

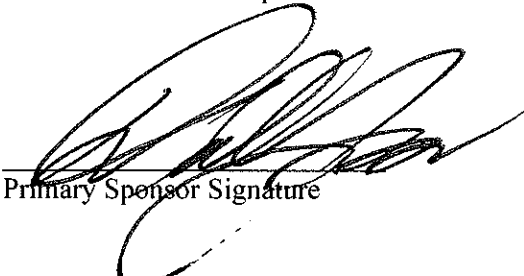
**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: First Gethsemane Center for Family Development, Inc. / CFD Youth Build
Applicant Requested Amount: 7,500
Appropriation Request Amount: \$ 7,000

Executive Summary of Request
Funding will subsidize educational materials and supplies, equipment, arts and crafts supplies, educational software, staff training, field trips and transportation for field trips.

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.

6 District #  Primary Sponsor Signature \$7,000 Amount Jul 15, 2019 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization First Gethsemane Center for Family Development, Inc.

Program Name and Request Amount CFD Youth Build , \$7,500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: Shalanna Taylor Date: Jul 15, 2019	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		The First Gethsemane Center for Family Development, Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1159 Algonquin Parkway, Louisville, KY 40208			
Website: www.1stgchurch.org/CFD			
Applicant Contact:	Rev. Keith A. Bush, Sr.	Title:	CFD Director
Phone:	502-634-1839	Email:	keithpathfinder@gmail.com
Financial Contact:	Dana Harvey	Title:	Bookkeeper
Phone:	502-634-1839	Email:	DHa7827059@aol.com
Organization's Representative who attended NDF Training: Dana Harvey (5)			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):		1159 Algonquin Parkway, 1221 First Gethsemane Ave	
Council District(s):		Zip Code(s):	40208
3rd			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: CFD Youth Build			
Total Request: (\$)	7,500	Total Metro Award (this program) in previous year: (\$)	7,500
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	NDF (Youth)	Amount: (\$)	5,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The First Gethsemane CFD, Inc. was incorporated as a 501(c)(3) organization with the support of the First Gethsemane Baptist Church in 1996 and has served the community for almost 20 years. It was the consensus at that time that a separate community service corporation would better serve the overwhelming needs of the surrounding communities, which include Algonquin, Arcadia, Park Hill, Iroquois and Old Louisville.

The mission of the First Gethsemane Center for Family Development, Inc. is to partner with government, business, and civic leaders to "reduce the barriers of success" by providing quality facilities, services, and programs to individuals and families in our communities through economic empowerment, and educational, social and recreational activities.

We proudly serve our community through a Child Development Center, youth summer camp, youth tutoring program, co-ed adult volleyball, co-ed adult softball, adult exercise programs, health fairs and back to school give-a-ways, youth basketball, Venturing and other youth-peer programs.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Keith A. Bush, Sr.	12/31/2019
Richard Price	12/31/2019
Tamara Thomas	12/31/2019
Dana Harvey	12/31/2019
Darnell Farris	12/31/2019
Michael Wells	12/31/2019
Donna Fox	12/31/2019
Lillie Mae Perry	12/31/2019
Edwin Fox	12/31/2019

Describe the Board term limit policy:
 The term limits of the CFD Board are renewed yearly.

Three Highest Paid Staff Names	Annual Salary
Annette Bridges	28,600
Gail Harwell	19,760
Karen Williams	18,720

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The youth build program consists of programs that are year round as well as those that are seasonal. These programs meet the needs of our community members from ages 6 weeks to 18 years old. We reach our to participants through summer camp, tutoring, youth-peer programs, child development center and recreation.

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

The funding will subsidize educational materials and supplies, equipment, arts and craft supplies, educational software, staff training, field trips and transportation for field trips.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Our youth programs, including the Child Development Center, Venturing, Teamkid, Teach One Academy and Coding provide opportunities to improve reading and mathematics skills, develop communication and interaction amongst youth-peer and adults, provides physical fitness and enhances the life skills of its participants.

Our tutoring and childcare programs provide pre and post-assessments to determine the learning levels of its participants as well as determines how much they have obtained through the use of our programs. In addition, all programs use participant and parent interaction and conferences to assess the needs of the students.

Each program also uses attendance and sign-in sheets to track program participation.

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 Center for Family Development, Inc. collaborates with Metro United Way, Kosair Charities, Jefferson County Public School System and the Kentucky Cabinet for Health and Family Services STARS program to provide funding, training and guidance for our programs.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits		230,826	230,826
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		29,800	29,800
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		1,000	1,000
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	7,500	31,537.50	39,037.50
*TOTAL PROGRAM/PROJECT FUNDS	7,500	293,163.50	300,663.50
% of Program Budget	.02 %	.98 %	100%

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

Other State, Federal or Local Government	125,000
United Way	
Private Contributions (do not include individual donor names)	67,163.50
Fees Collected from Program Participants	100,000
Other (please specify)	
Total Revenue for Columns 2 Expenses **	292,163.50

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Teamkid Arts & Crafts	300	450	750
Teamkid Snacks	300	1,162.5	1,462.5
Teamkid Supplies	300	375	675
Teamkid Fieldtrips	1,750	1,750	3,500
CDC Supplies	250	3,250	3,500
CDC Recreation/Fieldtrips	1,250	4,250	5,500
CDC Educational Supplies	1,500	4,000	5,500
CDC Specialized Staff	750	9,650	10,400
TOA Snacks	250	2,250	2,500
TOA Supplies	250	500	750
TOA Educational Supplies	250	2,750	3,000
Teamkid Educational Supplies	350	1,150	1,500
Total	7,500	31,537.5	39,037.5

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
2 meeting rooms for TOA	1,800	\$200 per week X 9 weeks
CFD Facility, 2 Classrooms	5,500	\$500 per week X 11 weeks
6 classrooms for CDC	39,000	\$750 per week X 52 weeks
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	46,300	

*** 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 1st

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

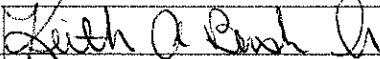
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	Jul 9, 2019
Legal Signatory: (please print):	Keith A. Bush, Sr.	Title:	CFD Director
Phone:	502-634-1839	Extension:	
Email:	keithpathfinder@gmail.com		

