

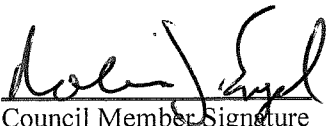
**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Down Syndrome of Louisville, Inc. - Lifelong Learning Center Headquarters

**Executive Summary of Request:**  
Funding will support the Down Syndrome of Louisville headquarters building expansion of two new much-needed additional classrooms. The existing covered patio of the current Lifelong Learning Center at 5001 South Hurstbourne Pkwy. will be enclosed to add two classrooms to better serve the community.. See attached information.

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.

22                                            \$15,000                      6/20/16  
 District #                      Council Member Signature                      Amount                      Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.  
None.


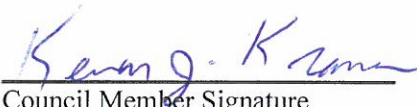


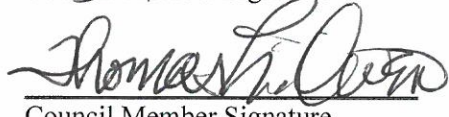
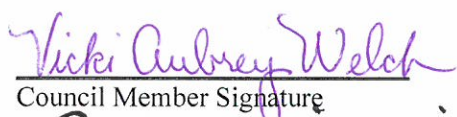

**Approved by:**  
 \_\_\_\_\_  
 Appropriations Committee Chairman                      Date

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

Department/Project: Down Syndrome of Louisville, Inc. - Lifelong Learning Center Headquarters

### Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

<u>17 Stuckel</u> District #	 _____ Council Member Signature	<u>\$5,000</u> Amount	<u>7/14/16</u> Date
<u>18 Parker</u> District #	 _____ Council Member Signature	<u>\$1,000</u> Amount	<u>7/14/16</u> Date
<u>11 Kramer</u> District #	 _____ Council Member Signature	<u>\$1,000</u> Amount	<u>7/14/16</u> Date
<u>14 Fowler</u> District #	 _____ Council Member Signature	<u>\$1,000</u> Amount	<u>7/14/16</u> Date
<u>16 Downard</u> District #	 _____ Council Member Signature	<u>\$500</u> Amount	<u>7/14/16</u> Date
<u>8 Owen</u> District #	 _____ Council Member Signature	<u>\$500</u> Amount	<u>7/14/16</u> Date
<u>13 Welch</u> District #	 _____ Council Member Signature	<u>\$500</u> Amount	<u>7/14/16</u> Date
<u>10 Mulvihill</u> District #	 _____ Council Member Signature	<u>\$500</u> Amount	<u>7/14/16</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 CHECKLIST**

**Legal Name of Applicant Organization:** Down Syndrome of Louisville, Inc. - Lifelong Learning Center Headquarters

**Program Name and Request Amount:** \$15,000

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

Prepared by: *Melissa N. Dodge*

Date: 6/20/16

**DOWN SYNDROME OF LOUISVILLE INC.****General Information**

<b>Organization Number</b>	0282359
<b>Name</b>	DOWN SYNDROME OF LOUISVILLE INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/4/1991
<b>Organization Date</b>	2/4/1991
<b>Last Annual Report</b>	6/21/2016
<b>Principal Office</b>	5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291
<b>Registered Agent</b>	DIANA MERZWEILER 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291

**Current Officers**

<b>President</b>	<a href="#">Scott Touro</a>
<b>Vice President</b>	<a href="#">Nathan Masingo</a>
<b>Secretary</b>	<a href="#">Janet Graeser</a>
<b>Treasurer</b>	<a href="#">Bill Russell</a>
<b>Director</b>	<a href="#">Nathan Masingo</a>
<b>Director</b>	<a href="#">Scott Touro</a>
<b>Director</b>	<a href="#">Bill Russell</a>
<b>Director</b>	<a href="#">Janet Graeser</a>

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

<b>Director</b>	<a href="#">JEAN BRYSON</a>
<b>Director</b>	<a href="#">CHARLES DEUSEL</a>
<b>Director</b>	<a href="#">DANIEL BURT</a>
<b>Director</b>	<a href="#">RICHARD N BUSH</a>
<b>Director</b>	<a href="#">PAUL HAWK</a>
<b>Incorporator</b>	<a href="#">JEAN BRYSON</a>
<b>Incorporator</b>	<a href="#">CHARLES DEUSEL</a>
<b>Incorporator</b>	<a href="#">DANIEL BURT</a>
<b>Incorporator</b>	<a href="#">RICHARD N BUSH</a>
<b>Incorporator</b>	<a href="#">PAUL HAWK</a>

**Images available online**

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

[Annual Report](#)

6/21/2016

1 page

[PDF](#)

<a href="#">Annual Report</a>	6/3/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/7/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/20/2013	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	6/7/2012 4:24:48 PM	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	6/7/2012 4:12:06 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/7/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/12/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/13/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/18/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/30/2008	1 page	<a href="#">PDF</a>	
<a href="#">Statement of Change</a>	4/18/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/22/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/29/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/11/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/6/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	9/30/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/30/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/16/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Statement of Change</a>	6/15/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	12/23/1996	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/7/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<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>
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<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Merger</a>	6/21/1993	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	6/16/1993	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	6/16/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/2/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	2/4/1991	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	2/25/1983	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/21/2016 9:52:32 AM	6/21/2016 9:52:32 AM	

Annual report	6/3/2015 11:08:01 AM	6/3/2015 11:08:01 AM	
Annual report	5/7/2014 1:56:10 PM	5/7/2014 1:56:10 PM	
Annual report	6/20/2013 9:09:53 AM	6/20/2013 9:09:53 AM	
Registered agent address change	6/7/2012 4:24:48 PM	6/7/2012 4:24:48 PM	
Annual report	6/7/2012 4:21:31 PM	6/7/2012 4:21:31 PM	
Principal office change	6/7/2012 4:12:06 PM	6/7/2012 4:12:06 PM	
Annual report	5/12/2011 8:54:50 AM	5/12/2011 8:54:50 AM	
Annual report	5/13/2010 11:01:36 AM	5/13/2010 11:01:36 AM	
Annual report	3/18/2009 1:06:14 PM	3/18/2009	
Annual report	6/30/2008 3:53:55 PM	6/30/2008 3:53:55 PM	
Registered agent address change	4/18/2007 11:38:38 AM	4/18/2007	
Annual report	3/22/2007 2:48:54 PM	3/22/2007	
Annual report	3/29/2006 11:48:32 AM	3/29/2006	
Registered agent address change	9/30/2002 9:43:56 AM	9/30/2002	
Registered agent address change	6/15/1998	6/15/1998	
Principal office change	6/18/1997	6/18/1997	
Reinstatement	12/23/1996	12/23/1996	
Admin Dis. A. report not in	11/7/1996	11/7/1996	
Survivor	6/21/1993	6/21/1993	<u>EARLY EDUCATION FUNDING PROGRAM, INCORPORATED</u>

**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	3/30/2005	1 page
Annual Report	5/5/2004	1 page
Annual Report	5/6/2003	1 page
Statement of Change	9/30/2002	1 page
Annual Report	9/30/2002	1 page
Annual Report	6/25/2001	1 page
Annual Report	5/19/2000	1 page
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Annual Report	7/1/1991	1 page
Articles of Incorporation	2/4/1991	4 pages
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Articles of Incorporation	2/25/1983	2 pages

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0282359  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
6/21/2016 9:52:32 AM  
Fee receipt: \$15.00

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

Annual Report  
Online Filing

ARP

**Company:** DOWN SYNDROME OF LOUISVILLE INC.  
**Company ID:** 0282359  
**State of origin:** Kentucky  
**Formation date:** 2/4/1991 12:00:00 AM  
**Date filed:** 6/21/2016 9:52:32 AM  
**Fee:** \$15.00

**Principal Office**

5001 SOUTH HURSTBOURNE PARKWAY  
LOUISVILLE, KY 40291

**Registered Agent Name/Address**

DIANA MERZWEILER  
5001 SOUTH HURSTBOURNE PARKWAY  
LOUISVILLE, KY 40291

**Current Officers**

President	Scott Touro	5001 South Hurstbourne Parkway	Louisville KY 40291
Secretary	Janet Graeser	5001 South Hurstbourne Parkway	Louisville KY 40291
Treasurer	Bill Russell	5001 South Hurstbourne Parkway	Louisville KY 40291
Vice President	Nathan Masingo	5001 South Hurstbourne Parkway	Louisville KY 40291

**Directors**

Director	Nathan Masingo	5001 South Hurstbourne Parkway	Louisville KY 40291
Director	Scott Touro	5001 South Hurstbourne Parkway	Louisville KY 40291
Director	Bill Russell	5001 South Hurstbourne Parkway	Louisville KY 40291
Director	Janet Graeser	5001 South Hurstbourne Parkway	Louisville KY 40291

**Signatures**

Signature	Charles D Wright
Title	Accountant





# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 1 – APPLICANT INFORMATION

**Legal Name of Applicant Organization:** **Down Syndrome of Louisville, Inc.**  
*(as listed on: <http://www.sos.ky.gov/business/records>)*

