

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

**Applicant/Program:** Center For Accessible Living

**Executive Summary of Request:**  
  
The Center For Accessible Living is requesting \$75,000 of NDF for the continuation of their support programs for individuals with disabilities which include advocacy, education, peer support, referral attendant care, employment services and specifically – ramp building projects.

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.

13 District #      Vicki Aubrey Welch Primary Sponsor Signature      \$ 5,000<sup>00</sup> Amount      9/18/14 Date

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

**Approved by:**  
\_\_\_\_\_ Date  
Appropriations Committee Chairman

**Clerk's Office Only:**  
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**Applicant/Program:**

**Center For Accessible Living / Ramp Building Program**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

✓ <u>1</u> District #	<u>Attica Scott</u> Council Member Signature	<u>\$10,000<sup>00</sup></u> Amount	<u>9/18/2014</u> Date
✓ <u>23</u> District #	<u>James P. Scott</u> Council Member Signature	<u>\$1,500</u> Amount	<u>10-9-14</u> Date
✓ <u>16</u> District #	<u>Kelly Deaneal</u> Council Member Signature	<u>\$3,000<sup>00</sup></u> Amount	<u>10-9-14</u> Date
✓ <u>3</u> District #	<u>Maryc Hodrick</u> Council Member Signature	<u>13,500<sup>00</sup></u> Amount	<u>10/9/14</u> Date
✓ <u>12</u> District #	<u>Ril Belwell</u> Council Member Signature	<u>4,500</u> Amount	<u>10-9-14</u> Date
✓ <u>24</u> District #	<u>Madonna Hood</u> Council Member Signature	<u>\$ 10,000<sup>00</sup></u> Amount	<u>10/14/14</u> Date
✓ <u>9</u> District #	<u>Tina Ward High</u> Council Member Signature	<u>\$1,500-</u> Amount	<u>10/14/14</u> Date

**Applicant/Program:**

**Center For Accessible Living / Ramp Building Program**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

✓ <u>6</u> District #	<u>David James</u> Council Member Signature	<u>4,500.<sup>00</sup></u> Amount	<u>10-15-2015</u> Date
✓ <u>14</u> District #	<u>Cindi Fowler</u> Council Member Signature	<u>4,500.<sup>00</sup></u> Amount (7250)	<u>10/15/14</u> Date
<u>2</u> District #	<u>Dr. Barbara Shanklin</u> Council Member Signature	<u>2,000.<sup>00</sup></u> Amount	<u>11/4/14</u> Date
<u>15</u> District #	<u>Marianne Butler</u> Council Member Signature	<u>1,000</u> Amount	<u>12/3/14</u> Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Center For Accessible Living</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 501 S. 2nd Street Suite 200 Louisville, KY 40202			
<b>Website:</b> www.calky.org			
<b>Applicant Contact:</b>	John Leonard	<b>Title:</b>	Program Manager
<b>Phone:</b>	502-589-6620	<b>Email:</b>	jleonard@calky.org
<b>Financial Contact:</b>	Michael Markiewicz	<b>Title:</b>	Chief Financial Officer
<b>Phone:</b>	502-589-6620	<b>Email:</b>	mmarkiewicz@calky.org
<b>Organization's Representative who attended NDF Training:</b> John Leonard			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	Jefferson County		
<b>Council District(s):</b>	Various	<b>Zip Code(s):</b>	Various
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Rampbuilders Program			
<b>Total Request: (\$)</b>	75,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	64,425
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input type="checkbox"/> IRS Exempt Status Determination Letter <input type="checkbox"/> Current Year Projected Budget <input type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
<b>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.</b>			
<b>Source:</b>	CDBG	<b>Amount: (\$)</b>	\$223,280
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The Center For Accessible Living, Inc, is a 501(C)(3) not for profit organization empowered to assist in providing an environment that supports the individual with a disability in attaining independent living. To achieve this goal, the Center programs emphasize advocacy, education, peer support, information and referral, attendant care, employment services, interpreter services, ramps, social security benefits education, and assistance with transition into independent home environments.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Rampbuilding for persons with confirmed need of ramp within various Districts in Jefferson County will begin upon receipt of funds.

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

A certified, insured and qualified builder will construct ramps with the funding. Permits will be obtained, estimate made and construction completed. The Center will visit the consumer, monitor the construction of the ramp and make return visit for final inspection. An invoice for materials and permits along with photographs of the project will be provided.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**  
The ramp construction will enable the individuals to enter and exit the residence whereas before that ability was limited and involved others to assist. The ramp will enable the individuals to independently move about the community once out of the home.

**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.**

Ford volunteers are providing free labor to build ramps.  
Also approved rampbuilder will build ramps utilizing NDF funds for materials.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$60,409
<b>B: Rent/Utilities</b>			\$11,575
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			\$151,296
<b>H: Program Materials</b>	\$75,000		\$75,000
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$75,000		\$298,280
<b>% of Program Budget</b>	%	%	<b>100%</b>

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

Other State, Federal or Local Government	CDBG \$223,280
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>\$223,280</b>

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

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

Applicant's Initials 



## 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
Free Ford Rampbuilding Labor	\$30,000	estimate of \$1750 per ramp
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$30,000	

\* 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: 7/1/14

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

If YES, please explain:





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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


#### Standard Certifications

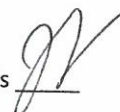
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

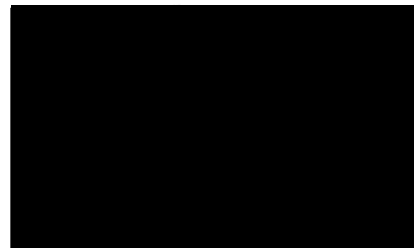
I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	11/12/14
<b>Legal Signatory: (please print):</b>	Michael C. Markiewicz	<b>Title:</b>	Chief Financial Officer
<b>Phone:</b>	502-589-6620	<b>Extension:</b>	103
<b>Email:</b>	mmarkiewicz@calky.org		



NOV 29 1982

Date: 24 NOV 1982



▷ Center for Accessible Living, Inc.  
835 West Jefferson Street, Suite 105  
Louisville, KY 40202

CIN: EO: '83 0 3 7 1

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

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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and\* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and\* organization.