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **BUL 02 2001**

FIRST GETHSEMANE CENTER FOR FAMILY
DEVELOPMENT INC
1159 ALGONQUIN PKY
LOUISVILLE, KY 40208

Employer Identification Number:
61-1309277

DLN:
17053097840031

Contact Person:
TERRY KAYE ID# 31038

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
March, 1997

Addendum Applies:
No

Dear Applicant:

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

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

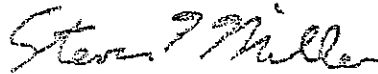
Letter 1050 (DO/CG)

FIRST GETHSEMANE CENTER FOR FAMILY

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

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

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations

First Gethsemane CFD 2019 Budget		
CFD	Donations for General Use	3,000.00
CFD	Coke Funds	1,000.00
CFD	Interest Revenue	5.00
CFD	Grants	25,000.00
CFD	Misc. Revenue	6,445.00
CFD	Teamkid	35,000.00
CFD	Teamkid Fieldtrip Revenue	9,000.00
CFD	Facility Rental Revenue	6,000.00
CDC	Tuition Paid by Parents	145,000.00
CDC	Four C's	48,000.00
CDC	FosterCare	2,500.00
CDC	Registration Fees	500.00
CDC	Meal Reimbursement	25,000.00
CDC	Misc. Revenue	2,845.00
	Total Revenue Budget	309,295.00
Expenses		
CFD	Recreation and Sports Expenses	200.00
CFD	General Maintenance Expenses	750.00
CFD	CFD Director's Benefits	4,800.00
CFD	CFD West Utilities/Alarms	1,050.00
CFD	Advertising Expenses	150.00
CFD	Office Supplies Expenses	1,250.00
CFD	Facility Rental Expenses	1,250.00
CFD	Bank Fee Expenses	100.00
CFD	Equipment under \$500	100.00
CFD	CFD West Maintenance Expenses	3,500.00
CFD	Grant Expenses	25,000.00
CFD	Teamkid Expenses	44,000.00
CFD	IRS 2012/2013 Tax Expense	3,300.00
CDC	Gross Payroll	180,000.00
CDC	Payroll Taxes	14,000.00
CDC	Meal Expenses	17,245.00
CDC	Office Supplies Expenses	2,500.00
CDC	Educational Materials	3,000.00
CDC	Employee Screening Expenses	500.00
CDC	Staff Training	1,000.00
CDC	Bank Fee Expenses	50.00
CDC	Professional Dues and Seminars	50.00
CDC	Audit/990 Tax Return Expenses	5,500.00
	Total Expense Budget	309,295.00

002 FIRST GETHSEMANE CFD
 Financial Spreadsheet from June to May
 001 FIRST GETHSEMANE CFD
 Actual Figures

Fund	Dept	Account#	Name	January	February	March	April	May	Total
		0	Balance Sheet Accounts						
		10	CFD Revenue						
1	10	4020	Summer Teamkid Enrichment Program	\$0.00	\$0.00	\$0.00	\$350.00	\$300.00	\$650.00
1	10	4026	Donations for General Use	\$521.20	\$2,898.00	\$44.60	\$44.00	\$54.00	\$3,561.80
1	10	4027	Facility Rental Revenue	\$0.00	\$935.00	\$1,550.00	\$1,650.00	\$2,120.00	\$6,255.00
1	10	4030	Coke Fund	\$0.00	\$51.33	\$0.00	\$97.13	\$0.00	\$148.46
1	10	4036	Interest Revenue	\$0.18	\$0.17	\$0.17	\$0.19	\$0.19	\$0.90
1	10	4047	Teamkid Fieldtrip Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00	\$325.00
1	10	4052	Daycare Fund Raising Revenue	\$98.24	\$0.00	\$0.00	\$0.00	\$0.00	\$98.24
1	10	5002	Committed Achievers Revenue	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
1	10	5003	1st G Strong T-Shirt Revenue	\$0.00	\$0.00	\$524.00	\$688.00	\$733.00	\$1,945.00
1	10	5004	Rebate Revenue	\$0.00	\$0.00	\$0.00	\$1,041.21	\$0.00	\$1,041.21
1	10	5005	T. Vaughn Walker Scholarship Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$5,250.00	\$5,250.00
			Total CFD Revenue	\$619.62	\$4,384.50	\$2,118.77	\$3,870.53	\$8,782.19	\$19,775.61
		30	CFD Expenses						
1	30	7001	Recreation And Sports Expenses	\$0.00	\$0.00	\$25.90	\$0.00	\$0.00	\$25.90
1	30	7002	CFD Fellowship/Party Expenses	\$281.64	\$0.00	\$0.00	\$0.00	\$108.76	\$390.40
1	30	7018	CFD Office Supplies Expenses	\$0.00	\$100.00	\$14.34	\$0.00	\$0.00	\$114.34
1	30	7020	Facility Rental Expenses	\$50.00	\$150.00	\$100.00	\$0.00	\$250.00	\$550.00
1	30	7024	Bank Fee Expenses	\$11.00	\$11.00	\$89.00	\$11.00	\$11.00	\$133.00
1	30	7027	Marketing Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$150.00
1	30	7030	CFD West Maintenance Expenses	\$1,013.10	\$5,218.00	\$2,153.20	\$602.00	\$1,048.20	\$10,034.50
1	30	7033	Dues/Memberships	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$150.00
1	30	7041	Contract Workers	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$500.00
1	30	7054	CFD Director Benefits	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$2,000.00
1	30	7058	Next Man Up Expenses	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
1	30	7060	Coat giveaway expenses	\$2,972.62	\$2,850.00	\$0.00	\$0.00	\$0.00	\$5,422.62
1	30	7065	1st G Strong T-Shirt Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$1,074.40	\$1,074.40
				\$4,328.36	\$8,829.00	\$3,282.44	\$1,163.00	\$3,042.36	\$20,645.16
			CFD Net Profit	(\$3,708.74)	(\$4,444.50)	(\$1,163.67)	\$2,707.53	\$5,739.83	(\$869.55)

