Depreciation	62,925	-	-	62,925
Allowance for doubtful accounts	3,533	-	-	3,533
Changes in assets and liabilities:				
(Increase) decrease in:				
Accounts receivable	37,862	(1,564)	-	36,298
Pledges receivable	2,604	-	-	2,604
Grants receivable	(86,778)	-	-	(86,778)
Prepaid expenses	(9,911)	-	-	(9,911)
Increase (decrease) in:				
Accounts payable	(2,093)	249	-	(1,844)
Accrued and withheld payroll taxes	915	1,183	-	2,098
Accrued expenses	2,327	-	-	2,327
Deferred revenue	(270)	-	-	(270)
<b>Total adjustments</b>	<b>11,114</b>	<b>(132)</b>	<b>-</b>	<b>10,982</b>
<b>Net cash provided by (used in) operating activities</b>	<b>\$ 56,324</b>	<b>\$ (26,009)</b>	<b>\$ -</b>	<b>\$ 30,315</b>

**See Independent Auditors' Report on Supplementary Information**

**0297654.09** dcornish  
AMD  
Trey Grayson, Secretary of State  
Received and Filed:  
11/18/2010 12:56 PM  
Fee Receipt: \$16.00

**SECOND AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF HARBOR HOUSE OF LOUISVILLE, INC.**

**Know All Persons By These Presents:**

That we, the undersigned, have this day voluntarily associated ourselves together for the purposes of forming a non-profit corporation under the laws of the Commonwealth of Kentucky, and to that end do hereby adopt articles of incorporation as follows:

**ARTICLE I  
(Name)**

The name of the corporation is HARBOR HOUSE OF LOUISVILLE, INC. (the "Corporation") and by such name it shall be known as a body corporate and its duration shall be perpetual, and it shall have all powers granted under Kentucky Revised Statutes.

**ARTICLE II  
(Purpose)**

The purpose of the Corporation is:

To engage in and operate a training and development center for adults with Mental Retardation/Developmental Disabilities (MR/DD) emphasizing relationship building and life skills training, including, but not limited to, workshop activities, physical education, therapeutic activities and crafts, for and on behalf of those individuals and to offer recreational, social, cultural and athletic activities.

**ARTICLE III  
(Charitable Organization)**

This corporation is organized exclusively for charitable, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE IV  
(Registered Office/Principal Office)**

The address of the Registered Office of the Corporation in the Commonwealth of Kentucky is 2231 Lower Hunters Trace, Louisville, Kentucky 40216. The name of the Registered Agent of the Corporation is Maria A. Smith. The mailing address of the Corporation's Principal Office is 2231 Lower Hunters Trace, Louisville, Kentucky 40216.

**ARTICLE V  
(Directors)**

The number of Directors shall be set by the Bylaws of this Corporation.

**ARTICLE VI  
(Corporate Powers)**

Under the name of the Corporation it may adopt a corporate seal, and it has the power to contract and be contracted with, to sue and be sued, and it may receive, accept, purchase or acquire and hold in any other lawful manner real and personal property, and it may dispose of same by gift, deed, or in any other lawful manner, for the benefit of the Corporation.

**ARTICLE VII  
(Not For Profit Status)**

The Corporation is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member or director. However, this does not prevent a member or director from being a paid employee of this corporation. The balance, if any of all money received by the Corporation from its operations after the payment in full of all debts and obligations of the corporation, of whatsoever kind and nature, shall be used and distributed exclusively for purposes as enumerated in Article II herein.

**ARTICLE VIII  
(Members)**

The Corporation formed hereby shall have no capital stock and shall be composed of members rather than shareholders.

**ARTICLE IX  
(Classes of Members)**

The various classes of members of the Corporation and the requirements for becoming a part thereof, shall be set forth in the Bylaws of the Corporation, as may be amended from time to time.

