

O-658-21

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

**Applicant/Program:** Harbor House of Louisville, Inc./Intergenerational Life Center Capital Campaign  
**Applicant Requested Amount:** \$22,000  
**Appropriation Request Amount:** ~~\$8,500~~ ~~\$11,500~~ \$13,000

**Executive Summary of Request**  
~~Funding~~  
~~\$8,000~~ for Harbor House of Louisville, Inc. capital campaign, including \$5,000 from District 12; \$1,000 each from Districts 14, 15 and 25; and \$500 from District 22, that will help begin construction on their Intergenerational Life Center which will provide meaningful employment for many in our community, offer a safe place for loved ones; whether in the Child Enrichment Center, Before & After school programs, aging parents or guardians with disabilities engaging in stimulating activities during the day.

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

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

12 District #      RL B... Primary Sponsor Signature      \$5,000 Amount      Nov 29, 2021 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.  
  
N/A

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

**Applicant/Program:**

Harbor House of Louisville, Inc. /Intergenerational Life Center Capital Campaign

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	<i>Emma F. Anderson</i>	\$ 1,000
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<i>Mark Fox</i>	\$ 1,000
District 14	<i>Lindi Fowler</i>	\$ 1,000
District 15	<i>K. Temple</i>	\$ 1,000

**Applicant/Program:**

Harbor House of Louisville, Inc./Intergenerational Life Center Capital Campaign

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

N/A

District 16	_____	\$ _____
District 17	<i>Markus Winkler</i>	\$ 500
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	<i>Nicole George</i>	\$ 1,000
District 22	<i>Robin J Engel</i>	\$ 500
District 23	_____	\$ _____
District 24	<i>Madonna Flood</i>	\$ 1,000
District 25	<i>Amy Holton Stewart</i>	\$ 1,000
District 26	_____	\$ _____

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Harbor House of Louisville, Inc.

**Program Name and Request Amount** Intergenerational Life Center Capital Campaign/\$22,000

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

Prepared by: *Heather Blazis*

Date: Nov 29, 2021

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>) Harbor House of Louisville, Inc.</i>			
<b>Main Office Street &amp; Mailing Address:</b> P. O. Box 58219 Louisville, KY 40268			
<b>Website:</b> www.hhlou.org			
<b>Applicant Contact:</b>	Maria Smith	<b>Title:</b>	CEO
<b>Phone:</b>	(502) 916-5707	<b>Email:</b>	msmith@hhlou.org
<b>Financial Contact:</b>	Tom Evans	<b>Title:</b>	CFO
<b>Phone:</b>	(502) 916-5717	<b>Email:</b>	tevans@hhlou.org
<b>Organization's Representative who attended NDF Training:</b> Pat Pierce			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	2231 Lower Hunters Trace, Louisville, KY 40216		
<b>Council District(s):</b>	12, 14, 15, 21, 22, 25	<b>Zip Code(s):</b>	40216
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Building Better Lives Through an Intergenerational Model			
<b>Total Request: (\$)</b>	\$ 22,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<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) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	KDD Sponsorship	<b>Amount: (\$)</b>	\$ 14,200.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Has the applicant met the BBB Charity Review Standards?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

Harbor House is built on the principle of improving the quality of life for individuals with disabilities and has been successful for 29 years. Now Harbor House is transitioning to an intergenerational community that will enhance the quality of life for senior citizens, people with disabilities and children through offering a multitude of innovative intergenerational services and programs for families raising young children, caring for aging adults, and those who face challenges that come with providing care for individuals with disabilities. Our mission is evolving to empower individuals of all ages, abilities and aspirations by providing opportunities through innovative vocational, health and educational services.

Our current services include:

**ADULT DAY TRAINING:** The ADT services provide person-centered, goal-oriented day services for adults with disabilities. Services are available five days a week from 7 AM to 4 PM. ADT staff encourages each participant to live up to their full potential. The ADT program provides life skills activities such as daily living skills, communication, budgeting, writing, computer skills, arts and crafts, cooking, gardening, friendship building, self advocacy, health and safety, using community resources, and more.

**COMMUNITY LIVING SUPPORT:** This service is provided for participants that do not live in a staffed residence. CLS services are goal-oriented and person-centered. The staff works one on one with participants in the community to provide training and/or assistance with skills that they would like to achieve. Activities include: personal goal, educational, recreational or social skills coaching.

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

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

**BULK MAIL & FULFILLMENT SERVICES:** Harbor House provides on-site employment opportunities through our Mail Fulfillment Center, allowing participants to work and earn a paycheck. Mail work may include stuffing envelopes, tabbing, labeling, etc. This employment provides participants with work skills that can assist them in obtaining and maintaining community employment. Some of these skills include completing work assignments, time management and working with others.

**HOME SWEET HOME CLEANING SERVICE:** Our Home Sweet Home program is designed to nurture intergenerational relationships by employing and training individuals with disabilities to provide in-home services to senior individuals and families who are unable to perform tasks themselves like light housekeeping, laundry or grocery shopping.