Fund	Dept	Account#	Name	January	February	March	April	May	Total
		1	CDC Revenues						
2	1	4010	Tuition Paid By Parents	\$11,190.75	\$13,377.25	\$15,192.75	\$12,151.50	\$15,614.50	\$67,526.75
2	1	4030	4 C's	\$4,556.00	\$3,718.00	\$4,500.00	\$4,479.00	\$4,979.00	\$22,232.00
2	1	4050	Registration Fees	\$50.00	\$25.00	\$0.00	\$25.00	\$0.00	\$100.00
2	1	4080	Reimbursement Revenue - CDC Meals	\$3,507.54	\$1,924.45	\$1,874.49	\$0.00	\$3,921.96	\$11,228.44
2	1	4090	Contributions	\$83.01	\$0.00	\$0.00	\$0.00	\$0.00	\$83.01
2	1	4100	Fundraiser Revenue	\$150.00	\$0.00	\$0.00	\$45.74	\$0.00	\$195.74
2	1	4216	Fieldtrip Revenue	\$97.50	\$0.00	\$0.00	\$156.00	\$20.00	\$273.50
			CDC REVENUE	\$19,634.80	\$19,044.70	\$21,567.24	\$16,857.24	\$24,535.46	\$101,639.44
		2	CDC Expenses						
2	2	5010	Gross Payroll	\$14,066.88	\$12,075.20	\$18,829.95	\$13,508.54	\$12,790.23	\$71,270.80
2	2	9260	Contract Worker	\$1,293.00	\$800.00	\$800.00	\$1,025.00	\$2,682.89	\$6,600.89
2	2	9280	Payroll Taxes	\$1,075.21	\$922.86	\$1,439.14	\$1,032.54	\$977.54	\$5,447.29
2	2	9281	Tax Penalties and Interest	\$0.00	\$0.00	\$0.00	\$14.93	\$0.00	\$14.93
2	2	9300	Meal Expenses	\$3,165.00	\$1,300.58	\$1,273.53	\$1,972.60	\$1,780.19	\$9,491.90
2	2	9310	Classroom Equipment/Supplies (Under \$200)	\$0.00	\$0.00	\$0.00	\$405.37	\$0.00	\$405.37
2	2	9320	Office Supplies & Postage	\$156.48	\$290.77	\$335.04	\$94.54	\$9.00	\$885.83
2	2	9330	Educational Materials	\$0.00	\$82.43	\$288.72	\$391.88	\$0.00	\$763.03
2	2	9335	Fieldtrip Expenses	(\$235.00)	\$0.00	\$663.00	\$246.00	\$305.00	\$979.00
2	2	9340	Staff Training	\$0.00	\$0.00	\$360.00	\$109.33	\$90.00	\$499.33
2	2	9345	Employee Screening Expenses	\$0.00	\$0.00	\$38.25	\$0.00	\$10.00	\$48.25
2	2	9350	Bank Fees	\$8.00	\$8.00	\$8.01	\$22.38	\$8.00	\$54.39
			CDC Expenses	\$19,529.57	\$15,479.84	\$24,035.64	\$18,823.11	\$18,592.85	\$96,461.01
			CDC Net Profit	\$105.23	\$3,564.86	(\$2,468.40)	(\$1,965.87)	\$5,942.61	\$5,178.43
			CFD/CDC Net Profits	(\$3,603.51)	(\$879.64)	(\$3,632.07)	\$741.66	\$11,682.44	\$4,308.88

THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

General Information

Organization Number	0418261
Name	THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/1/1996
Organization Date	7/1/1996
Last Annual Report	6/28/2019
Principal Office	1221 FIRST GETHSEMANE AVENUE LOUISVILLE, KY 40208
Registered Agent	REV. KEITH A. BUSH, SR. 1121 PLATO TERRACE LOUISVILLE, KY 40211

Current Officers

Chairman	<u>Keith A. Bush, Sr.</u>
Secretary	<u>Tamara Thomas</u>
Treasurer	<u>Dana Harvey</u>
Director	<u>Keith A Bush, Sr.</u>
Director	<u>Tamara Thomas</u>
Director	<u>Dana Harvey</u>
Managing Member	<u>Michael Wells</u>
Managing Member	<u>Darnell Farris</u>
Managing Member	<u>Lillie Mae Perry</u>
Managing Member	<u>Edwin Fox</u>
Managing Member	<u>Donna Fox</u>
Managing Member	<u>Richard Price</u>

Individuals / Entities listed at time of formation

Director	<u>T VAUGHN WALKER</u>
Director	<u>DAVID HOWARD JR</u>
Director	<u>DEBBIE BUSH</u>
Director	<u>JEROME HUTCHINSON JR</u>
Director	<u>LEANNA WATKINS</u>
Director	<u>SERENA M WILLIAMS</u>
Incorporator	<u>DR T VAUGHN WALKER</u>
Incorporator	<u>ALVIN STANLEY</u>

IncorporatorDAVID HOWARD JR**Images available online**

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

<u>Registered Agent name/address change</u>	6/28/2019 8:30:53 PM	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2019	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/20/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/11/2016	1 page	<u>PDF</u>	
<u>Principal Office Address Change</u>	6/11/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/4/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/26/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/21/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/5/2012	1 page	<u>PDF</u>	
<u>Annual Report Return</u>	3/20/2012	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/7/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/30/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/30/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/4/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/8/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/25/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/19/2005	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	10/28/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/8/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/17/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/13/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/11/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	7/1/1996	6 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/28/2019 8:45:02 PM	6/28/2019 8:45:02 PM	
Registered agent address change	6/28/2019 8:30:53 PM	6/28/2019 8:30:53 PM	
Annual report	6/28/2018 6:44:01 PM	6/28/2018 6:44:01 PM	
Annual report	6/20/2017 9:39:06 PM	6/20/2017 9:39:06 PM	
Annual report	7/11/2016 8:28:19 PM	7/11/2016 8:28:19 PM	

Principal office change	6/11/2015 10:47:35 AM	6/11/2015
Annual report	6/4/2015 6:41:27 PM	6/4/2015 6:41:27 PM
Annual report	6/26/2014 8:04:01 AM	6/26/2014 8:04:01 AM
Annual report	6/21/2013 3:51:08 PM	6/21/2013 3:51:08 PM
Annual report	7/5/2012 9:46:31 AM	7/5/2012 9:46:31 AM
Annual report	7/7/2011 8:48:39 AM	7/7/2011 8:48:39 AM
Annual report	6/30/2010 2:26:38 PM	6/30/2010 2:26:38 PM
Annual report	6/30/2009 2:48:33 PM	6/30/2009 2:48:33 PM
Annual report	9/4/2008 6:09:17 PM	9/4/2008 6:09:17 PM
Annual report	9/8/2007 4:13:32 PM	9/8/2007 4:13:32 PM
Annual report	9/25/2006 6:22:23 PM	9/25/2006 6:22:23 PM
Registered agent address change	6/17/2002 9:28:09 AM	6/17/2002
Annual report	5/14/2002 11:51:42 AM	5/14/2002
Add	7/1/1996	7/1/1996