**ARTICLE X  
(Articles/Bylaws-Amendment)**

The Articles of Incorporation and Bylaws of the Corporation may be adopted or amended by a two-thirds (2/3) majority vote of the Voting Members of the Corporation in accordance with the procedures set forth in the Bylaws.

**ARTICLE XI  
(Termination of Membership)**

Membership in the Corporation may be terminated in the manner provided in the Bylaws of the Corporation, and unless otherwise provided in the Bylaws, all rights of a member in the Corporation shall cease on termination of his membership.

**ARTICLE XII  
(Removal of Directors)**

The Voting Members of the Corporation may remove any director of the Corporation in accordance with the procedures for removal of directors set forth in the Corporation's Bylaws.

**ARTICLE XIII  
(No Personal Liability)**

Members, directors, officers and employees of the Corporation shall not be personally liable for any debt or obligation of the Corporation.

**ARTICLE XIV  
(Limitation on Activities Related to 501(c)(3) Status)**

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in XIV. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, and any amendment thereto, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future tax code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE XV  
(Dissolution)**

Upon the dissolution of the Corporation, assets shall be distributed to one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or



Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Harbor House of Louisville, Inc.**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**PO Box 58219**

6 City, state, and ZIP code  
**Louisville, KY 40268**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

6	1	-	1	2	1	6	3	2	3
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *Tom Evans* Date ▶ *2/13/2020*

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



JONES, NALE & MATTINGLY PLC  
642 SOUTH FOURTH ST, STE 300  
LOUISVILLE, KY 40202

HARBOR HOUSE OF LOUISVILLE, INC  
2231 LOWER HUNTERS TRACE  
LOUISVILLE, KY 40216

|||||.....|||||

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



*Jones, Nale & Mattingly PLC*

HARBOR HOUSE OF LOUISVILLE, INC  
2231 LOWER HUNTERS TRACE  
LOUISVILLE, KY 40216

MARIA

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU  
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,  
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE  
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO  
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY  
15, 2020.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

TRAVIS C. FRICK

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**HARBOR HOUSE OF LOUISVILLE, INC**

**61-1216323**

Name and title of officer

**MARIA SMITH  
CHIEF EXECUTIVE OFFICER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3,669,689.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize JONES, NALE & MATTINGLY PLC to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61366912345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</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	<b>C</b> Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2231 LOWER HUNTERS TRACE</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40216</b>	<b>D</b> Employer identification number <b>61-1216323</b>  <b>E</b> Telephone number <b>502-719-0072</b>
<b>I</b> 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		<b>G</b> Gross receipts \$ <b>3,989,314.</b>
<b>J</b> Website: ▶ <b>WWW.HHLOU.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>KY</b>
<b>F</b> Name and address of principal officer: <b>MARIA SMITH</b> <b>SAME AS C ABOVE</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER DISABLED INDIVIDUALS AND THEIR FAMILIES TO LEAD FULFILLED AND PRODUCTIVE LIVES.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <b>117</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>185</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">790,924.</td> <td style="text-align: right;">1,990,283.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">1,394,200.</td> <td style="text-align: right;">1,708,423.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">47.</td> <td style="text-align: right;">1,344.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">126,419.</td> <td style="text-align: right;">-30,361.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">2,311,590.</td> <td style="text-align: right;">3,669,689.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	790,924.	1,990,283.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,394,200.	1,708,423.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	47.	1,344.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	126,419.	-30,361.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,311,590.	3,669,689.							
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARIA SMITH, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRAVIS C. FRICK</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01728213</b>
	Firm's name ▶ <b>JONES, NALE &amp; MATTINGLY PLC</b> Firm's address ▶ <b>642 SOUTH FOURTH ST, STE 300</b> <b>LOUISVILLE, KY 40202</b>	Firm's EIN ▶ <b>61-0420207</b> Phone no. (502) 583-0248