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

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

Sincerely yours,

A handwritten signature in cursive script that reads "James J. Ryan".

James J. Ryan  
District Director

\*170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

bg

[REDACTED]

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

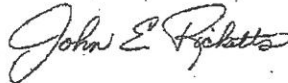
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services



**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** February 26, 2003

**Person to Contact:**  
Ms. Benson #31-07273  
Contact Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5522

Center For Accessible Living, Inc.  
981 S. 3<sup>RD</sup> St. - Ste. 102  
Louisville, KY 40203-2261



Dear Madam:

This letter is in response to your telephone request regarding your organization's tax exempt status.

Our records indicate that a determination letter issued in August 1981, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

**CENTER FOR ACCESSIBLE LIVING FISCAL YEAR 2014 ANNUAL AGENCY BUDGET, 10/1/13-9/30/14**

CATEGORY	RSA	ARRA	PCAP	GENERAL	INT	SILC Part B	SSA	METRO	WC	FY 2014 TOTAL	FY 2013	CHANGE
GRANT REVENUE	642,579.00	24,082.00	2,271,911.00	30,000.00	707,658.00	60,000.00	298,275.00	225,000.00	13,303.00	4,272,808.00	4,468,842.00	(196,034.00)
WAGES	339,232.00	11,817.00	193,550.00	5,655.00	109,300.00	31,859.00	153,233.00	41,743.00	7,800.00	894,189.00	1,023,735.00	(129,546.00)
FRINGE BENEFITS	118,997.00	3,215.00	64,762.00	432.00	33,896.00	5,915.00	72,052.00	14,823.00	921.00	315,013.00	332,677.00	(17,664.00)
TRAVEL	6,000.00	900.00	9,648.00	-	1,560.00	5,280.00	14,040.00	832.00	1,200.00	39,460.00	42,979.00	(3,519.00)
EQUIPMENT	2,000.00	-	-	-	500.00	2,000.00	-	-	-	4,500.00	8,700.00	(4,200.00)
SUPPLIES	12,000.00	875.00	2,105.00	1,800.00	2,400.00	1,780.00	2,400.00	-	360.00	23,720.00	23,592.00	128.00
OTHER	164,350.00	7,275.00	2,001,846.00	21,380.00	539,720.00	13,166.00	56,550.00	167,602.00	1,813.00	2,973,702.00	2,998,501.00	(24,799.00)
TOTAL EXPENSES	642,579.00	24,082.00	2,271,911.00	29,267.00	687,376.00	60,000.00	298,275.00	225,000.00	12,094.00	4,250,584.00	4,430,184.00	(179,600.00)
NET REVENUE	-	-	-	733.00	20,282.00	-	-	-	1,209.00	22,224.00	38,658.00	(16,434.00)

CENTER FOR ACCESSIBLE LIVING, INC.  
BALANCE SHEET  
STATEMENT OF FINANCIAL POSITION  
SEPTEMBER 30, 2014 [UNAUDITED]

ASSETS

CURRENT ASSETS

Cash	\$ 39,421.27
Accounts Receivable	262,811.34
Prepaid Expenses	14,136.63
Total Current Assets	\$ 316,369.24

INTANGIBLE ASSETS

Capitalized Software	\$ 2,500.00
Accumulated Ammortization	-
Total Intangible Assets	\$ 2,500.00

FURNITURE AND EQUIPMENT

Fixed Assets	\$ 76,182.25
Accumulated Depreciation	(76,182.25)
Total Furniture and Equipment	\$ -

SECURITY DEPOSIT	\$ 9,760.86
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TOTAL ASSETS	\$ 328,630.10
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LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$ 35,083.68
Line of Credit	95,000.00
Payroll and Related Expenses Payable	81,026.04
Deferred Revenue	-
Total Liabilities	\$ 211,109.72

FUND BALANCES

Fund Balance	\$ 113,090.93
Current Year Activity	4,429.45
Total Net Assets	117,520.38

TOTAL LIABILITIES AND NET ASSETS	\$ 328,630.10
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CENTER FOR ACCESSIBLE LIVING, INC.