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	5/26/2004	1 page
Annual Report	10/28/2003	1 page
Annual Report	7/8/2002	1 page
Statement of Change	6/17/2002	1 page
Annual Report	9/13/2001	1 page
Annual Report	5/25/2000	1 page
Annual Report	6/10/1999	1 page
Annual Report	5/11/1998	1 page
Annual Report	7/1/1997	1 page
Articles of Incorporation	7/1/1996	6 pages

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ARTICLES OF INCORPORATION
OF
THE FIRST GETHSEMANE CENTER FOR
FAMILY DEVELOPMENT, INC.

The undersigned incorporators execute these articles of incorporation for the purpose of forming a non-profit corporation under the laws of the Commonwealth of Kentucky in accordance with the following provisions.

ARTICLE I

Name

The name of the corporation is The First Gethsemane Center for Family Development, Inc.

ARTICLE II

Duration

The duration of the corporation shall be perpetual.

ARTICLE III

Members

The corporation shall have no members except as may be provided by the bylaws hereafter duly adopted by the directors.

ARTICLE IV

Purpose

(A) To promote on a non-profit educational, charitable, and service basis the economic, social, and community development of deprived communities in Louisville and Jefferson County, Kentucky, the corporation is organized and operated exclusively for charitable, recreational, benevolent, and educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 and corresponding provisions of any later Federal tax laws. Such purposes shall include the making of distributions to organizations and individuals for the purpose of engaging in activities falling within the purposes of the corporation and permitted for an organization exempt under Section 501(c)(3) of the Internal Revenue Code.

(B) In furtherance of the general purposes in paragraph (A), the particular purposes of the corporation are the following:

- a. to provide educational and training programs for life skill development;
- b. to provide social, health, and recreational programs for community wellness and quality of life endeavors;
- c. to provide educational and cultural materials not readily accessible in the immediate community;
- d. to provide management and entrepreneurial initiatives for this low-income and deprived community;
- e. to provide affordable childcare, afterschool care, and senior care; and
- f. to design and engage in economic, business, and community development, employment, and housing initiatives.

ARTICLE V Powers and Limitations

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171, except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing of distribution of statements), any political campaign on behalf of any candidate for public office;
- b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue code of 1954 or the corresponding provisions of any later Federal tax laws.
- c) If and so long as the corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

- 1) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 2) The corporation shall not engage in any act of self dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 3) The corporation shall not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 4) The corporation shall not make any investments in such manner as to subject it to tax under 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 5) The corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VI
Office and Registered Agent

The name and address of the initial registered agent of the corporation shall be Dr. T. Vaughn Walker, 9115 Henry Clay Drive, Louisville, KY 40242.

ARTICLE VII
Principal Office

The mailing address of the principal office of the corporation shall be 1159 Algonquin Parkway, Louisville, KY 40208.

ARTICLE VIII
Non-Profit Nature

The corporation shall be irrevocably dedicated and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributed to its members, directors, officers, or other private persons except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE XI
Officers

The by-laws shall identify and provide for the method of election or appointment of the officers of the corporation.

ARTICLE XII
Personal Liability

The officers and directors of the corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position as officers and directors of the corporation except for liability

- A) for any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;
- B) for acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- C) for any transaction from which the director derives an improper personal benefit.

ARTICLE XIII
Dissolution

In the event of dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the corporation, dispose of all assets of the corporation exclusively for the purposes of the corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine

The remaining assets, if any, shall be disposed of by the Circuit Court of the County in which the principal office for the corporation is then located, exclusively for such purposes or to such organizations as said court shall determine are organized and operated exclusively for such purposes.

ARTICLE IX
Initial Board of Directors

The business and affairs of the corporation shall be governed by a board of directors. The eleven (11) members of the initial of directors shall serve a three (3) year period from the filing of these Articles of Incorporation or until a new Board of Directors is elected by the members of The First Gethsemane Baptist Church.

The names and addresses of the initial Board of Directors are as follows:

T. Vaughn Walker
9115 Henry Clay Drive
Louisville, KY 40242

Alvin Stanley
1359 Overbacker Court
Louisville, KY 40208

David Howard, Jr.
2315 Belmar Drive
Jeffersonville, IN 47130

Mark A. Smith
425 Hubbards Lane
Louisville, KY 40207

Debbie Bush
2213 W. Oak Street
Louisville, KY 40210

Edwin Fox
510 Wickfield Drive
Louisville, KY 40245

Jerome Hutchinson, Jr.
9110 Collingwood Road
Louisville, KY 40299

Ralph Trotter
1503 Oleanda Court
No. 1
Louisville, KY 40222

LeAnna Watkins
3414 Burrell Drive
Louisville, KY 40211

Roderick Williams
1926 Elba Drive
Louisville, KY 40218

Serena M. Williams
645 South Street 3rd
Apt. 217
Louisville, KY 40202

ARTICLE X
By-Laws

The corporation shall be governed by its by-laws. The by-laws of the corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

ARTICLE XIV
Amendments

These Article of Incorporation may be amended from time to time by resolution of the Board of Directors.

ARTICLE XV
Incorporators

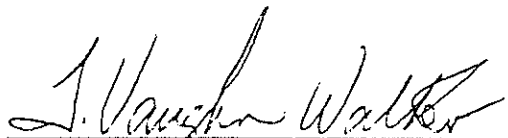
The names and addresses of the incorporators are as follows:

Dr. T. Vaughn Walker
9115 Henry Clay Drive
Louisville, Ky 40242

Alvin Stanley
1359 Overbacker Court
Louisville, Ky 40208

David Howard, Jr.
2315 Belmar Drive
Jeffersonville, IN 47130

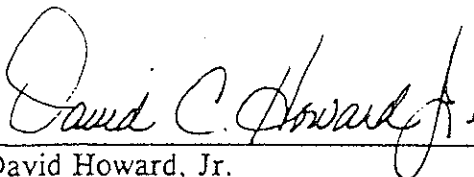
Signed by the incorporators at Louisville, Kentucky, on June 27, 1996, 1996.