**Main Office Street & Mailing Address:** 5001 South Hurstbourne Parkway

**Website:** www.downsyndromeoflouisville.org

**Applicant Contact:** Linda Davis **Title:** Grants Manager

**Phone:** 502-495-5088 **Email:** linda@downsyndromeoflouisville.org

**Financial Contact:** Diana Merzweiler **Title:** Executive Director

**Phone:** 502-495-5088 **Email:** dianam@downsyndromeoflouisville.org

**Organization's Representative who attended NDF Training:**

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

**Program Facility Location(s):** 5001 South Hurstbourne Parkway Louisville, KY

**Council District(s):** 22 **Zip Code(s):** 40291

## SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

**PROGRAM/PROJECT NAME:** Classrooms Addition

**Total Request: (\$)** 35,000.00 **Total Metro Award (this program) in previous year: (\$)** 0

**Purpose of Request (check all that apply):**  
 Operating Funds (generally cannot exceed 33% of agency's total operating budget)  
 Programming/services/events for direct benefit to community or qualified individuals  
 Capital Project of the organization (equipment, furnishing, building, etc)

### The Following are Required Attachments:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter                                | <input type="checkbox"/> Signed lease if rent costs are being requested           |
| <input checked="" type="checkbox"/> Current Year Projected Budget   | <input checked="" type="checkbox"/> IRS Form W9                                   |
| <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)               | <input type="checkbox"/> Evaluation forms if used in the proposed program         |
| <input checked="" type="checkbox"/> Current financial statement   | <input checked="" type="checkbox"/> Annual audit (if required by organization)    |
| <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H                                    | <input type="checkbox"/> Faith Based Organization Certification Form, if required |
| <input checked="" type="checkbox"/> Articles of Incorporation   | <input checked="" type="checkbox"/> Staff including the 3 highest paid staff      |
| <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense |   |

**For the current fiscal year ending June 30,** list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Metro Government EAF	Amount: (\$)	\$10,000
Source:	Metro Government EAF Youth	Amount: (\$)	\$6,200
Source:		Amount: (\$)	

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

Applicant's Initials **LD**  
**DM**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

**Vision:** Down Syndrome of Louisville's (DSL) envisions a community in which individuals with Down syndrome (DS) are able to reach their full potential both socially and educationally, acquire the skills necessary for an independent life, and become successful, educated, employed, and contributing members of society. Our goal is to make that vision a reality.

**Mission:** DSL's mission is to improve the lives of people with DS and their families by providing information, support, education, and advocacy for their rights and concerns, thus enabling each individual to reach his or her full potential.

**Services:** DSL's exceptional programming has moved the organization into the forefront of DS organizations nationwide. DSL has been recognized by the National Down Syndrome Society, Down Affiliates in Action, and the National Down Syndrome Congress as a national model for direct program services for persons with DS. DSL's programs foster educational success, lifelong learning, and independence. We use research-based curricula designed to provide learning opportunities that are person-centered, physically active, participative, and interactive. DSL produces quality outcomes through serving the needs of each individual so they will achieve their developmental milestones to the greatest extent possible.

The organization provides educational, physical, personal development, health, wellness, and social programs for children and adults of all ages. DSL's comprehensive, continuous educational services maximize the potential of people with DS from birth through adulthood with age appropriate programs, which include, but are not limited to:

- Early Childhood Education - Birth To Five
- School Age Creative Enrichment
- Tweeners Ages 11-15 Skill Building
- Speech/Communication Group
- Teen/Adult Skill Building
- Adult Literacy & Tutoring
- Steps To Independence
- Adult Development Academy \*
- Career Solutions/Supportive Employment
- College Connections
- Educational/Medical Resource/Advocacy Services
- Family Education/Networking Opportunities
- Behavior/Therapeutic Services

\*DSL's Adult Development Academy offers 40 hours of programming each week and focuses on post secondary education, job readiness, employment in the community, basic technologies, literacy, communication, health, fitness, nutrition, social engagement, and independent living skills.

DSL is the only organization in Metropolitan Louisville that offers a lifelong continuum of specialized services for people with DS. In 2011, DSL opened the world's first Down Syndrome Lifelong Learning Center on Hurstbourne Parkway. Since that time, enrollment in all of DSL's program has increased to the point of near capacity. Based on the numbers of students in our school age children and teen programs, it is expected that DSL will have 8 to 10 persons who will enter ADA annually for years to come. At the present time, DSL welcomes at least 24 newborns to our programs each year. On average, another 10 to 15 children and adults with DS transfer to Louisville each year.



## 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.):**

Program: DSL's ADA also provides specialized services for a growing number of older persons with DS. Medical treatment advances have increased the average life span of people with DS to nearly 60 years. Consequently, many individuals will utilize DSL's ADA services for as long as 40 years. At the present time, there are 12 older participants in ADA and several on a waiting list. As persons with DS age, they are more likely than the general population without DS to develop early onset dementia or Alzheimer's. DSL's senior clients need individualized educational services to maintain skills levels and address regression. Memory therapy and cognitive stimulation, such as brain training games, help seniors meet individual goals.

Currently, 73 persons are enrolled in ADA and attendance averages 50 people a day. DSL has identified at least 8 students with DS, who will exit high school in 2016 and intend to participate in ADA. DSL now uses 5 classrooms, 9 small tutoring rooms, and a large activity area that can be partitioned, but we are rapidly running out of classroom space and lack space for differentiated instruction, which allows students of similar abilities to receive lessons that address their particular needs. The optimum DSL class size to maximize learning is 10 students or less. To accept new students, new classrooms must be added to our facility.

Project: DSL plans to create two classrooms by renovating a part of our building that has a covered patio and a concrete floor. There are brick walls on two sides of the space that is now a patio. The area to be renovated is currently accessed directly from inside the main building. The project will include enclosing the area by constructing two additional brick walls with proper insulation and building in windows to let the sunlight in to create a bright learning environment. The ceiling will be dropped down and light fixtures will be added. Walls will be covered with drywall, storage space will be added, and flooring will be installed. All work will meet current building and safety codes.

At a cost of approximately \$95,000, the renovation will begin in spring 2016 and be completed in 6 weeks, when new high school graduates plan to enroll in ADA. Renovation will allow DSL to accommodate more students, continue to provide differentiated instruction to students based on their individual abilities and needs, and use teaching strategies that will increase students' cognitive, employment and life skills, as well as independence and quality of life.

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

Funding will be spent specifically to engage the services of Lichtefeld Incorporated, a licensed commercial contractor, to enclose an existing covered patio to DSL's Lifelong Learning Center at 5001 South Hurstbourne Parkway and to add two classrooms. According to the commercial contractors' preliminary bids, the retrofit will include concrete, ICF blocks, framing, waterproofing, brick, store front glass windows and doors, drywall, drop ceiling, painting, flooring, sprinklers, HVAC, lighting and electric.

The project will involve the following services:

Phase I: Prepare contract documents based on preliminary drawings, to be adequate for bidding and permitting and include: 1.) Pre-construction Services (architectural floor plans, schedules, specifications, detailed foundation drawings, structural framing information and performance specifications); and 2.) Design Management and Procurement.

Phase II: Construction Management Services, which, to list a few, includes pre-construction meeting, construction of the two classrooms according to specifications, daily on-site coordination and supervision of trade contractors, production of daily job logs, productivity and schedule control, and project close out.

*LD*



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not a fund raiser.

**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.

The project will not be completed until August 2016.



## 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 project's benefit is that more people with Down syndrome will be able to participate in educational services at Down Syndrome of Louisville because there will be adequate classroom space to meet clients' needs.

An increase in the number of persons with DS, who are enrolled in DSL's Adult Development Academy, will be the indicator of success. Data is collected through intake forms, individual client files, and daily attendance rosters.

**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.**

The community partners that serve individuals with DS recognize the high quality of DSL's services. This awareness has resulted in a growing number of enrollments and referrals. Our partners include Cedar Lake, Dreams with Wings, Apple Patch, Rescare, Aspen Community Living, Metropolitan Louisville Community Services, and Kentucky Office of Vocational Rehabilitation. Additional partners include the University of Louisville's School of Music Therapy, the University of Kentucky's Medical Center, Labor and Delivery Departments of Louisville hospitals, Jefferson Community Technical College, Jefferson County Public Schools, Kosair Charities, WHAS Crusade for Children, and multiple other organizations. All of DSL's partners provide resources for the infants, toddlers, pre-school age children, school age children, teens, adults and senior adults who receive services at our Lifelong Learning Center.



## 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>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance</b> (Attach Detailed List)			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals</b> (Attach Detail List)			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses</b> (Attach Detail List)	\$35,000	\$60,000	\$95,000
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$35,000	\$60,000	\$95,000
<b>% of Program Budget</b>	37 %	63 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$60,000
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>\$60,000</b>

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i>  <i>(to match Program Budget Line Item.</i>            Volunteer Contribution &amp; Other In Kind)</p>	<p align="center">Non-applicable</p>	<p align="center">Non-applicable</p>

\* 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: January 1

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:

A modest 5% increase may occur in 2017, if enrollment increases as expected.