INCOME STATEMENT

STATEMENT OF ACTIVITIES

SEPTEMBER 30, 2014 [UNAUDITED]

	BUDGET	ACTUAL	VAR
<b>SUPPORT AND REVENUE</b>			
Grant Income	3,460,669.00	2,686,165.09	78%
Fee For Service Income	707,658.00	710,847.72	100%
Conference Fees	-	-	0%
Fundraising Income	-	-	0%
Contributions	1,000.00	2,846.52	285%
Other Income	28,000.00	32,514.35	116%
<b>TOTAL SUPPORT AND REVENUE</b>	<b>4,197,327.00</b>	<b>3,432,373.68</b>	<b>82%</b>
<b>EXPENSES</b>			
Salary and Wages	890,883.00	900,321.84	101%
Fringe Benefits	313,745.00	301,689.44	96%
Travel & Mileage	39,376.00	36,970.63	94%
Supplies	23,730.00	18,612.48	78%
Rents & Utilities	179,172.00	176,307.84	98%
Phones	44,672.00	41,338.91	93%
Postage	12,550.00	12,415.56	99%
Printing	7,558.00	7,243.06	96%
Training	6,820.00	4,734.06	69%
Interpreters	510,200.00	498,158.05	98%
Maintenance	29,290.00	40,727.96	139%
Insurance	13,340.00	13,734.96	103%
Equipment	4,500.00	1,008.18	22%
Ramp Construction	152,376.00	185,488.12	122%
Subsidy Costs	1,884,249.00	1,122,480.44	60%
Fundraising	-	-	0%
Bank Charges/Interest	15,500.00	16,670.54	108%
Other	46,987.00	50,042.16	107%
<b>TOTAL EXPENSES</b>	<b>4,174,948.00</b>	<b>3,427,944.23</b>	<b>82%</b>
<b>NET GAIN (LOSS)</b>	<b>22,379.00</b>	<b>4,429.45</b>	<b>20%</b>

## Center for Accessible Living

Name	Office #	Extension #
<u>Amy Jones – Independent Living Specialist</u>	<u>5</u>	<u>108</u>
<u>Angie Lindsey- Interpreter Coordinator</u>	<u>2</u>	<u>129</u>
<u>Barbara Robbins - Fiscal Assistant</u>	<u>20</u>	<u>121</u>
<u>Beverly Alford-Coor of Events, Public Relations, and Administration</u>	<u>17</u>	<u>118</u>
<u>Bobbie James – Community Advocate</u>	<u>1</u>	<u>105</u>
<u>David Allgood – Director of Advocacy</u>	<u>7</u>	<u>133</u>
<u>Dea Sokacz - Fiscal Assistant</u>	<u>20</u>	<u>102</u>
<u>Donna Fox – Independent Living Specialist</u>	<u>10</u>	<u>111</u>
<u>Elaine Spalding-Employment Specialist</u>	<u>24</u>	<u>126</u>
<u>Frances Hurrigan – Reception/PCAP Assistant</u>	<u>0</u>	<u>127</u>
<u>Gayle Nunn – Benefits Specialist Counselor</u>	<u>11</u>	<u>123</u>
<u>Jan Day - Chief Executive Officer</u>	<u>18</u>	<u>119</u>
<u>John Leonard - Ramp Program Coordinator</u>	<u>3</u>	<u>128</u>
<u>Joni Tamalonis - Benefits Specialist Counselor</u>	<u>8</u>	<u>115</u>
<u>Kathleen Eleby – Interpreter Service Assist</u>	<u>2</u>	<u>120</u>
<u>Keith Hosey - Associate Director</u>	<u>23</u>	<u>109</u>
<u>Larry Hensley - Benefits Specialist Counselor</u>	<u>3</u>	<u>put msg ext 16</u>
<u>Larry Hosey-Outreach Specialist/1<sup>st</sup> Impression</u>	<u>13</u>	<u>130</u>
<u>Lee Ann Thomas- Housing Program Manager</u>	<u>9</u>	<u>116</u>
<u>Maureen Seng-PCAP/Coord of Services Assist</u>	<u>17</u>	<u>122</u>
<u>Meg Deckert – Interpreter Co-Coordinator</u>	<u>2</u>	<u>129</u>
<u>Michael Markiewicz - Chief Financial Officer</u>	<u>19</u>	<u>103</u>
<u>Prentha Cochran – Bookkeeper</u>	<u>20</u>	<u>101</u>
<u>Stephanie Brimmer - PCA P Coordinator</u>	<u>6</u>	<u>110</u>
<u>Susan Tharpe – Coordinator of Services</u>	<u>15</u>	<u>125</u>
<u>Russell Crenshaw</u>	<u>Information Technology</u>	
<u>Supply Room</u>	<u>22 / Storage loan equipment</u>	<u>21</u>
<u>Boardroom</u>		<u>124</u>
<u>Kitchen</u>		<u>117</u>
<u>Conference Room 1</u>		
<u>Consumer Resource Room</u>	<u>25</u>	<u>131</u>
<u>Library</u>	<u>1</u>	
<u>Room</u>	<u>16</u>	<u>113</u>
<u>Bonnie Andaya</u>	<u>Options Unlimited</u>	<u>12</u>
<u>Beth Wiedewitsch</u>	<u>Options Unlimited</u>	<u>12</u>
<u>Center/Murray, KY- Carrissa Johnson, Ethel Thomas, Jeannie Gallimore, Jennifer Johnson</u>		
<u>Lex KY-Peggy Roark, Outreach Specialist</u>		
<u>Corbin, KY – Patrick Johnnanesen, PCAP Coordinator</u>		
<u>Lex, KY-David Edwards, Benefits Specialist Counselor</u>		
<u>Northern, KY-Rick Thies, Rene Thompson, IL Specislist</u>		

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Center for Accessible Living, Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>501 South 2nd Street Suite 200</b> City, state, and ZIP code <b>Louisville, KY 40202-1864</b>	Requester's name and address (optional) <b>Metro Louisville</b>
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

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

	Social security number																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>9-21-14</b>
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**General Instructions**

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

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

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

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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**Center for Accessible Living, Inc.**

**Board of Directors**


**Terms and Term Limits**

**2014**

All Board members serve 1 year term with additional 4- 2year terms if applicable.