Dr. T. Vaughn Walker



Alvin Stanley



David Howard, Jr.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

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

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

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

- An individual who is a U.S. citizen or U.S. resident alien;

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

- An estate (other than a foreign estate); or

- A domestic trust (as defined in Regulations section 301.7701-7).

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

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example.

Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

the treaty article.

November 14, 2018

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.
1159 ALGONQUIN PARKWAY
LOUISVILLE, KY 40208

TONI LEVY, CPA
TONI LEVY & ASSOCIATES, INC
1608 WEST BROADWAY, STE 100
LOUISVILLE, KY 40203
502-566-3030 Fax: 502-566-3035

Form 990

No tax is due.

Sign and date this return and mail it to:

**Department of the Treasury
Internal Revenue Service Center
OGDEN, ut 84201-0027**

Postmark federal return by:
November 15, 2018

Form 7004

No tax is due.

Mail this return to:

Postmark return by:

Form 8868

No tax is due.

Mail this return to:

**Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045**

Postmark return by:
May 15, 2018

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Identifying number 61-1309277
Number, street, and room or suite no. (If P.O. box, see instructions.) 1159 ALGONQUIN PARKWAY	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). LOUISVILLE, KY 40208	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for.

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ▶
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. ▶
- 5a The application is for calendar year 20 17 or tax year beginning _____, 20____, and ending _____, 20____.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic 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.

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Employer identification number (EIN) or 61-1309277.
	Number, street, and room or suite no. If a P.O. box, see instructions. 1159 ALGONQUIN PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40208	

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 (sec. 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 ▶ MRS DANA HARVEY
- Telephone No. ▶ 502-635-7906 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 17 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.

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1159 ALGONQUIN PARKWAY
 City or town State ZIP code
LOUISVILLE KY 40208
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number **61-1309277**
E Telephone number _____

G Gross receipts \$ **408,453**

F Name and address of principal officer:
KEITH BUSH 1159 ALGONQUIN PARKWAY, LOUISVILLE, KY 40208

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

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

J Website: **N/A**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **KY**

H(c) Group exemption number: _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE VARIOUS TYPES OF ASSISTANCE RELATED TO EDUCATION, HEALTH, REHAB AND CHILDCARE BASED ON THE SOCIAL AND ECONOMIC DEVELOPMENT OF DEPRIVED COMMUNITIES IN THE LOUISVILLE AND JEFFERSON COUNTY KENTUCKY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	34,534	115,980
	9 Program service revenue (Part VIII, line 2g)	285,183	292,470
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	3
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,717	408,453
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		181,089	222,932
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25)		0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		135,948	150,915
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	317,037	373,847	
19 Revenue less expenses. Subtract line 18 from line 12	2,680	34,606	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 671,650	End of Year 690,059
	21 Total liabilities (Part X, line 26)	10,000	10,087
	22 Net assets or fund balances. Subtract line 21 from line 20	661,650	679,972

Part II Signature Block

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

Sign Here
 Signature of officer: *Rev. Keith A. Bush Sr.* Date: **11/13/18**
 Type or print name and title: **Rev. Keith A. Bush Sr.**

Paid Preparer Use Only

Print/Type preparer's name TONI LEVY, CPA	Preparer's signature TONI LEVY, CPA	Date 11/14/2018	Check <input type="checkbox"/> if self-employed	PTIN P01232685
Firm's name TONI LEVY & ASSOCIATES, INC	Firm's EIN 61-1397099	Firm's address 1608 WEST BROADWAY, STE 100, LOUISVILLE, KY 40203		
Phone no. 502-566-3030				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE VARIOUS TYPES OF ASSISTANCE RELATED TO EDUCATION, HEALTH, REHAB AND CHILDCARE
BASED ON THE SOCIAL AND ECONOMIC DEVELOPMENT OF DEPRIVED COMMUNITIES IN LOUISVILLE AND
JEFFERSON COUNTY KENTUCKY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 248,610 including grants of \$ 13,450) (Revenue \$ 243,640)
CHILD CARE CENTER

4b (Code:) (Expenses \$ 106,105 including grants of \$ 94,745) (Revenue \$ 48,830)
WELLNESS PROGRAMS TUTORING BOYSCOUTS/GIRL SCOUTS RECREATION

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 354,715

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
12a 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
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a 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?		
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	

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.

X

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and tax compliance issues.

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
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent.		
1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 MRS DANA HARVEY 502-635-7906
 1159 ALGONQUIN PRKWY, LOUISVILLE, KY 40208

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) T VAUGHN WALKER CHAIR	1.00 1.00	X							
(2) LILLIE MAE PERRY BOARD MEMBER	1.00 1.00	X		X					
(3) KEITH BUSH TRESURE	20.00 20.00			X		3,600			
(4) DARNELL FARRIS BOARD MEMBER	1.00 1.00			X					
(5) DANA HARVEY BOARD MEMBER	20.00 20.00			X		7,643			
(6) DEBORAH HOFF BOARD MEMBER	1.00 1.00			X					
(7) WANDA MITCHELL SMITH BOARD MEMBER	1.00 1.00			X					
(8) TAMARA THOMPSON SECRETARY	1.00 1.00			X					
(9) MICHAEL WELLS BOARD MEMBER	1.00 1.00			X					
(10) CHARLES FORD, SR BOARD MEMBER	1.00 1.00			X	X				
(11)									
(12)									
(13)									
(14)									

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	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							11,243	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							11,243	0	0	

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

	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.		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.		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.		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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