## 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.

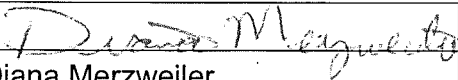
#### Standard Certifications

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>	2/4/16
<b>Legal Signatory: (please print):</b>	Diana Merzweiler	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-495-5088	<b>Extension:</b>	
<b>Email:</b>	dianam@downsyndromeoflouisville.org		





**Main Office - Kentucky**  
Lifelong Learning Campus  
5001 S. Hurstbourne Parkway  
Louisville, Kentucky 40291

**Southern Indiana**  
Lifelong Learning Campus  
1329 Applegate Lane  
Clarksville, Indiana 47129

February 4, 2016

Monica Hodges, Legislative Assistant  
Metro Council District 22  
Metro Louisville Council  
601 W. Jefferson Street  
Louisville, KY 40202

Re: Down Syndrome of Louisville's Grant Request

Dear Ms. Hodges:

Down Syndrome of Louisville received three proposals and cost estimates for the renovation project that will add two classrooms to our building, located at 5001 S. Hurstbourne Parkway. The bids and vendors are listed below.

- ✓ Lichteinfeld Incorporated: \$83,209 to \$91,967
- SB Home Renovations: \$89,000 to \$96,000
- Pro-Serve: \$95,000 to \$103,000

After careful consideration, Down Syndrome of Louisville has selected Lichteinfeld Incorporated to complete the project. Not only is Lichteinfeld's bid the most financially feasible, we believe that the company has the expertise and experience to complete the renovation in the time frame we have scheduled. In 2011, Lichteinfeld constructed our Lifelong Learning Center at the Hurstbourne address and we were pleased with their work. The familiarity that the company has with the building is a bonus that should result in a seamless renovation project.

Sincerely,

Diana Merzweiler  
Executive Director

# Down Syndrome of Louisville

## Required Attachments

List of the Board of Directors 2016

Articles of Incorporation

IRS Form W9

Staff List

Zip Code List of People Receiving Services in Metropolitan Louisville

Down Syndrome of Louisville  
2016  
Board of Directors

**President**

Scott Touro  
Employer: BB&TBank  
Home Address:  
[REDACTED]  
Crestwood, KY 40014  
[REDACTED]  
(W) 562-7992  
Email: [stouro@bbandt.com](mailto:stouro@bbandt.com)  
Term: 2017

**Vice President**

Nathan Masingo  
Employer: Masingo Law  
Home Address:  
[REDACTED]  
Jeffersonville, IN 47130  
[REDACTED]  
Email: [nathan@masingolaw.com](mailto:nathan@masingolaw.com)  
Term: 2017

**Treasurer**

Bill Russell  
Humana  
[REDACTED]  
Louisville, KY 40241  
[REDACTED]  
Term: 2017

**Secretary**

Janet Graeser  
Norton Audubon  
Home Address:  
[REDACTED]  
Louisville, KY 40220  
[REDACTED]  
Term: 2016

Greg Coomes  
Vintage Printing  
Home Address:  
[REDACTED]  
Louisville, KY 40241  
[REDACTED]  
Term: 2017

Thomas Nicholas  
KCC International  
Home Address:  
[REDACTED]  
Louisville, KY, 40291  
[REDACTED]  
(W) 419-1810  
Email: [REDACTED]  
Term 2015

Tonya Shown  
Humana  
Home Address:  
[REDACTED]  
Louisville, KY 40206  
[REDACTED]  
(W) 476-5647  
Email: [REDACTED]  
[tshown@humana.com](mailto:tshown@humana.com)  
Term 2017

Ann Steiner  
Community Volunteer  
Home Address:  
[REDACTED]  
Floyds Knobs, IN 47119  
[REDACTED]  
Term: 2017

James Wesley Sublett  
Family Allergy & Asthma  
[REDACTED]  
Louisville, Kentucky 40223  
[REDACTED]  
(W) 457-9009  
Email [wsublett@familyallaergy.com](mailto:wsublett@familyallaergy.com)  
Term 2016

Pam Taylor  
Home Address:  
[REDACTED]  
Louisville, KY 40214  
[REDACTED]  
Term: 2016

Frank Texas  
State Farm, Retired  
Home Address:  
[REDACTED]  
Louisville, KY 40299  
[REDACTED]  
Term: 2016

Kimberly Kruer  
Ivy Tech  
[REDACTED]  
Charlestown, IN 47111  
[REDACTED]  
Email: [kkruer4@ivytech.edu](mailto:kkruer4@ivytech.edu)  
Term: 2016

Greg Echsner  
United Parcel Service  
[REDACTED]  
Louisville, Kentucky 40299  
[REDACTED]  
Email: [gechsner@ups.com](mailto:gechsner@ups.com)

Susan Hunt Hovekamp  
PriceWeber  
Home Address:  
[REDACTED]  
Louisville, KY 40205  
[REDACTED]  
(w) 499-4296  
[REDACTED]  
Term: 2017

Jackie Richardson  
Commission for Children  
With Special Health Care Needs  
Home Address:  
[REDACTED]  
Louisville, KY 40291  
[REDACTED]  
(w) 429-4430 x:2071  
[REDACTED]  
Email: [Jackie.richardson@ky.gov](mailto:Jackie.richardson@ky.gov)  
Term: 2018

# Down Syndrome of Louisville 2016 Board of Directors

Tony Balbach  
KCC Companies  
Work Address:  
2716 Grassland Drive  
Louisville, KY 40299  
(w) 493-5763  
Email: [tbalbach@kcccurbs.com](mailto:tbalbach@kcccurbs.com)  
Term: 2018

Staci Elispart  
[REDACTED]  
Jeffersonville, IN 47130  
[REDACTED]  
Term 2017

**Self-Advocate:**

Mark Hublar  
[REDACTED]  
New Albany, IN 47150  
[REDACTED]

Zachary Kalley  
[REDACTED]  
Louisville, ky 40243  
[REDACTED]

**Emeritus Member**

Linda Garmon  
[REDACTED]  
LaGrange, KY 40031  
[REDACTED]

**Executive Director**

Diana Merzweiler  
[REDACTED]  
Mt. Washington, KY 40047  
(W) 495-5088  
[REDACTED]  
Email: [dianam@dsl.win.net](mailto:dianam@dsl.win.net)

**Sr. Director of Operations and  
Programming**

Lisa Holmes  
[REDACTED]  
Bardstown, KY 40004  
(C) 460-6764 Email: [lisah@dsl.win.net](mailto:lisah@dsl.win.net)

**Executive Director of Clinical and  
Education Services**

Jenny Kimes, PsyD  
[REDACTED]  
LaGrange, KY 40013  
[REDACTED]  
Email: [jennyk@dsl.win.net](mailto:jennyk@dsl.win.net)

Please note that Board Members shall serve for a period of three (3) years and no more than a period of nine (9) consecutive years unless elected to the office of President, in which case that Board Member's term expires at the conclusion of the term.

FILED IN OFFICE

ARTICLES OF INCORPORATION

FEB 8 1991

OF

\$8.00  
FEB 4 10 28 AM '91

Rebecca Jackson, Clerk  
BY Rebecca Jackson D.C.

DOWN SYNDROME OF LOUISVILLE INC.

BREWER BURLER  
SECRETARY OF STATE  
COUNCIL  
BY JB

This is to certify that the undersigned do hereby associate themselves into a corporation under and by virtue of the Kentucky Revised Statutes.

1. The name of this corporation shall be the DOWN SYNDROME OF LOUISVILLE INC.

2. This corporation is organized for the following purposes:

a. to establish a way for the entire Down Syndrome community to meet and exchange ideas;

b. to further the development of an early education and intervention program;

c. to support parents of all children with Down Syndrome;

d. to attract support from contributions, directly or indirectly;

e. the purposes for which this corporation is to be formed are for scientific, educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 and in this connection to solicit, collect, and otherwise raise money for charitable purposes: to expend, contribute, disperse, and otherwise handle and dispose of the same for such purposes either directly or by contributions to other agencies, organizations or institutions organized for the same or similar purposes, and by receiving by gift, will, or

maybe deemed best for the scientific, educational and charitable purposes within the Down Syndrome community, and to do any and all other things necessary or proper in connection with or incidental to any of the foregoing.

3. The address of the registered office in this state shall be 108 Daventry Lane, Suite 200, Louisville, KY, 40223, and the name and address of its registered agent is Randy Davis, 108 Daventry Lane, Suite 200, Louisville, KY, 40223.

4. The mailing address of the principal corporate office is 108 Daventry Lane, Suite 200, Louisville, KY, 40223.

5. The name and address of the Incorporators are:

Jean Bryson, 3119 Randolph Avenue, Louisville, KY, 40206, Randy Davis, 4112 Ciremos Terrace, Louisville, KY, 40222, Charles Deusel, 1012 Ashland Road, Louisville, KY, 40207, Kurt Graeser, 4606 Lincoln Road, Louisville, KY, 40220, Daniel Burt, 4412 Burnt Cedar Lane, Louisville, KY, 40219, Paul Hawk, 4906 Bahama Court, Louisville, KY, 40219, Ronald Bowling, 4409 Charlotte Anne Drive, Louisville, KY, 40216, Michael Wright, 6805 Jumper Court, Louisville, KY, 40291, and Richard N. Bush, 2633 Landor Avenue, Louisville, KY, 40205.