List of members in this application is current and all are current Board members.

Thank you,

A handwritten signature in blue ink that reads "Jan E. Day". The signature is written in a cursive style with a large initial "J" and "D".

Jan Day

Chief Executive Officer

Center For Accessible Living

501 South 2<sup>nd</sup> Street Suite 200

Louisville, KY. 40202

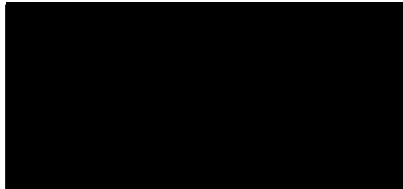


**Center for Accessible Living, Inc.  
Board of Directors**

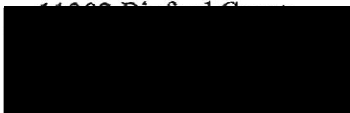
**OFFICERS**

Tom Stokes	President
Don Bell	Vice- President
Keith Frost	At Large
Dana Moody	At Large

Tom Stokes\*



Don Bell \*



Dana Moody



Keith Frost\*



Lee Gordon\*

Commissioner Child Welfare Services  
[Redacted]

Ken Gould

[Redacted]

Jackie Koch (LP)\*

[Redacted]

Ron Loughry

[Redacted]

\*denotes person with a disability

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 9/30, 2013

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

**C** Center for Accessible Living, Inc.  
501 S 2nd Street #200  
Louisville, KY 40202-1864

**D** [Redacted] number

**E** [Redacted] (502) 589-6620

**G** Gross receipts \$ 4,456,276.

**F** Name and address of principal officer:  
Same As C Above

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

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

**J** Website: ▶ www.calky.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of Formation: 1981 **M** State of legal domicile: KY

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>Aid disabled individuals in obtaining independent living.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a).....	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	8
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	5	36
	6	Total number of volunteers (estimate if necessary).....	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h).....	Prior Year 3,586,829.	Current Year 3,623,975.
	9	Program service revenue (Part VIII, line 2g).....	713,796.	780,335.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	45,732.	51,966.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	4,346,357.	4,456,276.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	1,297,309.	1,286,332.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	3,024,847.	3,169,417.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,322,156.	4,455,749.	
19	Revenue less expenses. Subtract line 18 from line 12.....	24,201.	527.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16).....	Beginning of Current Year 511,523.	End of Year 570,722.
	21	Total liabilities (Part X, line 26).....	398,782.	457,454.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	112,741.	113,268.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: [Signature] Date: 5-20-14

Type or print name and title: MICHAEL MARKIEWICZ, CEO

**Paid Preparer Use Only**

Print/Type preparer's name: David B. May, CPA Preparer's signature: [Signature] Date: 5/15/14 Check  if self-employed PTIN: P00161621

Firm's name: Stephens & Lawson Firm's EIN: 61-1242942

Firm's address: 5203 Dixie Hwy Phone no.: (502) 448-4376

Louisville, KY 40216

**Part IV Checklist of Required Schedules**

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



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">1 a 40</span>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">1 b 0</span>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <span style="float:right">1 c</span>	X	
2 a	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. <span style="float:right">2 a 36</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right">7 d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10 a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10 b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders <span style="float:right">11 a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11 b</span>		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right">12 b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	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	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 <span style="float:right">13 b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13 c</span>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tom Stokes President	5 0	X						0.	0.	0.
(2) Lee Gordon Director	2 0	X						0.	0.	0.
(3) Ken Gould Director	2 0	X						0.	0.	0.
(4) Dana Moody Director	2 0	X						0.	0.	0.
(5) Jackie Koch Director	2 0	X						0.	0.	0.
(6) Keith Frost Director	2 0	X						0.	0.	0.
(7) Don Bell Vice President	2 0	X						0.	0.	0.
(8) Ron Loughry Director	2 0	X						0.	0.	0.
(9) Jan Day CEO	40 0			X				76,848.	0.	0.
(10) Michael Markiewicz CFO	0 0				X			65,802.	0.	0.
(11) Keith Hasey					X			43,080	0	0
(12)										
(13)										
(14)										

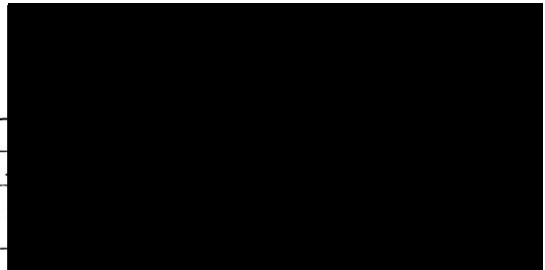
**Part VIII** Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 3,623,370.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 605.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f.		3,623,975.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a <u>Interpreter Services</u>		720,530.	720,530.		
	b <u>Advocacy Services</u>		47,599.	47,599.		
	c <u>Benefits Analysis</u>		12,206.	12,206.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f.		780,335.				
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>Miscellaneous Revenue</u>		51,966.	51,966.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d.		51,966.				
12 Total revenue. See instructions.		4,456,276.	832,301.	0.	0.	