		(A) 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	1a Federated campaigns	0				
	1b Membership dues	0				
	1c Fundraising events	939				
	1d Related organizations	0				
	1e Government grants (contributions)	0				
	1f All other contributions, gifts, grants, and similar amounts not included above	115,041				
	1g Noncash contributions included in lines 1a-1f:	\$ 0				
	1h Total. Add lines 1a-1f	115,980				
Program Service Revenue	Business Code					
	2a PROGRAM	624100	48,830	48,830		
	2b CHILDCARE	624410	243,640	243,640		
	2c		0			
	2d		0			
	2e		0			
	2f All other program service revenue		0			
2g Total. Add lines 2a-2f		292,470				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3	3		
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	0	0		
		c Gain or (loss)	0	0		
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18.	a	0			
		b Less: direct expenses	0			
		c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities. See Part IV, line 19.	a	0			
		b Less: direct expenses	0			
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a		0				
11b		0				
11c		0				
11d All other revenue		0				
11e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		408,453	292,473	0	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 domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	12,403		12,403	
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			
7	Other salaries and wages	195,319	195,319		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	15,210	14,625	585	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	1,650	1,650		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,754	34,754	0	0
23	Insurance	0			
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	PROGRAM OPERATING EXPENSES	63,131	63,131		
b	REPAIR AND MAINTENANCE	6,412	6,412		
c	OFFICE SUPPLIES AND EXPENSES	6,144		6,144	
d	OUTSIDE SERVICE	38,824	38,824		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	373,847	354,715	19,132	0
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
Assets	1 Cash—non-interest-bearing	48,031	1	95,253
	2 Savings and temporary cash investments	4,678	2	8,534
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,285,980		
	b Less: accumulated depreciation	10b 699,706	618,941	10c 586,272
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	671,650	16	690,059	
Liabilities	17 Accounts payable and accrued expenses	10,000	17	5,899
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	4,188
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	10,000	26	10,087
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	661,650	32	679,972
33 Total net assets or fund balances	661,650	33	679,972	
34 Total liabilities and net assets/fund balances	671,650	34	690,059	

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	408,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	373,847
3	Revenue less expenses. Subtract line 2 from line 1	3	34,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	661,650
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	-16,644
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	679,612

Part XII Financial Statements and Reporting

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

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

Casualties and Thefts

Department of the Treasury
Internal Revenue Service

- ▶ Go to www.irs.gov/Form4684 for instructions and the latest information.
- ▶ Attach to your tax return.
- ▶ Use a separate Form 4684 for each casualty or theft.

2017
Attachment
Sequence No. **26**

Name(s) shown on tax return

Identifying number

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

61-1309277

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes. **If reporting a casualty loss from a disaster, see the instructions before completing this section.**)

1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

- Property A _____
- Property B _____
- Property C _____
- Property D _____

Properties

	A	B	C	D
2 Cost or other basis of each property	2			
3 Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	3			
Note: If line 2 is more than line 3, skip line 4.				
4 Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	4			
5 Fair market value before casualty or theft	5			
6 Fair market value after casualty or theft	6			
7 Subtract line 6 from line 5	7			
8 Enter the smaller of line 2 or line 7	8			
9 Subtract line 3 from line 8. If zero or less, enter -0-	9			
10 Casualty or theft loss. Add the amounts on line 9 in columns A through D	10			
11 Enter \$100 (\$500 if qualified disaster loss rules apply; see instructions)	11			
12 Subtract line 11 from line 10. If zero or less, enter -0-	12			
Caution: Use only one Form 4684 for lines 13 through 18.				
13 Add the amounts on line 12 of all Forms 4684	13			0
14 Add the amounts on line 4 of all Forms 4684	14			0
Caution: See instructions before completing line 15.				
15 <ul style="list-style-type: none"> • If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section. • If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section. • If line 14 is less than line 13, and you have no qualified disaster losses subject to the \$500 reduction on line 11 on any Form(s) 4684, enter -0- here and go to line 16. If you have qualified disaster losses subject to the \$500 reduction, subtract line 14 from line 12 of the Form(s) 4684 reporting those losses. If the result is zero or less, see instructions. Otherwise, enter that result here and on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14. If you claim the standard deduction, also include on Schedule A (Form 1040), line 28, the amount of your standard deduction (see the instructions for Form 1040). Do not complete the rest of this section if all of your casualty or theft losses are subject to the \$500 reduction. 	15			0
16 Add lines 14 and 15. Subtract the result from line 13	16			0
17 Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions	17			0
18 Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6. Estates and trusts, enter the result on the "Other deductions" line of your tax return	18			0

Kentucky State Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return FIRST GETHSEMANE CENTER FOR FAMILY	Business or activity to which this form relates 990	Identifying number 61-1309277
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	25,000
2 Total cost of section 179 property placed in service (see instructions)	2	2,085
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	25,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12 0
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12		13 0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	31,737
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		985	5	HY	200DB	197
c 7-year property		1,100	7	HY	200DB	157
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20 a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,614
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,705
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: COMPUTERS -LAPTOPS 9/7/2016 100.00% 10,500 10,500 5 200DB - HY 3,360 DELL COMPUTERS 7/12/2012 100.00% 4,411 4,411 5 200DB - HY 254 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,614 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2017 tax year (see instructions): 43 Amortization of costs that began before your 2017 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Kentucky State Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return FIRST GETHSEMANE CENTER FOR FAMILY	Business or activity to which this form relates 990	Identifying number 61-1309277
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	25,000
2 Total cost of section 179 property placed in service (see instructions)	2	2,085
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	25,000
6 (a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	31,737
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		985	5	HY	200DB	197
c 7-year property		1,100	7	HY	200DB	157
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,614
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,705
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A--Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Table with columns (a) through (i) for property details and depreciation.

Section B--Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for vehicle 1 through 6, and rows 30-36 for mileage and personal use questions.

Section C--Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table for Section C with rows 37-41 for employer questions and Yes/No columns.

Part VI Amortization

Table for Section C with columns (a) through (f) for amortization details and rows 42-44 for cost amortization.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

Employer identification number

61-1309277

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: 0
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test—2017; 16b 33 1/3% support test—2016; 17a 10%-facts-and-circumstances test—2017; 17b 10%-facts-and-circumstances test—2016; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,375	35,000	12,333	42,084	115,980	254,777
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	140,121	216,898	247,763	277,633	292,473	1,174,888
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	189,496	251,898	260,096	319,717	408,453	1,429,660
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	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,429,660

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	189,496	251,898	260,096	319,717	408,453	1,429,660
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	0	0	0	0	0	0
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.)	189,496	251,898	260,096	319,717	408,453	1,429,660

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 2017 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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.		
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 Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by .035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	Total annual distributions. Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013	0		
c	From 2014	0		
d	From 2015	0		
e	From 2016	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2013	0		
b	Excess from 2014	0		
c	Excess from 2015	0		
d	Excess from 2016	0		
e	Excess from 2017	0		

Part VI

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

Area with horizontal dashed lines for supplemental information.