6. This corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income, or profit of the corporation is distributable to, or inures to the benefit of, its Directors or Officers. No part of the activities of this corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the

the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of the Articles, the corporation shall not carry on any other activities not permitted to be carried on by, (a) a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954, and (b) by an incorporation, contributions to which are deductible under Section 107(c)(2) of the Internal Revenue Code of 1954.

7. On dissolution of the corporation, the Directors, shall after paying for or making provision for the payment of all liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes stated in these Articles, and in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as the Directors shall determine. Any assets not so disposed of shall be disposed of in Jefferson Circuit Court, Louisville, Kentucky, exclusively for such purposes or to such organizations as such Court shall determine which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, we have subscribed our names as





## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Down Syndrome of Louisville, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>5001 S. Hurstbourne Parkway</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Louisville, KY 40291</b>			
7 List account number(s) here (optional)			

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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.

**Notes.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> </tr> </table>										
OR										
<b>Employer identification number</b>										

**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 ▶ 9/21/15
------------------	----------------------------	----------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

### Down Syndrome of Louisville Staff List 2016

Diana Merzweiler.....	Executive Director \$65,562*
Lisa Holmes.....	Senior Director of Programming & Operations* 51,636
Dr. Jenny Kimes.....	Executive Director of Educational & Clinical Services* 68,962
Alex Foushee.....	Development Interventionist
Dawn Guy.....	Development Interventionist
Nanette Rodriguez.....	Development Interventionist
Lisa Holmes (acting) .....	SCL-MPW Executive Director
Carly Forman.....	SCL-MPW Billing & Records Clerk
Tonya Otis.....	Office/Facility Manager & Volunteer Coordinator
Kris Allen.....	Events Manager
Linda Davis.....	Grants Manager
Shelly Durbin.....	Adult Development Academy (ADA) Director
Cathy Palmer.....	ADA Coordinator
Donna Roark.....	ADA Facilitator
Ethan Holsteen.....	ADA Teacher
Iris Davis.....	ADA Teacher
David Netherton.....	ADA Teacher
Jessie Neal.....	ADA Facilitator
Kristen Falcone.....	ADA Teacher
Russ Owens.....	ADA Teacher
Abby Schuler.....	ADA Teacher
Sara Tinker.....	Career Solutions Manager
Zac Sappenfield.....	Career Solutions Specialist
Brianna Craig.....	Career Solutions Specialist
Susan Teaford.....	Teen & Adult Education/Activity Coordinator
Lisa Darst.....	School Age Education Coordinator
Carly Stotts.....	Indiana Outreach/Teen & Adult Activities Coordinator

\* 3 highest paid positions

## Down Syndrome of Louisville Zip Codes of 590 Members Receiving Services in 2015

Zip	Number of Members Residing in Zip Code	Percentage of Total Members in Zip Code	Average # of Members in All Zip Codes:	16
40023	4	0.678%		
40059	13	2.203%		
40118	2	0.339%		
40201	2	0.339%		
40202	5	0.847%		
40203	6	1.017%		
40204	8	1.356%		
40205	22	3.729%		
40206	13	2.203%		
40207	29	4.915%		
40208	4	0.678%		
40209	0	0.000%		
40210	12	2.034%		
40211	17	2.881%		
40212	9	1.525%		
40213	13	2.203%		
40214	26	4.407%		
40215	21	3.559%		
40216	22	3.729%		
40217	7	1.186%		
40218	28	4.746%		
40219	28	4.746%		
40220	36	6.102%		
40222	12	2.034%		
40223	24	4.068%		
40228	17	2.881%		
40229	18	3.051%		
40241	34	5.763%		
40242	3	0.508%		
40243	15	2.542%		
40245	25	4.237%		
40255	1	0.169%		
40258	18	3.051%		
40272	19	3.220%		
40280	2	0.339%		
40291	36	6.102%		
40299	39	6.610%		
	<u>590</u>	<u>100.000%</u>		

Down Syndrome of Louisville  
Required Attachments

Cost Estimates from Proposed Vendors



**Lichtefeld  
Incorporated**

September 8, 2015

Industrial/  
Commercial  
Design & Build  
Contractors

908 S. Eighth St.  
Suite 102  
Louisville, KY  
40203  
502/589-4777  
FAX  
502/589-4792

Ms. Diana Merzweiler  
Down Syndrome of Louisville  
5001 S. Hurstbourne Parkway  
Louisville, KY 40291

***RE: Revised Design/Build Proposal for a Patio Enclosure and  
Additional Office***

www.lichtefeldinc.com

Dear Diana,



Engineered  
Systems

The following is our Design/Build proposal for your review. Based on our most recent phone conversation, it is my understanding that you are planning at this time to enclose your existing covered patio and add one (1) large office in your existing volunteer room.

We have drawn upon years of experience in the construction of building design and "turn-key" construction for the completion of religious, educational, athletic, office, commercial and industrial buildings.

**Patio Enclosure**

As per your request to enclose your existing covered patio (see attached layout) and add two (2) classrooms, we have included the following features.

The retrofit will include concrete, ICF blocks, framing, waterproofing, brick, store front glass windows and doors, drywall, drop ceiling, painting, flooring, sprinklers, HVAC, lighting and electric.

The following *budget* is based on some of our most recent projects of similar design, construction materials and similar types of building operation. We propose a preliminary patio renovation to be between **Eighty Three Thousand Two Hundred Nine Dollars and Ninety One Thousand Nine Hundred Sixty Seven Dollars (\$83,209.00 and \$91,967.00)**.

**Extra Office**

Add one (1) large office in the volunteer area (see attached layout). Includes demo, framing, drywall, painting, doors, relocation of cabinetry, patching the floor at the doors, rubber base, reworking ceiling tiles, lighting, and electrical work.

We propose a preliminary interior fit-up *budget* to be between **Twelve Thousand One Hundred Twelve Dollars and Thirteen Thousand Three Hundred Eighty Eight Dollars (\$12,112.00 - \$13,388.00)**

**Budget Excludes the following:**

- Multipurpose build addition
- Interior decorator
- Builders risk insurance
- Electric lifts, elevators, etc.
- Removal of rock or any unforeseen underground materials
- Voice/data wiring, security or access control system
- Irrigation system, brick pavers, decorative stone, etc.
- Any other work that is not specified in this proposal or any other areas of the property
- All furnishings, furniture, and wall coverings
- Kitchen equipment
- Audio/video equipment
- Additional parking areas
- Public sidewalks
- Electric ADA door openers
- Hand railing, chair railing, crown molding, etc.
- Zoning changes or approvals, waivers or variances, lot consolidation
- Exterior parking lot light poles
- New perimeter fencing around the property of any kind
- Signage for the property or the buildings
- Bid or performance bonds
- Specialty equipment or installation
- Demolition of existing structures
- Remediation of any soils condition, fuel spills, bad soils, etc.
- Under cutting site, lime stabilization, etc.
- Geotechnical testing or reports

We strongly believe this preliminary budget needs to be developed through a professional design process so that adequate and accurate information can be developed for your review and final approval. The result of this process is a set of buildable plans and specifications, which accurately delineate your requirements, and defines the work of each of the various trades involved.

We will utilize these documents to take competitive bids on all portions of the work and will present you with a firm quote for the entire fit up.

We believe that the best method for us to participate in this project is to develop your program information through a two-stage design process that results in a buildable set of contract drawings. Specifically, we propose the following services:

**PHASE I:**

Prepare contract documents based on preliminary drawings, to be adequate for bidding and permit, and to include the following:

- A. Pre-construction Services**
- B. Design Management**
  - 1. Architectural floor plan, elevations, sections and details for patio area with adequate information to allow project to be bid and constructed. To include finish and door schedules, general notes and specifications. Provide floor plan and required details for large office including demolition/relocation as required.
  - 2. Detailed foundation drawings. If a soils investigation is required, it shall be provided by the owner.
  - 3. Structural framing information and performance specifications as required for bidding.
  - 4. Prepare scope electrical, plumbing, and H.V.A.C. plans.
  - 5. Prepare outlined specifications for all phases of the work.
- A. Procurement**
  - 1. After the plans have been approved, we will take competitive bids on all phases of the work. We will submit a firm price on the project to the Down Syndrome of Louisville representative after reviewing all subcontractors' bids.

**The cost for Phase II    \$11,900.00**

**PHASE II:**

Assuming the design solution and cost are acceptable, you would authorize us to proceed with construction on an acceptable contract basis.

**A. Construction Management Services**

- Conduct a pre-construction meeting prior to the start of the project. Introduce team members, administrator contracts, construction plan and protocol.
- Development plan submittal to proper agencies for permitting
- Daily on-site coordination and supervision of trade contractors
- Implementation and monitoring of safety programs.
- Produce daily job logs throughout the project.
- Continuous pro-active quality control and performance measurement
- Process shop drawings, submittals, and request for clarifications
- Conduct coordination and review meetings on a weekly and bi-weekly basis
- Productivity and schedule control
- Clarification of payment requests
- Tax exempt benefit – write all Owner P.O.'s, track materials, review and approve invoices.
- Start up and testing
- Owner familiarization – on site training
- Project close out – punch list, O&M manuals, warranties, final payments, lien releases, warranties.
- Labor cost/contract will be billed on a standard AIA format

**The three-phase procedure outlined above offers the Down Syndrome of Louisville the following benefits:**

1. Limited outlay of capital through the planning stages.
2. Necessary cost information on the earliest possible stage in your building schedule.
3. Your obligation to us, and our responsibility to you, is progressional and not all-inclusive.
4. Your time deviated from normal business is held to a minimum.
5. The benefit of our extensive design, construction experience and knowledge.
6. The inherent economies of construction management, systems construction concepts and the competitive bidding process.