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X



ASSETS	1	Cash — non-interest-bearing		2	
	2	Savings and temporary cash investments		3	
	3	Pledges and grants receivable, net		4	510,441.
	4	Accounts receivable, net	444,340.	5	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		6	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		7	
	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	18,165.
	9	Prepaid expenses and deferred charges	25,691.	10a	76,182.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	76,182.	10b	76,182.
	b	Less: accumulated depreciation	1,987.	10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,821.	15	9,861.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	511,523.	16	570,722.	
LIABILITIES	17	Accounts payable and accrued expenses	129,782.	17	131,922.
	18	Grants payable		18	
	19	Deferred revenue	269,000.	19	175,532.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	398,782.	26	457,454.
NET ASSETS OR FUND BALANCES	<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>				
	27	Unrestricted net assets	100,201.	27	89,288.
	28	Temporarily restricted net assets	12,540.	28	23,980.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	112,741.	33	113,268.	
34	<b>Total liabilities and net assets/fund balances.</b>	511,523.	34	570,722.	

BAA



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Section

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Em

Center for Accessible Living, Inc.

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2012. 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 – 2011. 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.

Client CEN02

Center for Accessible Living, Inc.



5/19/14

01:43PM

Part II, Line 10 - Other Income

Nature and Source	2012	2011	2010	2009	2008
Other Income	\$ 51,966.	\$ 45,732.	\$ 29,115.		
Total	<u>\$ 51,966.</u>	<u>\$ 45,732.</u>	<u>\$ 29,115.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

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

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

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

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

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

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

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

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

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

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

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Part VI Land, Buildings, and Equipment.** 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		69,379.	69,379.	0.
e Other		6,803.	6,803.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

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<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	4,456,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,456,276.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,456,276.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	4,455,749.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,455,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,455,749.

**Part XIII Supplemental Information**

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

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Name of the organization

Center for Accessible Living, Inc.

**Form 990, Part III, Line 4c - Program Service Accomplishments**

consumers learn to interact with appropriate social service

program reporting requirements and to encourage the achievement individual goals, including employment goals, if desired. Information and Referral: The Center serves as a resource center and a clearinghouse of information concerning disability.

Information and Referral provides the Kentuckiana area with information about individuals with disabilities, the Americans with Disabilities Act, other disability laws, and individual access. The Center also makes provides appropriate referrals to assist the community in learning about disabilities and disability related issues.

CAL makes information and Referral Services available to everyone. Independent

Living Skills: Classes develop skills needed to help consumers learn basic and advanced skills to achieve self-reliance for a more independent lifestyle. Classes include credit counseling, assertiveness training, adaptive cooking, mobility training, nutrition, homemaking, education opportunities, and communication skills among others. Peer Support: One-on-one or group settings, peer support assists individuals with disabilities to help each other on a cross-disability basis. Peers provide assistance and support to increase skills and knowledge that will overcome interpersonal, family, social, financial, interagency and other disability-related challenges.

**Form 990, Part III, Line 4d - Other Program Services Description**

The Rampbuilders Program has been providing custom-designed home access ramps and railings to persons with disabilities since the incorporation of the Center for Accessible Living in 1981. Whenever possible, ramps are provided at no cost to the recipient. Individuals with mobility impairments can safely enter and exit their homes, providing independence and opportunities for education, employment, and recreation. A ramp provides a very basic level of freedom so that persons with disabilities can make their own choices. Our program has provided ramps to

Center for Accessible Living, Inc.



**Form 990, Part III, Line 4d - Other Program Services Description**

Living Skills, Peer Support, and Information and Referral throughout the Northern Kentucky service delivery area. These staff members work out of the Center for Accessible Living's Louisville and Crestview Hills Offices and meet with consumers face to face in public meeting locations throughout the area.

A cooperative agreement with Wellcare for outreach to Medicaid recipients and people with disabilities. Outreach Specialist identifies community resources available and connects Medicaid recipients and people with disabilities to them.

874K Program - promotes advocacy, education and an understanding of current legislative activities and initiatives as they pertain specifically to individuals with disabilities. Specific activities relate to the State legislative receptions held each year at which upcoming legislation is disseminated.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Reviewed by the CFO prior to signing. Compared with audited financial statement which is compared to the Center's own year end trial balance.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Maintain list of individuals required to complete said document. Check with the list to make sure everyone has completed one every year.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management**

Compare salaries with positions at similar sized agencies. Final approval by the Board.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Available upon request.

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

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

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Center for Accessible Living, Inc.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite number. If a P.O. box, see instructions. Stephens & Lawson 5203 Dixie Hwy City, town or post office, state, and ZIP code. For a foreign address, see instructions. Louisville, KY 40216	[REDACTED]

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

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

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

- The books are in care of ▶ Michael Markiewicz  
 Telephone No. ▶ (502) 589-6620 FAX No. ▶ (502) 589-3980
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 8/15, 20 14.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 20 12, and ending 9/30, 20 13.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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

**Signature and Verification must be completed for Part II only.**

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

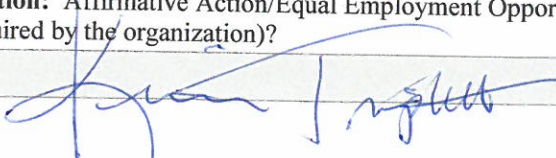
Signature ▶ [Handwritten Signature] Title ▶ [Handwritten Title] Date ▶ 5/14/14

BAA

FIFZ0502L 01/21/13



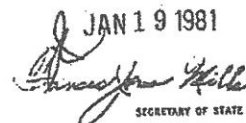
## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Center For Accessible Living		
Program Name:	Request Amount	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		Y
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Y
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Y
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Y
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Y
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		Y
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Y
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		Y
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Y
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		NA
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Y
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		NA
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		NA
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		Y
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		Y
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		Y
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		Y
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		Y
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		Y
<b>Rent Requests:</b> Is a copy of signed lease included?		Y
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Y
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Y
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		Y
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		Y
<b>Prepared by:</b> 		<b>Date:</b> 10/28/2014

ARTICLES OF INCORPORATION

ORIGINAL COPY FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

CENTER FOR ACCESSIBLE LIVING, INC.