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES TO LEAD FULFILLED AND PRODUCTIVE LIVES. HARBOR HOUSE EMPOWERS INDIVIDUALS THROUGH EMPLOYMENT, EDUCATION, AND COMMUNITY BUILDING OPPORTUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code: ) (Expenses \$ 1,947,111. including grants of \$ ) (Revenue \$ 1,708,423.) PROVIDED SUPPORT TO INDIVIDUALS WITH DISABILITIES BY ALLOWING THEM TO ENJOY INTEGRATION INTO THE COMMUNITY THROUGH ON-SITE AND COMMUNITY EMPLOYMENT, WORKSHOPS, VOCATIONAL TRAINING AND ACTIVITIES.

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

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

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

4e Total program service expenses 1,947,111.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

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

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



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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 117		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	16	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**THE ORGANIZATION - 502-719-0072**  
**2231 LOWER HUNTERS TRACE, LOUISVILLE, KY 40216**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) CHRISTIAN MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(2) RICK FARRAR BOARD MEMBER	1.00	X						0.	0.	0.
(3) JOHN ZOELLER BOARD MEMBER	1.00	X						0.	0.	0.
(4) DOUG MORRIS TREASURER	1.00	X		X				0.	0.	0.
(5) PHIL BALL BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVID OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(7) JACQUELINE WARNER SECRETARY	1.00	X		X				0.	0.	0.
(8) JONI JENKINS BOARD MEMBER	1.00	X						0.	0.	0.
(9) PHIL PEERCY PRESIDENT	1.00	X		X				0.	0.	0.
(10) SEAN SALISBURY BOARD MEMBER	1.00	X						0.	0.	0.
(11) JAMIE TRAUGHBER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) PAMELA COOPER BOARD MEMBER	1.00	X						0.	0.	0.
(13) DUSTIN GILCHRIST BOARD MEMBER	1.00	X						0.	0.	0.
(14) JIM MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(15) DEENA PLUHAR BOARD MEMBER	1.00	X						0.	0.	0.
(16) RICHARD SWOPE BOARD MEMBER	1.00	X						0.	0.	0.
(17) TOM EVANS CFO	40.00			X				91,044.	0.	9,278.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA SMITH CEO	40.00			X				164,500.	0.	12,216.
<b>1b Sub-total</b>								255,544.	0.	21,494.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								255,544.	0.	21,494.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,990,283.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		177,974.				
	<b>h Total.</b> Add lines 1a-1f		1,990,283.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>MEDICAID REIMBURSEMENT</b>	<b>Business Code</b> 900099	1,237,265.	1,237,265.			
	<b>b</b> <b>TUITION AND FEES</b>	900099	351,855.	351,855.			
	<b>c</b> <b>MAIL FULFILLMENT</b>	900099	119,303.	119,303.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		1,708,423.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,344.			1,344.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	289,264.				
		<b>b</b> Less: direct expenses	<b>b</b>	319,625.			
<b>c</b> Net income or (loss) from fundraising events			-30,361.			-30,361.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			3,669,689.	1,708,423.	0.	-29,017.	