There will be no separate fee for the Phase I design of the project when a suitable construction contract with Lichtefeld, Inc. is executed. However, if a suitable construction contract with Lichtefeld, Inc. cannot be resolved, the cost of design services is due thirty (30) days after the plans have been submitted.

With the acceptance of this letter, we will proceed with Phase I, which will allow us to produce a construction set of plans which will allow us to give you a firm contract price on your renovation that will meet your needs and requirements. It will take approximately one to two weeks to complete the set of plans for Phase I.

Sincerely,



Mark Lichtefeld  
Project Manager



Down Syndrome of Louisville  
Acceptance Page

ACCEPTED: PHASE I - DESIGN

By: Diana Maywester

Date: 9/15/15

Title: Executive Director



5510-110 FERN VALLEY ROAD; LOUISVILLE, KY 40228  
[WWW.SBHOMERENOVATIONS.COM](http://WWW.SBHOMERENOVATIONS.COM)

502-384-7585

---

**Proposal For:**  
**Down Syndrome of Louisville**  
**5001 S. Hurstbourne Parkway**  
**Louisville, KY 40291**  
**1/19/16**

Patio Enclosure:

The following cost and detail for the patio enclosure per your requested detail.  
The existing patio will be converted into 2 classrooms using equal space. Existing hall to be extended for access to the new classrooms.

Construction to consist of:

- Demo and removal of existing ceiling
- Resurfacing existing patio / new concrete pad
- Wood framed walls to match existing wall thickness
- Electric and lighting
- HVAC
- Sprinkler heads off existing system
- Phone, data and security for exterior relocation
- Exterior windows to match / exterior doors to be relocated
- Brick to match existing
- Insulation ( spray foam walls and fiberglass batts for ceiling )
- Drywall
- Paint
- Interior doors and hardware
- Flooring and rubber base ( VCT flooring to match as close as possible )
- Drop ceilings to match
- Final cleaning
- Landscape touch up

Cost \$ 89,000.00 - \$96,000.00

The above cost are preliminary and will be adjusted after final plan approvals.

Thank you for the opportunity  
Brian McDonald  
Steve Danzinger  
SB Home Renovations LLC  
502-384-7585

Pro Serve LLC

4507 Portico Court

Louisville, Ky 40299

Patio Enclosure for 2 New Classrooms, submitted to Down Syndrome of Louisville:

ProServe proposes to convert existing patio location into 2 new classroom. Existing hall to be extended for access to the new classrooms. All permits and fees are included in the below budget. All final cost will be determined after choices have been finalized. Total budget is subject to change if preliminary scope changes.

Construction to consist of:

- Demo and removal of existing ceiling
- Resurfacing existing patio / new concrete pad
- Wood framed walls to match existing wall thickness
- Electric and lighting (Different lighting selection will effect total budget)
- HVAC (Mini Splits, Electric by others)
- Sprinkler heads off existing system (Existing contract)
- Phone, data and security for exterior relocation
- Exterior windows to match / exterior doors to be relocated
- Brick to match existing
- Insulation ( spray foam walls and fiberglass batts for ceiling )
- Drywall
- Paint
- Interior doors and hardware
- Flooring and rubber base ( VCT flooring to match as close as possible )
- Drop ceilings to match
- Final cleaning
- Owner Orientation

Cost \$ 95,000.00 - \$103,000.00

The above cost are preliminary and will be adjusted after final plan approvals.

Thank you for the opportunity to provide you a quote on this project.

Sincerely,

Pro Serve LLC

817-1071

# Down Syndrome of Louisville Required Financial Attachments

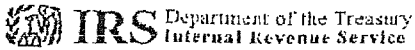
IRS Exempt Status Determination Letter

Current Year 2016 Projected Budget

Current Financial Statement December 31, 2015

Most Recent IRS 990 2014

Audited Financial Statements 2014



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

In reply refer to: 4077550286  
May 20, 2013 LTR 4168C 0  
[REDACTED] 000000 00  
00034137  
BODC: TE

DOWN SYNDROME OF LOUISVILLE INC  
5001 S HURSTBOURNE PKWY  
LOUISVILLE KY 40291



3317

Employer Identification Number: [REDACTED]  
Person to Contact: Vaida Singleton  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 27, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1995.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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



## Down Syndrome of Louisville, Inc. 2016 Budget

### Revenues

Business Income	\$1,113,093
Grants	\$527,854
Indiana Income	\$40,746
Grants-Restricted	\$5,000
Contributions-Unrestricted	\$4,185
Total Revenues	\$1,690,878

### Expenses

Adult Developmental Expenses	\$472,789
Administrative Expenses	\$69,997
Board Expenses	\$2,000
Business Expenses	\$97,054
Community Expenses	\$18,616
Early Childhood Expenses	\$161,562
Facilities Expenses	\$19,492
Indiana Expansion	\$70,356
Fund Raising Expenses	\$32,579
Grant Expenses	\$48,459
Adult Education (Life Long Learning Center)	\$78,079
Behavior Services (Life Long Learning Center)	\$253,407
Medical Prof Education/Awaren	\$2,000
Total Outreach Expenses	\$21,235
Publications	\$21,837
School Age Education/Enrichment	\$128,555
SE-Supportive Employment	\$153,405
Teen/Adult Program	\$39,456
Total Expenses	\$1,690,878
Net Income	\$0

Down Syndrome of Louisville, Inc.  
Balance Sheet December 31, 2015 (Unaudited)

ASSETS

Current Assets

Cash on Hand	205,529.04	
Accounts Receivable	4,235.50	
Grants Receivable	180,127.69	
Other Receivables	25,000.00	
DSL/DSE Transfer	1,449.22	
Total Current Assets		416,341.45

Property and Equipment

Furniture and Fixtures	4,889.62	
Equipment	122,022.84	
Automobiles	14,250.00	
Other Depreciable Property	7,706.95	
Leasehold Improvements	91,466.43	
Accumulated Depreciation - Equipment	(94,562.00)	
Accumulated Depreciation - Other	(26,657.00)	
Total Property and Equipment		119,116.84

Other Assets

Total Other Assets		<u>0.00</u>
--------------------	--	-------------

Total Assets		<u><u>535,458.29</u></u>
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LIABILITIES AND CAPITAL

Current Liabilities

Accounts Payable	35,655.68	
FSA Payable	(307.76)	
Total Current Liabilities		35,347.92
Long-Term Liabilities		

Total Long-Term Liabilities		<u>0.00</u>
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Total Liabilities		35,347.92
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Capital

Beginning Balance Equity	(29,970.32)	
Unrestricted Net Assets	587,198.73	
Net Income	(57,118.04)	
Total Capital		<u>500,110.37</u>

Total Liabilities & Capital		<u><u>535,458.29</u></u>
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# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	DOWN SYNDROME OF LOUISVILLE, INC. 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		502-495-5088
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		1,362,380.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	HTTP://WWW.DOWNSYNDROMELOUISVILLE.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1991	<b>M</b> State of legal domicile: KY

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO IMPROVE THE LIVES OF PERSONS WITH DOWN SYNDROME, AND THEIR FAMILIES, BY PROVIDING SUPPORT, INFORMATION, AND EDUCATION, AND BY ADVOCATING FOR THEIR RIGHTS AND CONCERNS; TO ENABLE THE INDIVIDUAL TO REACH THEIR FULL POTENTIAL.</u>		
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	3	18
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	4	18
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a).....	5	45
	<b>6</b>	Total number of volunteers (estimate if necessary).....	6	425
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	12,910.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34.....	7b	11,910.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	Prior Year 639,509.	Current Year 542,332.
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	525,911.	807,138.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	2.	12,910.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,165,422.	1,362,380.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	786,385.	871,243.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)▶	32,418.	
Net Assets or Fund Balances	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	441,472.	558,937.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,227,857.	1,430,180.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	-62,435.	-67,800.
	<b>20</b>	Total assets (Part X, line 16).....	Beginning of Current Year 655,582.	End of Year 592,922.
	<b>21</b>	Total liabilities (Part X, line 26).....	30,554.	35,694.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	625,028.	557,228.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:	Date: 11/12/15
	Type or print name and title: Scott Touro President	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: SUSAN PIKE, CPA	Preparer's signature:	Date: 11/11/15	Check <input type="checkbox"/> self-employed	
	Firm's name: KING + COMPANY, CPA'S	Firm's EIN:			
	Firm's address: 3400 DUTCHMANS LANE LOUISVILLE, KY 40205	Phone no. (502) 459-5000			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO IMPROVE THE LIVES OF PERSONS WITH DOWN SYNDROME, AND THEIR FAMILIES, BY PROVIDING SUPPORT, INFORMATION, AND EDUCATION, AND BY ADVOCATING FOR THEIR RIGHTS AND CONCERNS; TO ENABLE THE INDIVIDUAL TO REACH THEIR FULL POTENTIAL.