CLIENT COPY

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization
FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

Employer identification number
61-1309277

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Employer identification number 61-1309277
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	METRO UNITEDWAY 334 E BROADWAY LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 13,546	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	METRO CITY OF LOUISVILLE 601 WEST JEFFERSON STREET LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KOSAIR CHARITIES 982 EASTERN PARKWAY LOUISVILLE KY 40217 Foreign State or Province: _____ Foreign Country: _____	\$ 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GHEENS FOUNDATION 401 WEST MAIN STREET LOUISVILLE KY 40202 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

Employer identification number
 61-1309277

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

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

Name of organization FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Employer identification number 61-1309277
--	--

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.) ▶ \$ _____ 0

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

Employer identification number

61-1309277

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b 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, 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.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	0
d Additions during the year	
e Distributions during the year	
f Ending balance	0

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
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	0	0	0	0	0

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings	0	1,098,127	526,646	571,481
c Leasehold improvements	0	36,835	32,355	4,480
d Equipment	0	82,988	80,751	2,237
e Other	0	68,030	59,956	8,074

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 586,272

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

Part XIII Supplemental Information *(continued)*

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

Employer identification number

61-1309277

Form 990, Part IV, Line 11b: Organization did not report amount for investments

Form 990, Part IV, Line 19: Organization did not report amount for gaming activities.

Form 990, Part V, Line 14A: Organization did not receive any funds for indoor tanning.

Form 990, Part IV, Section C, Line 19: The organization makes available its Form

990 for review to its governing body at board meeting.

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Name of the organization

Employer identification number

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

61-1309277

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Use of Vehicles (4562 Part V, Section B) 990

12/31/2017

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. 61-1309277

Vehicle Description	Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
					Y	N	Y	N	Y	N
1 VAN	0	0	0	0						

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Form 4562 Statement - 990

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. 61-1309277

12/31/2017

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2017 Deprec.	2017 Accum. Deprec.
MACRS deductions for prior years (Line 17)																
17	LEASEHOLD IMPROVEMENTS	12/1/2003	R-7	100.00%	36,835	0	0	0	0	36,835	15	SL/GDS	HY	29,898	2,457	32,355
4	LEASEHOLD IMPROVEMENTS	12/1/2004	R-5	100.00%	850,828	0	0	0	0	850,828	39	SL/GDS	MM	426,407	21,815	448,222
19	BUILDIGN MAT-SUP	6/1/2005	R-5	100.00%	27,579	0	0	0	0	27,579	39	SL/GDS	MM	8,171	707	8,878
20	BUILDING LABOR-SUP	6/1/2005	R-5	100.00%	166,725	0	0	0	0	166,725	39	SL/GDS	MM	49,401	4,275	53,676
21	BUILDING SURVEY	6/1/2005	R-5	100.00%	32,995	0	0	0	0	32,995	39	SL/GDS	MM	9,776	846	10,622
26	BUILD DEMO WRECKING	10/26/2007	R-5	100.00%	20,000	0	0	0	0	20,000	39	SL/GDS	MM	4,735	513	5,248
29	TABLES	7/30/2012	F-11	100.00%	4,198	0	0	0	0	4,198	7	200DB	HY	931	107	1,038
30	CRIBS	12/19/2012	F-10	100.00%	742	0	0	0	0	742	7	200DB	HY	577	66	643
Total MACRS deductions for prior years (Line 17)																
GDS 5-year property (Line 19b)																
38	COMPUTER K BUSH	7/17/2017	F-5	100.00%	985	0	0	0	0	985	5	200DB	HY	0	197	197
Total GDS 5-year property (Line 19b)																
GDS 7-year property (Line 19c)																
31	SECURITY CAMERAS (D WAI	6/15/2017	F-11	100.00%	1,100	0	0	0	0	1,100	7	200DB	HY	0	157	157
Total GDS 7-year property (Line 19c)																
Subtotal Depreciation																
1,138,987																
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
13	COMPUTER	8/1/2003	F-4	100.00%	1,117	0	0	0	0	1,117	5	200DB	HY	852	0	852
31	COMPUTERS-LAPTOPS	9/7/2016	F-4	100.00%	10,500	0	0	0	0	10,500	5	200DB	HY	2,100	3,360	5,460
12	DELL COMPUTER	8/1/2003	F-4	100.00%	3,009	0	0	0	0	3,009	5	200DB	HY	2,298	0	2,298
25	DELL COMPUTER	9/19/2006	F-4	100.00%	784	0	0	0	0	784	5	200DB	HY	784	0	784
28	DELL COMPUTERS	7/12/2012	F-4	100.00%	4,411	0	0	0	0	4,411	5	200DB	HY	4,157	254	4,411
26	MONITOR	8/15/2006	F-4	100.00%	940	0	0	0	0	940	5	200DB	HY	940	0	940
9	VAN	5/1/2004	V-5	100.00%	19,937	0	0	9,969	0	9,968	5	200DB	HY	19,937	0	19,937
Total listed prop with > 50% business use																
40,698																
Subtotal Listed Property																
40,698																
Total Depreciation and Amortization																
1,179,685																
Form 4562 Reconciliation																
Annual depreciation and amortization (including Sec 168(f) elected amounts)																
Special allowance except listed property (Line 14) - current year assets																
Special allowance - listed property (Line 25) - current year assets																
Section 179 amount claimed (includes prior year disallowed)																
Section 179 amount carried forward to future year																

529,896	30,786	560,682
0	197	197
0	197	197
0	157	157
529,896	31,140	561,036
852	0	852
2,100	3,360	5,460
2,298	0	2,298
784	0	784
4,157	254	4,411
940	0	940
19,937	0	19,937
31,068	3,614	34,682
31,068	3,614	34,682
560,964	34,754	595,718
34,754	0	34,754
0	0	0
0	0	0

Form 4562 Statement - 990

12/31/2017

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. 61-1309277

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus Deprec.	2017 Deprec.	2017 Accum. Deprec.
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Section 179 deduction (Line 12)

Less amortization included in total annual depreciation and amortization (Line 44)

Form 4562, Line 22

0
0
34,754

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Form 4562 Statement Kentucky State - 990