**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 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	255,545.	235,105.	17,914.	2,526.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,086,120.	999,248.	76,138.	10,734.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,109.	35,060.	2,668.	381.
9 Other employee benefits	86,477.	79,559.	6,054.	864.
10 Payroll taxes	96,167.	88,474.	6,744.	949.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	136,095.	47,993.	10,629.	77,473.
12 Advertising and promotion	27,686.	11,140.	81.	16,465.
13 Office expenses	72,105.	57,302.	13,539.	1,264.
14 Information technology				
15 Royalties				
16 Occupancy	81,800.	76,926.	4,619.	255.
17 Travel	51,391.	40,034.	10,279.	1,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,568.	6,568.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,560.	103,560.		
23 Insurance	42,438.	29,678.	12,760.	
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 <b>HEALTHCARE PROVIDER TAX</b>	41,937.	41,937.		
b <b>SUPPLIES</b>	39,368.	23,164.	16,204.	
c <b>UNCOLLECTIBLE FEES</b>	26,502.	26,502.		
d <b>MEALS AND ENTERTAINMENT</b>	25,673.	20,532.	5,141.	
e All other expenses	27,630.	24,329.	3,236.	65.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,245,171.	1,947,111.	186,006.	112,054.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	20,207.	<b>1</b>	80,421.
	<b>2</b> Savings and temporary cash investments .....	-248.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	665,229.	<b>3</b>	1,560,717.
	<b>4</b> Accounts receivable, net .....	140,025.	<b>4</b>	136,952.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,612.	<b>9</b>	4,677.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,435,585.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,057,710.	1,299,917.	<b>10c</b> 1,377,875.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	100,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	91,753.	<b>15</b>	106,065.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,224,495.	<b>16</b>	3,366,707.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	87,092.	<b>17</b>	18,894.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	880.	<b>19</b>	4,075.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	359,833.	<b>23</b>	52,806.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	110,402.	<b>25</b>	200,126.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	558,207.	<b>26</b>	275,901.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,001,059.	<b>27</b>	1,268,154.
	<b>28</b> Temporarily restricted net assets .....	665,229.	<b>28</b>	1,822,652.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,666,288.	<b>33</b>	3,090,806.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,224,495.	<b>34</b>	3,366,707.	

**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	3,669,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,245,171.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,424,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,666,288.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,090,806.

**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
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **HARBOR HOUSE OF LOUISVILLE, INC**  
Employer identification number: **61-1216323**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	236,106.	241,694.	412,780.	790,924.	1990283.	3671787.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1179608.	1266124.	1273931.	1394200.	1708423.	6822286.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....	184,090.	415,376.	256,988.	272,724.	289,264.	1418442.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1599804.	1923194.	1943699.	2457848.	3987970.	11912515.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	8,000.	1,000.	1,000.	116,550.	25,760.	152,310.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	918,101.	1012474.	1015356.	1079057.	825,488.	4850476.
<b>c</b> Add lines 7a and 7b .....	926,101.	1013474.	1016356.	1195607.	851,248.	5002786.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						6909729.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	1599804.	1923194.	1943699.	2457848.	3987970.	11912515.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	49.	74.	109.	47.	1,344.	1,623.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	49.	74.	109.	47.	1,344.	1,623.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	43,078.	20,000.				63,078.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1642931.	1943268.	1943808.	2457895.	3989314.	11977216.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	57.69 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	46.66 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.01 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	.00 %

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			





Schedule A

Payments from Disqualified Persons  
Included on Part III, Line 7a

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
	8,000.	1,000.	1,000.	116,550.	25,760.
Total to Schedule A, Part III, Line 7a .....	8,000.	1,000.	1,000.	116,550.	25,760.

Schedule A

Excess Payments from Non-Disqualified Persons  
Included on Part III, Line 7b

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
	918,101.	1,012,474.	1,015,356.	1,079,057.	825,488.
Total to Schedule A, Part III, Line 7b .....	918,101.	1,012,474.	1,015,356.	1,079,057.	825,488.

**Schedule A Identification of Excess Support Payments Included on Part III, Line 7b, column (e) 2018**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	Amount Received in 2018	2018 Excess Payments
	865,381.	825,488.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e) .....		825,488.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