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

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

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

4 a (Code: ) (Expenses \$ 1,168,693, including grants of \$ ) (Revenue \$ )

LIFE LONG LEARNING CENTER OFFERS COMPREHENSIVE EDUCATIONAL SERVICES THAT ARE RESEARCH-BASED TO MAXIMIZE THE POTENTIAL OF PEOPLE WITH DOWN SYNDROME FROM BIRTH THROUGH ADULTHOOD WITH AGE APPROPRIATE PROGRAMMING.

PROGRAMS INCLUDE EARLY EDUCATION PROGRAM - BIRTH TO FIVE, SCHOOL AGE CREATIVE ENRICHMENT PROGRAM, TWEENERS AGES 11-15 SKILL BUILDING PROGRAM, TEEN/ADULT SKILL BUILDING PROGRAM, ADULT LITERACY PROGRAM, STEPS TO INDEPENDENCE PROGRAM, CAREER SOLUTIONS/SUPPORTIVE EMPLOYMENT, EDUCATIONAL RESOURCE/ADVOCACY SERVICES, FAMILY EDUCATION/NETWORKING OPPORTUNITIES

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

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

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

4 e Total program service expenses 1,168,693.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		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? If 'Yes,' complete Schedule C, Part III.		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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		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? If 'Yes,' complete Schedule D, Part VI.	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? If 'Yes,' complete Schedule D, Part VII.		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? If 'Yes,' complete Schedule D, Part VIII.		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? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		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)? If 'Yes,' complete Schedule D, Part X.		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		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? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		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? If 'Yes,' complete Schedule G, Part I (see instructions).		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? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

BAA

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

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	6	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		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. . . . .	45	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . .	X	
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)? . . . . . b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5 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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7 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
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7 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</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9 a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations</b> Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
11	<b>Section 501(c)(12) organizations</b> Enter:		
11 a	Gross income from members or shareholders. . . . .		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13 a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
13 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. . . . .		
13 c	Enter the amount of reserves on hand. . . . .		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . .		

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed   KY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  $\rightarrow$   
 DIANA MERZWEILER 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE KY 40291 502-495-5088

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

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

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

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) JIM MCDONNELL PRESIDENT	5 0	X		X				0.	0.	0.
(2) SUSAN HUNT HOVEKAMP VICE PRESIDENT	5 0	X		X				0.	0.	0.
(3) SCOTT TOURO TREASURER	5 0	X		X				0.	0.	0.
(4) JANET GRAESER SECRETARY	5 0	X		X				0.	0.	0.
(5) GREG COOMES DIRECTOR	5 0	X						0.	0.	0.
(6) DAVID SHANE MASON DIRECTOR	5 0	X						0.	0.	0.
(7) NANCY MEIERS DIRECTOR	5 0	X						0.	0.	0.
(8) THOMAS NICHOLAS DIRECTOR	5 0	X						0.	0.	0.
(9) TONYA SHOWN DIRECTOR	5 0	X						0.	0.	0.
(10) ANN STEINER DIRECTOR	5 0	X						0.	0.	0.
(11) JAMES WESLEY SUBLETT DIRECTOR	5 0	X						0.	0.	0.
(12) PAM TAYLOR DIRECTOR	5 0	X						0.	0.	0.
(13) FRANK TEXAS DIRECTOR	5 0	X						0.	0.	0.
(14) KIMBERLY KRUER DIRECTOR	5 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) STACI FLISPART DIRECTOR	5 0	X					0.	0.	
(16) EMILY JOHNSON M.D. DIRECTOR	5 0	X					0.	0.	
(17) BILL RUSSELL DIRECTOR	5 0	X					0.	0.	
(18) DIANA MERZWEILER EXECUTIVE DIREC	40 0			X			63,024.	0.	
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							63,024.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	
d Total (add lines 1b and 1c)							63,024.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							0		

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions)....	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f	542,332.				
	g Noncash contributions included in lines 1a-1f: \$		38,556.				
	<b>h Total. Add lines 1a-1f.</b> .....		<b>542,332.</b>				
Program Service Revenue	2 a <u>ADULT DEVELOPMENT</u>	Business Code	434,431.	434,431.			
	b <u>BEHAVIOR SERVICE</u>		175,175.	175,175.			
	c <u>SUPPORTIVE EMPLOYMENT</u>		75,391.	75,391.			
	d <u>FIRST STEPS</u>		61,286.	61,286.			
	e <u>SCHOOL AGE TUITION</u>		49,880.	49,880.			
	f All other program service revenue....	WKS	10,975.	10,975.			
	<b>g Total. Add lines 2a-2f.</b> .....		<b>807,138.</b>				
Other Revenue	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				
				12,910.			
		b Less: rental expenses					
		c Rental income or (loss)....		12,910.			
	d Net rental income or (loss).....			12,910.	12,910.		
	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							
b							
c							
d All other revenue.....							
e Total. Add lines 11a-11d.....							
12 Total revenue. See instructions.....			1,362,380.	807,138.	12,910.	0.	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	63,024.	18,907.	40,966.	3,151.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages.	747,053.	638,174.	87,487.	21,392.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes.	61,166.	48,245.	11,304.	1,617.
11	Fees for services (non-employees):				
	a Management.				
	b Legal.				
	c Accounting.	30,506.		30,506.	
	d Lobbying.				
	e Professional fundraising services. See Part IV, line 17.				
	f Investment management fees.				
	g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion.				
13	Office expenses.	4,679.		4,679.	
14	Information technology.	346.		346.	
15	Royalties.				
16	Occupancy.	18,984.	15,187.	3,797.	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,892.	5,892.		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	26,657.	15,994.	10,663.	
23	Insurance.	23,522.	15,846.	7,676.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a BEHAVIOR EDUCATION	119,624.	119,624.		
	b ADULT DEVELOPMENT	68,338.	68,338.		
	c RENT	48,848.	39,081.	9,767.	
	d ADMIN-MISCELLANEOUS	39,198.	39,198.		
	e All other expenses. SEE, SCH. O	172,343.	144,207.	21,878.	6,258.
25	Total functional expenses. Add lines 1 through 24e.	1,430,180.	1,168,693.	229,069.	32,418.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash – non-interest-bearing .....	213,870.	1	232,337.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	317,565.	3	201,858.
	4 Accounts receivable, net .....	2,616.	4	4,688.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	91.	9	35,368.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 239,889.		
	b Less: accumulated depreciation .....	10b 121,219.	121,438.	10c 118,670.
	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 .....		2.	1.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		655,582.	16	592,922.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	30,554.	17	35,694.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....		30,554.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	528,028.	27	464,228.
	28 Temporarily restricted net assets .....	97,000.	28	93,000.
	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> .....		625,028.	33	557,228.
34 <b>Total liabilities and net assets/fund balances.</b> .....		655,582.	34	592,922.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,362,380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,430,180.
3	Revenue less expenses. Subtract line 2 from line 1	3	-67,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,028.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	557,228.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

DOWN SYNDROME OF LOUISVILLE, INC.

Employer identification number

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

The organization is not a private foundation because it is: (For lines 1 through 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2014

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	375,144.	1,029,813.	703,607.	610,082.	503,776.	3,222,422.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	375,144.	1,029,813.	703,607.	610,082.	503,776.	3,222,422.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						3,222,422.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	375,144.	1,029,813.	703,607.	610,082.	503,776.	3,222,422.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						3,222,422.
12 Gross receipts from related activities, etc (see instructions).					12	1,803,563.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	100.00%
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	100.00%
16a 33-1/3% support test— 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test— 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test— 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test— 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**Part 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						

14 First 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 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests— 2014. 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— 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.....		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).....		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.....		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.....		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.....		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.....		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.....		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.....		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).....		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.....		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?.....		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.....		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).....		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).....		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.....		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.....		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.....		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.....		
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).....		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a  The organization satisfied the Activities Test. Complete line 2 below.

b  The organization is the parent of each of its supported organizations. Complete line 3 below.

c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	

3 Parent of Supported Organizations. Answer (a) and (b) below.

	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes .....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity .....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations .....	
4 Amounts paid to acquire exempt-use assets .....	
5 Qualified set-aside amounts (prior IRS approval required) .....	
6 Other distributions (describe in Part VI). See instructions .....	
7 <b>Total annual distributions.</b> Add lines 1 through 6 .....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions .....	
9 Distributable amount for 2014 from Section C, line 6 .....	
10 Line 8 amount divided by Line 9 amount .....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6 .....			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) .....			
3 Excess distributions carryover, if any, to 2014:			
a .....			
b .....			
c .....			
d .....			
e From 2013 .....			
f Total of lines 3a through e .....			
g Applied to underdistributions of prior years .....			
h Applied to 2014 distributable amount .....			
i Carryover from 2009 not applied (see instructions) .....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f .....			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years .....			
b Applied to 2014 distributable amount .....			
c Remainder. Subtract lines 4a and 4b from 4 .....			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) .....			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) .....			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c .....			
8 Breakdown of line 7:			
a .....			
b .....			
c .....			
d Excess from 2013 .....			
e Excess from 2014 .....			

BAA



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

OMB No. 1545-0047

**Schedule of Contributors**

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DOWN SYNDROME OF LOUISVILLE, INC.