JAN 19 1981  
  
SECRETARY OF STATE

Article I

The name of the Corporation is Center for Accessible Living, Inc.

Article II

The initial registered office of the Corporation is located at 214 West Market Street, Jefferson County, Louisville, Kentucky. The name and address of the initial registered agent is Eileen Ordovery, 214 West Market Street, Louisville, Kentucky 40202.

Article III

The purposes for which the Corporation is organized are as follows:

1. To conduct activities, not for profit, but exclusively for charitable, educational, scientific, and literary 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 Service Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).
2. To have all powers set forth in K.R.S. 273.171 and all other powers reasonably necessary to accomplish the purposes of the Corporation.

Article IV

1. No part of the net earnings of the Corporation shall inure to the benefit of, or shall be distributed to its members, officers, incorporators or any private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III. The Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

2. Notwithstanding any other provision of these Articles, 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 IRS Code of 1954 (or the corresponding provision of any future United States Internal Revenue law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law).

Article V

1. Upon dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the

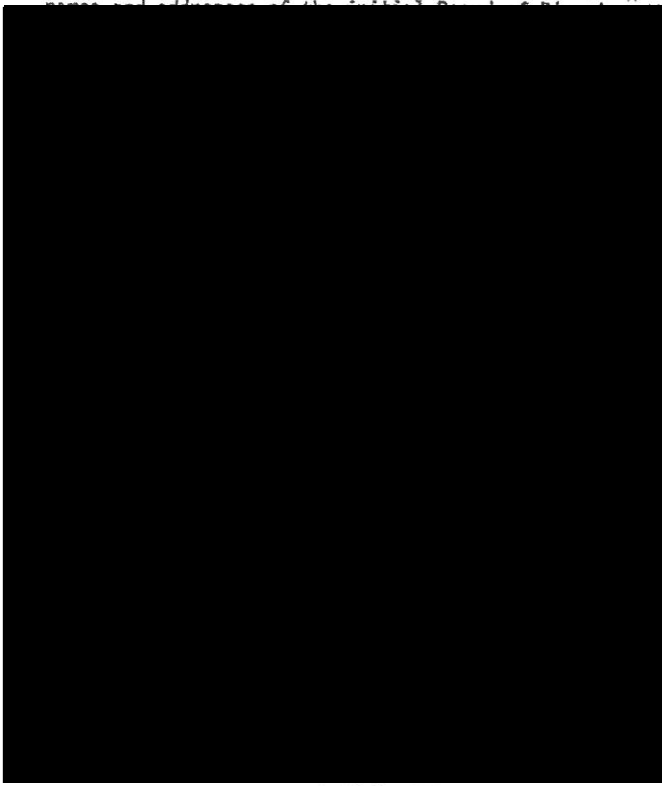
Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, scientific or literary purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) as the Board of Directors shall determine. Any assets not so disposed of shall be disposed of as provided at that time by Kentucky law.

Article VI

The Corporation may adopt by a vote of the Board of Directors by-laws not inconsistent with the provisions of these Articles.

Article VII

The initial Board of Directors shall consist of eight (8) members and shall serve until their successors have been elected and take office. The names and addresses of the initial Board of Directors are as follows:



Article VII

1. The duration of the Corporation shall be perpetual.

Article IX

The names and addresses of the incorporators are as follows:

Katherine F. Irvin  
8600 LaGrange Road  
Lyndon, KY 40222

In witness hereof, I have hereto subscribed my name this 13 day of  
January, 1981.

Katherine F. Irvin  
Incorporator

Subscribed and sworn before me this 13<sup>th</sup> day of January, 1981.  
My commission expires April 18, 1981

Sara L. Pratt  
Notary Public

I hereby certify that the above  
articles were prepared by:

Sara L. Pratt  
Sara L. Pratt  
Attorney at Law  
130 N. Birchwood Avenue  
Louisville, KY 40206



## Triplett, Kevin D

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**From:** John Leonard <jleonard@calky.org>  
**Sent:** Tuesday, July 15, 2014 1:57 PM  
**To:** Triplett, Kevin D  
**Subject:** RE: Ramps Needed District 13  
**Attachments:** IRS Exempt Letter.pdf; Budget.pdf; Board of Directors.pdf; 2013 Financial Statement.pdf; CAL FY 2012 form 990.pdf; IRS 990.pdf; Articles of Incorporation.pdf; New W-9 April 2014.pdf; Staff List.pdf

Hello Kevin,

I am going to send NDF application for District 13 to you via US mail. Attached are requested attachments. I am going to be doing this for District 6, do I need to send attachments again when I send that NDF request?

Thanks for your help.