HARBOR HOUSE OF LOUISVILLE, INC

Employer identification number

61-1216323

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number <b>61-1216323</b>
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**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	TARC 1000 W BROADWAY LOUISVILLE, KY 40203-2030	\$ 91,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE GHEENS FOUNDATION, INC. 401 W MAIN STREET SUITE 705 LOUISVILLE, KY 40202-2937	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ZOELLER COMPANY PO BOX 16347 LOUISVILLE, KY 40256	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	SNOWY OWL FOUNDATION, INC 471 WEST MAIN STREET SUITE 500 LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ZEEFAM TRUST 8089 CUNNINGHAM SARLES RD BORDEN, IN 47106-9126	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOUISVILLE METRO COUNCIL-DISTRICT 12 601 WEST JEFFERSON STREET LOUISVILLE, KY 40202-2741	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number <b>61-1216323</b>
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**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
7	KOSAIR CHARITIES COMMITTEE, INC PO BOX 37370 LOUISVILLE, KY 40233-7370	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MERRILL LYNCH WEALTH MANAGEMENT 101 BULLITT LANE, STE. 400 LOUISVILLE, KY 40222	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HONORABLE ORDER OF KENTUCKY COLONELS 1717 ALLIANT AVENUE SUITE 14 LOUISVILLE, KY 40299	\$ 21,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	FRED GREAVES 2057 GOLDEN RAIN RD APT 2 WALNUT CREEK, CA 94595-1993	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	LARRY LOVE 2608 LOMOND DR LOUISVILLE, KY 40216-3635	\$ 16,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	M & S DIEBOLD CHARITABLE FOUNDATION, INC. 210 PEPPERBUSH RD LOUISVILLE, KY 40207-5714	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number <b>61-1216323</b>
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**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
13	SHOP LOCAL KENTUCKY, LLC 771 W MAIN ST, STE 110 LEXINGTON, KY 40508	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	RICK FARRAR 3611 LOCKLEE RD LOUISVILLE, KY 40214-3830	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JOHN ZOELLER 1900 TYLER LN LOUISVILLE, KY 40205-2817	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GARRETT-STOTZ COMPANY 1601 ALLIANT AVE LOUISVILLE, KY 40299-6338	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TECHNOLOGY PLUS 2200 PLANTSIDE DRIVE LOUISVILLE, KY 40299	\$ 10,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	RAYMOND ZOELLER 8089 CUNNINGHAM SARLES RD BORDEN, IN 47106-9126	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number <b>61-1216323</b>
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**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
19	THE KING'S DAUGHTERS & SONS FNDD. OF KY, INC.  P.O. 83  FRANKFORT, KY 40602	\$ 24,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	TOM DREXLER  3718 BARDSTOWN RD  LOUISVILLE, KY 40218-2209	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	TRI-ARROWS ALUMINUM, INC.  9960 CORPORATE CAMPUS DR, STE. 3000  LOUISVILLE, KY 40223	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	REPUBLIC BANK FOUNDATION  601 W. MARKET ST.  LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	PRUDENTIAL HEATING & AIR  3301 GILMORE INDUSTRIAL BLVD  LOUISVILLE, KY 40213	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE WOOD & MARIE HANNAH FOUNDATION  P. O. BOX 34290  LOUISVILLE, KY 40232	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number  <b>61-1216323</b>
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**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
25	BIA OF GREATER LOUISVILLE  1000 N HURSTBOURNE PARKWAY  LOUISVILLE, KY 40223	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	HILLIARD LYONS  500 W JEFFERSON ST SUITE 700  LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BERNARD FINEMAN  4000 TOWER RD  LOUISVILLE, KY 40219-1901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	BARLOW ANDERSON, LLC  420 L STREET, SUITE 310  ANCHORAGE, AK 99501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number  <b>61-1216323</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	COMMON STOCK _____ _____ _____	\$ 100,000.	08/30/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number  <b>61-1216323</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization HARBOR HOUSE OF LOUISVILLE, INC Employer identification number 61-1216323

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,655,487.	545,778.	1,109,709.
c Leasehold improvements		86,051.	18,039.	68,012.
d Equipment		694,047.	493,893.	200,154.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,377,875.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	95,774.
(3) DUE TO RELATED PARTY	104,352.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	200,126.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,989,314.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	319,625.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	319,625.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,669,689.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,669,689.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,564,796.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	319,625.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	319,625.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,245,171.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,245,171.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). ALTHOUGH THE ORGANIZATION IS EXEMPT FROM INCOME TAXES, ANY INCOME GENERATED FROM ACTIVITIES UNRELATED TO THEIR EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED JUNE 30, 2019. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN MADE IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING

**Part XIII** Supplemental Information (continued)

RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF A TAX EXPENSE OR BENEFIT.