Number

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) or 990-PF.**

Name of organization

DOWN SYNDROME OF LOUISVILLE, INC.

number

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOWN SYNDROME EDUCATION FOUND 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	\$ 147,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WHAS 11 CRUSADE FOR CHILDREN 520 WEST CHESTNUT STREET LOUISVILLE, KY 40202	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KOSAIR CHARITIES P.O. BOX 37370 LOUISVILLE, KY 40233	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LOUISVILLE/JEFFERSON CO METRO GOV 810 BARRETT AVE /#2 LOUISVILLE, KY 40204-1782	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ICAP ENERGY LLC 9931 CORPORATE CAMPUS DR. 1000 LOUISVILLE, KY 40223	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE HAZEL & WALTER T BALES FOUNDATI 1507 FOX RUN TRAIL JEFFERSONVILLE, IN 47130	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DOWN SYNDROME OF LOUISVILLE, INC.

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	METRO UNITED WAY 334 EAST BROADWAY LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KY VOC REHAB 275 EAST MAIN STREET FRANKFORT, KY 40621	\$ 77,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	OGLE FOUNDATION INC PO BOX 845 JEFFERSONVILLE, IN 47131	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HORSESHOE FOUNDATION 33 STATE STREET, SUITE 344 NEW ALBANY, IN 47150	\$ 17,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HONORABLE ORDER OF KY COLONELS 1717 ALLIANT AVE, SUITE 14 LOUISVILLE, KY 40299	\$ 18,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE UPS FOUNDATION 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DOWN SYNDROME OF LOUISVILLE, INC.

Employer identification number

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

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



Name of organization  
 DOWN SYNDROME OF LOUISVILLE, INC. number

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

DOWN SYNDROME OF LOUISVILLE, INC.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 cover total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

- Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d cover total number of easements, total acreage, number of easements on historic structures, and number of easements on historic structures acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

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

- (i) Revenue included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

- a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		91,466.	19,982.	71,484.
d Equipment		136,272.	91,418.	44,854.
e Other		12,151.	9,819.	2,332.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				118,670.

BAA

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ▶	

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,362,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	1,362,380.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,362,380.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,430,180.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	1,430,180.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,430,180.

**Part XIII Supplemental Information.**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization: **DOWN SYNDROME OF LOUISVILLE, INC.** Employer identification number: [REDACTED]

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ACCOUNTING)		1	20,556	FMV
26 Other ▶ (RENT)		1	18,000	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) (2014)



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Employer identification number

DOWN SYNDROME OF LOUISVILLE, INC.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

BOARD MEETING IS HELD AFTER COMPLETION OF TAX RETURN. THE FORM 990 IS REVIEWED BY ALL PRESENT MEMBERS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

FINANCE COMMITTEE SETS BUDGET INCLUDING SALARIES FOR THE YEAR. THE BUDGET IS APPROVED BY THE BOARD OF DIRECTORS. COMPARISON DATA FROM THE CENTER FOR NON-PROFIT EXCELLENCE IS USED.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

INFORMATION AVAILABLE UPON REQUEST

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMIN-INTERN	1,800.		1,800.	
ADULT EDUCATION	9,120.	9,120.		
BANK FEES	197.		197.	
BOARD EXPENSES	910.		910.	
BUSINESS MACHINES	818.		818.	
DUES & SUBSCRIPTIONS	3,383.		3,383.	
EARLY CHILDHOOD ED	36,198.	36,198.		
EQUIPMENT MAINTENANCE	904.		904.	
FLEX BENEFIT PLAN	887.		887.	
FUNDRAISING EXPENSES	6,258.			6,258.
INTERNET/WEB HOSTING	10,061.	4,021.	6,040.	
LICENSES AND FEES	148.		148.	
MEDICAL PROF EDUCATION	2,703.	2,703.		
MILEAGE	7,141.	7,141.		
PARENT COMMUNITY	13,773.	13,773.		
PAYROLL SERVICE FEES	2,454.	1,840.	614.	
POSTAGE AND SHIPPING	3,451.		3,451.	
PRINTING AND PUBLICATIONS	6,807.	5,271.	1,536.	
SCHOOL AGE EXPENSES	24,591.	24,591.		
SUPPLIES				
SUPPORTIVE EMPLOYMENT	9,112.	9,112.		
TEEN/ADULT PROGRAM	29,248.	29,248.		
TELEPHONE	2,379.	1,189.	1,190.	
<b>TOTAL</b>	<b>\$ 172,343.</b>	<b>\$ 144,207.</b>	<b>\$ 21,878.</b>	<b>\$ 6,258.</b>



**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

DOWN SYNDROME OF LOUISVILLE, INC.

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014



Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) DOWN SYNDROME OF LOUISVILLE EDUCAT 5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291 61-1263349	DEVELOPMENTAL INTERVENTION FOR DOWN SYNDROME	KY	501(C)3	11 III-FI	N/A		X
(2) ----- ----- ----- ----- -----							
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

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

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

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

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

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

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

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II on page 2 of this form.

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension— check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DOWN SYNDROME OF LOUISVILLE, INC.	
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	

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-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► DIANA MERZWEILER

Telephone No. ► 502-495-5088 Fax No. ► 502-495-5038

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)         . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2014 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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**Audited Financial Statements**

**DOWN SYNDROME OF LOUISVILLE, INC.**

**December 31, 2014 and 2013**

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**king + company**  
CERTIFIED PUBLIC ACCOUNTANTS

3400 Dutchmans Lane  
Louisville, Kentucky 40205

502.459.5000 phone  
502.459.5309 fax

accountants@kingcorporategroup.com  
www.kingcocpa.com

*James O. King, Jr., CPA (1951-2015)*  
*Ronnie J. Harris, Jr., President*  
*Christopher A. Fralick, CEO*  
*Susan G. Pike, Vice President*  
*W. Clay Newman*  
*Stephanie D. Kellerman*

*David A. James*     *Amanda J. Drake*  
*Heather M. Rattliff*     *Jonathan C. Yan*

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Down Syndrome of Louisville, Inc.  
Louisville, Kentucky

We have audited the accompanying financial statements of Down Syndrome of Louisville, Inc. (the "Organization") (a nonprofit corporation) which comprise the statement of financial position as of December 31, 2014, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

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

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

### **Auditor's Responsibility**

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

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



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

### **Opinion**


In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Down Syndrome of Louisville, Inc., as of December 31, 2014 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Matters**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Combining Statement of Activities and Changes in Net Assets on page 11 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

### **Report on Summarized Comparative Information**

We have previously audited the Down Syndrome of Louisville, Inc.'s 2013 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 9, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2013 is consistent, in all material respects, with the audited financial statements from which it has been derived.

  
King + Company  
Certified Public Accountants

Louisville, Kentucky  
September 30, 2015

**STATEMENT OF FINANCIAL POSITION**

(With comparative totals for 2013)

**DOWN SYNDROME OF LOUISVILLE, INC.****December 31, 2014**

	2014		2013
	Unrestricted	Temporarily Restricted	Total All Funds
<b>ASSETS</b>			
Cash and cash equivalents	\$ 232,337		\$ 232,337
Accounts receivable	4,688		4,688
Grants receivable	108,858	\$93,000	201,858
Prepaid expenses	35,367		35,367
	<u>381,250</u>	<u>93,000</u>	<u>474,250</u>
Property and equipment	239,891		239,891
Less accumulated depreciation	(121,219)		(121,219)
	<u>118,672</u>		<u>118,672</u>
	<u>\$ 499,922</u>	<u>\$93,000</u>	<u>\$ 592,922</u>
<b>LIABILITIES AND NET ASSETS</b>			
Liabilities:			
Accounts payable	\$ 35,694		\$ 35,694
	<u>35,694</u>		<u>35,694</u>
Net assets:			
Unrestricted	464,228		464,228
Temporarily restricted		\$93,000	93,000
	<u>464,228</u>	<u>93,000</u>	<u>557,228</u>
	<u>\$ 499,922</u>	<u>\$93,000</u>	<u>\$ 592,922</u>

See accompanying notes to financial statements

## STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

(With comparative totals for 2013)

### DOWN SYNDROME OF LOUISVILLE, INC.

For the year ended December 31, 2014

	2014		2013	
	Unrestricted	Temporarily Restricted	Total All Funds	Total All Funds
<b>REVENUES:</b>				
Contributions and grants	\$ 393,907	\$ 93,000	\$ 486,907	\$ 610,082
Program services	820,048		820,048	525,911
In-kind	38,556		38,556	29,427
Fundraising	16,869		16,869	2
Net assets released from restricted status upon satisfaction of restrictions	97,000	(97,000)	-0-	-0-
Total Revenue	1,366,380	(4,000)	1,362,380	1,165,422
<b>EXPENSES:</b>				
<b>Program Services</b>				
Adult development	335,251		335,251	215,676
Adult education	66,949		66,949	70,057
Behavior education	122,043		122,043	80,979
Early childhood education	166,838		166,838	161,497
School-age enrichment	126,444		126,444	71,967
Teen/adult	60,123		60,123	42,837
Community	49,416		49,416	40,464
Supportive employment	119,447		119,447	115,888
Other program costs	122,182		122,182	132,125
Total Program Services	1,168,693		1,168,693	931,490
<b>Supporting Services</b>				
Management and general	215,505		215,505	244,463
Facilities expense	13,564		13,564	49,328
Total Supporting Services	229,069		229,069	293,791
<b>Fundraising</b>				
Fundraising expenses	32,418		32,418	2,577
Total Fundraising	32,418		32,418	2,577
Total Expenses	1,430,180		1,430,180	1,227,858
Decrease in net assets	(63,800)	(4,000)	(67,800)	(62,436)
Net assets, beginning of period	528,028	97,000	625,028	687,464
Net assets at end of period	\$ 464,228	\$ 93,000	\$ 557,228	\$ 625,028