John

John Leonard  
Center For Accessible Living  
502-589-6620

---

**From:** Triplett, Kevin D [mailto:Kevin.Triplett@louisvilleky.gov]  
**Sent:** Wednesday, July 09, 2014 8:44 AM  
**To:** John Leonard (jleonard@calky.org)  
**Cc:** Welch, Vicki A  
**Subject:** RE: Ramps Needed District 13

Good morning John –

Attached is our current NDF Grant Application for Non Profits. Along with the application, you will also need to include supporting documentation such as Articles of Incorporation, Budget, Organizational Chart / Board Members, etc. I have included a checklist to assist you.

Should you have any questions or need further assistance, please do not hesitate to call us – we're happy to help.



### Kevin Triplett

Legislative Assistant  
Vicki Aubrey Welch  
Louisville Metro Council  
District 13  
601 West Jefferson Street  
Louisville, KY 40202  
574-3458  
574-1113  
[www.kevin.triplett@louisvilleky.gov](http://www.kevin.triplett@louisvilleky.gov)

**From:** Welch, Vicki A  
**Sent:** Tuesday, July 08, 2014 1:44 PM  
**To:** John Leonard; Triplett, Kevin D  
**Subject:** Re: Ramps Needed District 13

Yes, you will need to do an application. I have included Kevin Triplett, my assistant, so he can send it to you tomorrow when he returns to the office.

Vicki Aubrey Welch  
Councilwoman District 13  
574-1113  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)  
Sent from iPhone

On Jul 8, 2014, at 12:46 PM, "John Leonard" <[jleonard@calky.org](mailto:jleonard@calky.org)> wrote:

I filled out NDF application for each of the 11 districts that participated last year in building ramps for persons in their districts.  
Should I fill one out for District 13 for this year?

Thanks,  
John

---

**From:** Welch, Vicki A [<mailto:Vicki.Welch@louisvilleky.gov>]  
**Sent:** Tuesday, July 08, 2014 12:00 PM  
**To:** John Leonard  
**Subject:** Re: Ramps Needed District 13

Yes, which office did you go through last time?

Vicki Aubrey Welch  
Councilwoman District 13  
574-1113  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)  
Sent from iPhone

On Jul 8, 2014, at 10:53 AM, "John Leonard" <[jleonard@calky.org](mailto:jleonard@calky.org)> wrote:

Good morning,

Do I need to complete new form for this year NDF funding?

Thanks,  
John

---

**From:** Welch, Vicki A [<mailto:Vicki.Welch@louisvilleky.gov>]  
**Sent:** Friday, June 27, 2014 3:19 PM  
**To:** John Leonard  
**Cc:** Triplett, Kevin D  
**Subject:** Re: Ramps Needed District 13

John,

I will be happy to appropriate funding again this year for ramps. Is another Council office starting the paperwork for you?

Vicki Aubrey Welch  
Councilwoman District 13  
574-1113  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)

Sent from iPhone

On Jun 27, 2014, at 11:07 AM, "John Leonard" <[jleonard@calky.org](mailto:jleonard@calky.org)> wrote:

Greetings Councilwoman Welch,

Hope all is well.

I wanted to thank you for NDF Funds to build 5 ramps for persons in District 13. Lives were changed.

I am writing to ask for NDF funds this year to help 5 more persons with disabilities get ramps in District 13.

The ramp is only way for these persons to get out of their home to shop, work, vote, go to Church..etc.

No ramp means the person stays in their home unless carried out of home if possible.

Please let me know of any additional information you need.

Again thank you so much for your help last year and hopefully we can keep it going this year.

"Lives changed" ...Thank you.

John Leonard  
Rampbuilders Program  
Center For Accessible Living  
502-589-6620

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**From:** Welch, Vicki A [<mailto:Vicki.Welch@louisvilleky.gov>]  
**Sent:** Wednesday, August 21, 2013 3:50 PM  
**To:** John Leonard  
**Subject:** RE: Ramps Needed District 13

Thanks, John. I certainly appreciate your efforts in our community for our disable population.

<image001.gif>

**Vicki Aubrey Welch**  
Louisville Metro Council  
District 13  
601 W. Jefferson St.  
Louisville, KY 40202  
502-574-1113  
[vicki.welch@louisvilleky.gov](mailto:vicki.welch@louisvilleky.gov)  
[www.louisvilleky.gov/district13](http://www.louisvilleky.gov/district13)  
[Sign up for our District 13 Weekly E-News](#)

Organization ID # 0 [REDACTED]  
State of origin KY  
Filing fee \$15.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

Amended 2014 Annual Report

ARA

**Exact organization name and principal office address**

CENTER FOR ACCESSIBLE LIVING, INC.  
501 S 2ND ST  
SUITE 200  
LOUISVILLE KY 40202-1864

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or forms can be downloaded from our website.