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. 61-1309277

12/31/2017

Item No.	Description of Property	Date Placed in Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2017 Deprec.	2017 Accum. Deprec.	Special Allowance Difference	
Depreciation Detail																		
MACRS deductions for prior years (Line 17)																		
17	LEASEHOLD IMPROVEMENTS	12/1/2003	R-7	100.00%	36,835	0	0	0	0	36,835	15	SL/GDS	HY	29,898	2,457	32,355	C	
4	LEASEHOLD IMPROVEMENTS	12/1/2004	R-5	100.00%	850,828	0	0	0	0	850,828	39	SL/GDS	MM	426,407	21,815	448,222	C	
19	BUILDIGN MAT -SUP	6/1/2005	R-5	100.00%	27,579	0	0	0	0	27,579	39	SL/GDS	MM	8,171	707	8,878	C	
20	BUILDING LABOR -SUP	6/1/2005	R-5	100.00%	166,725	0	0	0	0	166,725	39	SL/GDS	MM	49,401	4,275	53,676	C	
21	BUILDING SURVEY	6/1/2005	R-5	100.00%	32,995	0	0	0	0	32,995	39	SL/GDS	MM	9,776	846	10,622	C	
26	BUILD DEMO WRECKING	10/26/2007	R-5	100.00%	20,000	0	0	0	0	20,000	39	SL/GDS	MM	4,735	513	5,248	C	
26	AC UNIT	6/23/2011	F-10	100.00%	1,463	0	0	0	0	1,463	7	200DB	HY	1,267	131	1,398	C	
25	HVAC	8/18/2011	F-10	100.00%	8,558	0	0	0	0	8,558	7	200DB	HY	7,412	764	8,176	C	
27	HOT WATER HEATER	10/6/2011	F-10	100.00%	625	0	0	0	0	625	7	200DB	HY	541	56	597	C	
29	TABLES	7/30/2012	F-11	100.00%	1,198	0	0	0	0	1,198	7	200DB	HY	931	107	1,038	C	
30	CRIBS	12/19/2012	F-10	100.00%	742	0	0	0	0	742	7	200DB	HY	577	66	643	C	
Total MACRS deductions for prior years (Line 17)										1,147,548	0	0	0	0	1,147,548			
GDS 5-year property (Line 19b)																		
38	COMPUTER K BUSH	7/17/2017	F-5	100.00%	985	0	0	0	0	985	5	200DB	HY	0	197	197	C	
Total GDS 5-year property (Line 19b)										985	0	0	0	0	985			
GDS 7-year property (Line 19c)																		
31	SECURITY CAMERAS (D WAI	6/15/2017	F-11	100.00%	1,100	0	0	0	0	1,100	7	200DB	HY	0	157	157	C	
Total GDS 7-year property (Line 19c)										1,100	0	0	0	0	1,100			
Subtotal Depreciation										1,149,633	0	0	0	0	1,149,633			
Listed Property																		
Listed property with more than 50% business use (Line 25 and 26)																		
13	COMPUTER	8/1/2003	F-4	100.00%	1,117	0	0	0	0	1,117	5	200DB	HY	852	0	852	C	
31	COMPUTERS-LAPTOPS	9/7/2016	F-4	100.00%	10,500	0	0	0	0	10,500	5	200DB	HY	2,100	3,360	5,460	C	
12	DELL COMPUTER	8/1/2003	F-4	100.00%	3,009	0	0	0	0	3,009	5	200DB	HY	2,298	0	2,298	C	
25	DELL COMPUTER	9/19/2006	F-4	100.00%	784	0	0	0	0	784	5	200DB	HY	784	0	784	C	
28	DELL COMPUTERS	7/12/2012	F-4	100.00%	4,411	0	0	0	0	4,411	5	200DB	HY	4,157	254	4,411	C	
26	MONITOR	8/15/2006	F-4	100.00%	940	0	0	0	0	940	5	200DB	HY	940	0	940	C	
9	VAN	5/1/2004	V-5	100.00%	19,937	0	0	9,969	0	9,968	5	200DB	HY	19,937	0	19,937	C	
Total listed prop with > 50% business use										40,698	0	0	9,969	0	30,729			
Subtotal Listed Property										40,698	0	0	9,969	0	30,729			
Total Depreciation and Amortization										1,190,331	0	0	9,969	0	1,180,362			
Form 4562 Reconciliation																		
Annual depreciation and amortization (including Sec 168(f) elected amounts)										570,184	35,705	605,889	10,646					
Special allowance except listed property (Line 14) - current year assets										31,068	3,614	34,682						
Special allowance - listed property (Line 14) - current year assets										31,068	3,614	34,682						
Total										570,184	35,705	605,889	10,646					

Elections

Election to NOT claim first-year special depreciation - 3 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 15 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

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Louisville Metro Revenue Commission Extension Request

OL-3_E_2018_V1.0

Form **OL-3EXT**

<input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETOR			
Last name	First name	MI	Social Security Number
<input type="checkbox"/> CORPORATION/ PARTNERSHIP			

Legal name/ Business name	Federal ID Number
FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	61-1309277

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)		Unit/Apt. no.	Account ID
1159 ALGONQUIN PARKWAY			
City, town, or post office	State	Zip code	Tax Year Ending
LOUISVILLE	KY	40208	12/31/2017
Email	Phone no.	Ext.	Estimated Payment

▲ A 90% estimated payment of the final tax liability is required to avoid penalty. (See instructions) ▲

Corporations and Partnership

If this extension request is for a tax period of less than twelve (12) months, please indicate the reason in this section.

<input type="checkbox"/>	Tax year end changed to:	(enter month)
<input type="checkbox"/>	Final return - Business ceased	
<input type="checkbox"/>	Corporate Merger - Short year return due to merger on	
<input type="checkbox"/>	Corporate Acquisition - Short year return due to the acquisition on	
<input type="checkbox"/>	After this short year return, our tax year end will be	(enter month)

Legal name/ Business name	Federal ID Number	
Address (number and street)	Unit/Apt. no.	
City, town or post office	State	Zip code
Email	Phone no.	Ext.
<input type="checkbox"/>	Other: (Please explain)	

Sign Here

I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.

Your signature	Date	
Print/type your name	Your title	Daytime phone number

Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	PTIN
TONI LEVY, CPA		11/14/2018	P01232685
Firm's name	TONI LEVY & ASSOCIATES, INC		Firm's EIN
			61-1397099
Firm's address	1608 WEST BROADWAY, STE 100, LOUISVILLE		Phone no.
			502-566-3030

ELECTRONIC FILING
Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenue.org>