See accompanying notes to financial statements

## STATEMENT OF CASH FLOWS

### DOWN SYNDROME OF LOUISVILLE, INC.

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Decrease in net assets	\$ (67,800)	\$(62,436)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation	26,657	30,212
Changes in assets and liabilities:		
Increase in accounts receivable	(2,072)	(2,616)
Decrease in grants receivable	115,707	24,958
(Increase) decrease in prepaid expenses	(35,276)	11
Increase in accounts payable	5,140	15,667
	<u>42,356</u>	<u>5,796</u>
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>		
	42,356	5,796
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of equipment	(23,889)	(20,567)
	<u>(23,889)</u>	<u>(20,567)</u>
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		
	(23,889)	(20,567)
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	18,467	(14,771)
Cash and cash equivalents at beginning of period	<u>213,870</u>	<u>228,641</u>
	<u>\$232,337</u>	<u>\$213,870</u>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>		

See accompanying notes to financial statements

## NOTES TO FINANCIAL STATEMENTS

### DOWN SYNDROME OF LOUISVILLE, INC.

December 31, 2014

(With comparative totals for 2013)

#### NOTE A--NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities: Down Syndrome of Louisville, Inc. (the "Organization"), a nonprofit organization, is a private agency committed to providing services to children and adults with Down Syndrome and their families. These services are provided to families in and around the Louisville metropolitan area, including Southern Indiana. The agency is supported by earned income, grants, and contributions.

Basis of Accounting: The Organization follows accounting principles generally accepted in the United States of America. The financial statements are presented on an accrual basis.

Financial Statement Presentation: The Organization presents its financial statements in conformance with the disclosure and display requirements of the Financial Accounting Standards Board as set forth in Accounting Standards Codification (ASC) Topic 958, "Not-for-Profit Entities." ASC Topic 958 establishes standards for external financial reporting by nonprofit organizations. It requires that information regarding financial position and activities be reported into three classes of net assets based on the existence or absence of externally donor-imposed restrictions: unrestricted, temporarily restricted, and permanently restricted. Unrestricted net assets consist of contributions without donor-imposed restrictions. The Organization has no permanently restricted net assets.

Support and Expenses: The Organization reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities and Changes in Net Assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

## NOTES TO FINANCIAL STATEMENTS

### DOWN SYNDROME OF LOUISVILLE, INC.

December 31, 2014

(With comparative totals for 2013)

#### NOTE A--NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--CONTINUED

Cash and Cash Equivalents: For purposes of reporting the statement of cash flows, the Organization considers all cash accounts, which are not subject to withdrawal restrictions or penalties, and all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Property and Equipment: Additions and improvements are capitalized, while maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently. Property and equipment are stated at cost, with the exception of donations to the Organization which are stated at fair market value at the date of the gift if a value can be measured on an objective basis. Provisions for depreciation of property and equipment have been computed using accelerated methods over the estimated useful lives of the assets. Upon the sale or retirement of property and equipment, the cost and related accumulated depreciation are removed from the respective accounts and the gain or loss on disposition is reflected in operations. The Organization has a policy of capitalizing expenditures over \$500.

Functional Expenses: The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program and supporting services to which the expenditures relate.

In-Kind Contributions: The Organization receives donated services from unpaid volunteers who assist in community programs and projects. No amounts have been reflected as revenues in the financial statements because no objective basis is available to measure the value of such services. In-kind contributions of rent and audit services are recorded at their estimated fair market value. The statement of activities reflects rent expense totaling \$18,000 and audit expense totaling \$20,033 as a result of in-kind contributions.

Income Taxes: The Organization is a not-for-profit organization exempt from the payment of federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions. The Organization is subject to federal tax on net income derived from its unrelated business taxable income, which comprises rental income.

The Organization's Forms 990, *Return of Organization Exempt from Income Tax*, for the years ending 2012, 2013, and 2014 are subject to examination by the IRS, generally for three years after they were filed.

## NOTES TO FINANCIAL STATEMENTS

### DOWN SYNDROME OF LOUISVILLE, INC.

December 31, 2014

(With comparative totals for 2013)

#### NOTE A--NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--CONTINUED

Advertising: The Organization expenses the cost of advertising as it is incurred.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Reclassification: Certain amounts in the 2013 financial statements have been reclassified to conform to the 2014 presentation.

#### NOTE B--RELATED PARTY TRANSACTION

The D.S. Education Foundation Inc. (the "Foundation"), a related party under common control, serves to provide funding for the Organization through fundraising events. Most fundraising events and non-grant solicitations for donations are carried out by the Foundation. Grant solicitations are conducted by both the Organization and the Foundation.

The Foundation contributed grants in the amount of \$93,704 and \$442,493 to the Organization during the years ended December 31, 2014 and 2013, respectively. The balance due from the Foundation was \$27,146 and \$205,065 at December 31, 2014 and 2013, respectively.

#### NOTE C--PROPERTY AND EQUIPMENT

Property and equipment are summarized as follows:

	<u>2014</u>	<u>2013</u>
Automobiles	\$ 14,250	\$ 14,250
Equipment	134,175	110,285
Improvements	91,466	91,467
	<u>239,891</u>	<u>216,002</u>
Less accumulated depreciation	<u>(121,219)</u>	<u>(94,562)</u>
	<u>\$ 118,672</u>	<u>\$121,440</u>

## NOTES TO FINANCIAL STATEMENTS

### DOWN SYNDROME OF LOUISVILLE, INC.

December 31, 2014

(With comparative totals for 2013)

#### NOTE C--PROPERTY AND EQUIPMENT--CONTINUED

Depreciation expense was \$26,657 and \$30,212 for the years ended December 31, 2014 and 2013, respectively.

#### NOTE D--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following:

	<u>2014</u>	<u>2013</u>
Specific Programs	<u>\$93,000</u>	<u>\$97,000</u>
Total temporarily restricted net assets	<u>\$93,000</u>	<u>\$97,000</u>

Temporarily restricted net assets comprise corporate grants mandated for use for specific purposes.

#### NOTE E--FUNDRAISING

The total cost of fundraising for 2014 and 2013 was \$34,247 and \$2,577, respectively.

#### NOTE F--LEASES

The Organization leases premises under a three year lease, which has a five year renewal option. The lease was dated March 22, 2012 with payments starting in November, 2012. Monthly lease payments were \$2,548 during 2014. Payments increased to \$2,683 on December 1, 2014. Future lease obligations are as follows:

<u>Year ending</u>	<u>Amount</u>
2015	<u>\$32,190</u>

Lease expense under this operating lease totaled \$30,848 and \$28,971 for the years ending December 31, 2014 and 2013, respectively.



**NOTES TO FINANCIAL STATEMENTS**

**DOWN SYNDROME OF LOUISVILLE, INC.**

**December 31, 2014**

**(With comparative totals for 2013)**

**NOTE G--DATE OF MANAGEMENT'S REVIEW**

The Organization has evaluated subsequent events through September 30, 2015, the date which the financial statements were available to be issued.

# **Supplementary Schedule**

**COMBINING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
 (With comparative totals for 2013)

**DOWN SYNDROME OF LOUISVILLE, INC.**

**December 31, 2014**

	2014			2013
	Louisville	Southern Indiana	Total	Total
<b>REVENUES</b>				
Contributions and grants	\$ 427,220	\$ 59,687	\$ 486,907	\$ 610,082
Program services	820,048		820,048	525,911
In-kind	38,556		38,556	29,427
Fundraising		16,869	16,869	2
Total Revenue	1,285,824	76,556	1,362,380	1,165,422
<b>EXPENSES</b>				
<b>Program Services</b>				
Adult development	335,251		335,251	215,676
Adult education	60,360	6,589	66,949	70,057
Behavior education	122,043		122,043	80,979
Early childhood education	145,038	21,800	166,838	161,497
School-age enrichment	126,172	272	126,444	71,967
Teen/adult	43,858	16,265	60,123	42,837
Community	33,178	16,238	49,416	40,464
Supportive employment	119,447		119,447	115,888
Other program costs	64,872	57,310	122,182	132,125
Total Program Services	1,050,219	118,474	1,168,693	931,490
<b>Supporting Services</b>				
Management and general	215,505		215,505	244,463
Facilities expense	13,564		13,564	49,328
Total Supporting Services	229,069		229,069	293,791
<b>Fundraising</b>				
Fundraising expenses	26,160	6,258	32,418	2,577
Total fundraising	26,160	6,258	32,418	2,577
Total Expenses	1,305,448	124,732	1,430,180	1,227,858
Decrease in net assets	\$ (19,624)	\$ (48,176)	\$ (67,800)	\$ (62,436)

See accompanying notes to financial statements