**Registered Agent and Registered Office Address**

JAN E. DAY  
501 S 2ND ST  
SUITE 200  
LOUISVILLE, KY 40202-1864

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

CEO	JAN E DAY	
CFO	MICHAEL CHARLES	
	MARKIEWICZ	

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

TOM STOKES	
DON BELL	
DANA MOODY	
KEITH FROST	

X

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



**CENTER FOR ACCESSIBLE LIVING, INC.**

**General Information**

**Organization Number** 0153091  
**Name** CENTER FOR ACCESSIBLE LIVING, INC.  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**Organization Date** 1/19/1981  
**Last Annual Report** 6/11/2014  
**Principal Office** 501 S 2ND ST  
 SUITE 200  
 LOUISVILLE, KY 40202-1864  
**Registered Agent** JAN E. DAY  
 501 S 2ND ST  
 SUITE 200  
 LOUISVILLE, KY 40202-1864

**Current Officers**

**CEO** [Jan E Day](#)  
**Director** [Tom Stokes](#)  
**Director** [Don Bell](#)  
**Director** [Dana Moody](#)  
**Director** [Keith Frost](#)  
**CFO** [Michael Charles Markiewicz](#)

**Individuals / Entities listed at time of formation**

**Director** [SARA PRATT](#)  
**Director** [KATHERINE F. IRVIN](#)  
**Director** [REV. CARL ENOCH](#)  
**Director** [JOHNETTE COTTON](#)  
**Director** [SUE ENOCH](#)  
**Incorporator** [KATHERINE F. IRVIN](#)

**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.

<a href="#">Registered Agent name/address change</a>	6/11/2014 10:07:13 AM	1 page	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	6/11/2014 10:04:48 AM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/11/2014	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/4/2013	1 page	<a href="#">PDF</a>

<a href="#">Annual Report</a>	5/16/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/7/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/5/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/20/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/1/2008	1 page	<a href="#">PDF</a>	
<a href="#">Statement of Change</a>	6/7/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/1/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/25/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/3/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	10/7/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	12/13/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/26/2000	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/27/1999	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/4/1998	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/23/1992	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

**Assumed Names**

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/11/2014 10:10:16 AM	6/11/2014 10:10:16 AM	
Registered agent address change	6/11/2014 10:07:13 AM	6/11/2014 10:07:13 AM	
Principal office change	6/11/2014 10:04:48 AM	6/11/2014 10:04:48 AM	
Annual report	6/4/2013 3:23:01 PM	6/4/2013 3:23:01 PM	
Annual report	5/16/2012 10:06:38 AM	5/16/2012 10:06:38 AM	
Annual report	3/7/2011 1:15:43 PM	3/7/2011 1:15:43 PM	
Annual report	4/5/2010 2:51:21 PM	4/5/2010 2:51:21 PM	
Annual report	2/20/2009 4:49:36 PM	2/20/2009 4:49:36 PM	
Annual report	2/1/2008 2:24:08 PM	2/1/2008 2:24:08 PM	
Registered agent address change	6/7/2007 10:00:22 AM	6/7/2007	
Annual report	6/1/2007 4:53:01 PM	6/1/2007 4:53:01 PM	

Annual report	5/25/2006 5:15:51 PM	5/25/2006 5:15:51 PM
Principal office change	5/25/2006 5:15:51 PM	5/25/2006 5:15:51 PM
Annual report	5/3/2005	5/3/2005
Annual report	3/22/2004	3/22/2004
Annual report	6/27/2003	6/27/2003
Annual report	5/23/2002	5/23/2002
Annual report	3/16/2001	3/16/2001
Principal office change	3/16/2001	3/16/2001

### 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	12/31/2004 2:18:54 PM	1 page
Annual Report	10/7/2003	1 page
Annual Report	12/13/2002	1 page
Annual Report	10/31/2001	1 page
Annual Report	5/26/2000	5 pages
Annual Report	5/27/1999	4 pages
Annual Report	6/4/1998	5 pages
Annual Report	7/1/1997	6 pages
Annual Report	7/1/1996	5 pages
Annual Report	7/1/1995	4 pages
Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	4 pages
Annual Report	3/23/1992	5 pages
Annual Report	7/1/1991	4 pages
Annual Report	7/1/1990	4 pages
Annual Report	7/1/1989	4 pages
Statement of Change	1/26/1984	2 pages
Articles of Incorporation	1/19/1981	4 pages



**Hughes, Susan**

D-15 \$1000

Ramps

NR

**From:** Butler, Marianne  
**Sent:** Wednesday, November 05, 2014 11:57 A  
**To:** Hughes, Susan  
**Subject:** FW: Ramps needed District 15  
**Importance:** High

OK to sign  
Marianne

Do you remember who is doing this paperwork? We can do \$1,000.

---

From: John Leonard [jleonard@calky.org]  
Sent: Wednesday, November 05, 2014 11:17 AM  
To: Butler, Marianne  
Subject: RE: Ramps needed District 15

Hello Councilwoman Butler,

Hope all is well.

Just wanted to check to see if you are going to help persons with disabilities in your District get ramps for their homes this year.

As we discussed earlier, some will be built with CDBG funding but additional funds are needed to reduce the wait time and enable these persons to enter and exit their homes.

Thanks for your help and for changing lives, John

John Leonard  
Center For Accessible Living

-----Original Message-----

From: Butler, Marianne [mailto:Marianne.Butler@louisvilleky.gov]  
Sent: Tuesday, September 30, 2014 4:00 PM  
To: John Leonard  
Cc: Hughes, Susan  
Subject: RE: Ramps needed District 15

Are you planning on using any CDBG dollars in District 15 for the six ramps?

---

From: John Leonard [jleonard@calky.org]  
Sent: Tuesday, September 30, 2014 3:16 PM  
To: Butler, Marianne  
Subject: RE: Ramps needed District 15

Thanks for quick response. Our funding for this year was reduced (2013-14 \$225,000 and this year 2014-15 is \$175,000). Persons are on our waiting list by date. We currently have 254 persons on our waiting list. With CDBG funds we could build approximately 60-70 ramps (currently using rampbuilder where average cost of ramp is \$3000,-\$3500 and Ford volunteers when available providing free labor average ramp is \$1500.