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTE OF LIMITATIONS ON THE RETURNS, WHICH IS GENERALLY THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B 319,625.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B 319,625.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **HARBOR HOUSE OF LOUISVILLE, INC**  
Employer identification number: **61-1216323**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....	▶					

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		KEN-DUCKY DERBY		2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	283,448.	5,816.	289,264.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	283,448.	5,816.	289,264.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,004.		4,004.
	7	Food and beverages	30,098.		30,098.
	8	Entertainment			
	9	Other direct expenses	285,523.		285,523.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-30,361.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **HARBOR HOUSE OF LOUISVILLE, INC**  
 Employer identification number: **61-1216323**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA SMITH CEO	(i)	164,500.	0.	0.	0.	12,216.	176,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HARBOR HOUSE OF LOUISVILLE, INC** Employer identification number **61-1216323**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>SUPPLIES</u> )	X	157	97,974.	ESTIMATED FAIR MARKE
26 Other ▶ ( <u>PR/MARKETING</u> )	X	2	80,000.	ESTIMATED FAIR MARKE
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HARBOR HOUSE OF LOUISVILLE, INC

Employer identification number

61-1216323

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

BOARD MEMBERS RECEIVE A COPY OF FORM 990 FOR THEIR REVIEW BEFORE IT IS  
FILED.

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

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE ASKED ANNUALLY TO DISCLOSE KNOWN  
OR POTENTIAL CONFLICTS OF INTEREST. ANY TRANSACTIONS INVOLVING KNOWN OR  
POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED FOR APPROPRIATENESS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PERFORMS AN ANNUAL  
WRITTEN EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMMITTEE  
SOLICITS INPUT FROM OTHER BOARD MEMBERS. THE CHIEF EXECUTIVE OFFICER'S  
PERFORMANCE IS EVALUATED BASED ON THE GOALS AND OBJECTIVES THAT HAVE BEEN  
ESTABLISHED AT THE BEGINNING OF EACH YEAR. THE COMPENSATION AMOUNT IS  
APPROVED BY THE EXECUTIVE COMMITTEE AND IS DETERMINED PRIMARILY THROUGH  
COMPARABILITY DATA. THE OTHER OFFICERS OF THE ORGANIZATION ARE EVALUATED  
INTERNALLY ON AN ANNUAL BASIS AND COMPENSATION IS DETERMINED PRIMARILY BY  
COMPARABILITY DATA.

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

HARBOR HOUSE MAKES ITS' GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY  
AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE PUBLISHED IN AN ANNUAL  
REPORT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization **HARBOR HOUSE OF LOUISVILLE, INC** Employer identification number **61-1216323**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HARBOR HOUSE HOME SWEET HOME, INC. - 46-5368876, 2231 LOWER HUNTERS TRACE, LOUISVILLE, KY 40216	PROVIDED EMPLOYMENT TO INDIVIDUALS WITH DISABILITIES	KENTUCKY	501(C)(3)	LINE 10			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HARBOR HOUSE HOME SWEET HOME, INC.	D	106,065.	INTERCOMPANY RECEIVABLE
(2)			
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

**Part VII Supplemental Information.**

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

Lined area for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HARBOR HOUSE OF LOUISVILLE, INC</b>	Employer identification number (EIN) or <b>61-1216323</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2231 LOWER HUNTERS TRACE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40216</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**THE ORGANIZATION**

- The books are in the care of ▶ **2231 LOWER HUNTERS TRACE - LOUISVILLE, KY 40216**  
Telephone No. ▶ **502-719-0072** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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