**TRANSPORTATION SERVICE:** Our Transportation Program provides transportation to our participants to and from their place of residence to Harbor House. The most efficient routes allow the participants to be able to spend more time at Harbor House and engage in more activities.

**TEEN LIFE SKILLS:** This program is designed for adolescents with disabilities (ages 13-18) to participate in an after-school program on Wednesdays from 4 pm – 7 pm. Programming is setup in six-week sessions and include topics such as friendship building, personal hygiene, money and budgeting, space and exploration, exercise, healthy eating and meal preparation.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Phil Ball	12/31/2021
Anne Carrico	12/31/2026
Pamela Cooper	12/31/2024
Rick Farrar	12/31/2026
Jill Hunter	12/31/2023
John Hynes	12/31/2026
Joni Jenkins	12/31/2026
Father Christian Moore	Standing Member
David Owen	12/31/2022
Phil Peercy	12/31/2022
Deena Pluhar	12/31/2024
Dennis Riggs	12/31/2026
Sean Salisbury	12/31/2022
Richard Swope	12/31/2024
Jamie Traughber	12/31/2022
Jackie Warner	12/31/2021
John Zoeller	12/31/2023

**Describe the Board term limit policy:**

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

Three Highest Paid Staff Names	Annual Salary
Maria Smith	\$ 171,965.04
Tom Evans	\$ 95,584.80
Nicole Goodin	\$ 60,000.00

**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.):**

Our Intergenerational Life Center (ILC) began with a business plan developed by CEO, Maria Smith as she prepared to complete her college degree. This vision never left Maria. In 2017, after visiting the St. Ann's Intergenerational Center in Milwaukee, WI, Maria knew she could bring this vision to reality. Following the St. Ann Center model, research began on how to transition to serving adults with disabilities, senior citizens and children all under one roof. The Harbor House Board of Directors eagerly adopted this plan as a way to grow & serve more individuals in the community. A Proforma was developed, building plans designed, fundraising started & two acres of land purchased. Now four years later & \$8 million secured, the ILC is announced to the public. Ground breaking is scheduled for March 5, 2022 & an anticipated completion date in 2023. Under one roof, all segments will mingle with each other to share experiences, learn from each other, find a purpose to begin each day with a smile. The ILC will benefit the entire community providing meaningful employment for many in our community, offering a safe place for your loved one; whether in the Child Enrichment Center, Before & After school programs, your aging parent or guardian with disabilities engaging in stimulating activities during the day. No one is singled out or isolated, all accepted regardless of their age, ability or aspiration. Met Life funded a report defining "intergenerational community" as a place that provides adequately for the safety, health, education & basic necessities of life for people of all ages; promotes programs, policies & practices that increase cooperation, interaction & exchange between people of different generations; & enables all ages to share their talents & resources & support each other in relationships that benefit both individuals & community.

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

Funding from the members of the Metro Council of \$22,000 will bring us closer to reaching our goal to begin the construction of the Intergenerational Life Center. This contribution will allow us to secure firm pricing quotes on building materials, hedging the ever-increasing cost of construction.

## 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:**

Fifty children will be able to participate in the before and after school programs being offered at the Intergenerational Life Center, reducing the number of "latch-key" kids and reducing the amount of time children are left alone and vulnerable to the pressures from peers.

Individuals with disabilities will be provided more opportunities to engage in the community through taking classes with children and senior citizens, providing opportunities to work in the Child Enrichment Center, resulting in less absenteeism and greater self-esteem.

Senior citizens will have the opportunity to spend more time engaging with others resulting in less isolation, less health issues and a more positive outlook on life.

The long-term goals to be achieved in our community from services planned at the Center include (1) a strong social network that builds connections across age, race, socio-economic classes and other traditional divides, (2) a facility that fosters interaction across generations, (3) opportunities for a lifelong community engagement and learning, (4) a physical environment that promotes healthy living and well-being, (5) an integrated system of accessible health & social services that supports individuals and families across their life.

**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.**

We have contracted with JRA Architects, Kelley Construction and The Nehemiah Group to design, build and project manage the Intergenerational Life Center. We currently partner with Terri Stoltz to provide therapies for our participants. Students from the University of Louisville, Spalding University, JCTC and Sullivan University come to Harbor House to complete their practicums in their specific field of study (Nursing, OT, OTA). After completion of the Intergenerational Life Center, we will partner with Louisville Beauty Academy to provide beauty services in the Nail and Hair Salon. We will partner with medical and dental programs (Dr. Watson's Mobile Dentistry) to provide wellness services. A caterer/chef will be on-site to run the operations of the commercial kitchen. As the Center continues to expand, more collaboration will emerge for Art, Music, Physical Fitness and Technology.

**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
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			\$ 0.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>	\$ 22,000.00	\$ 11,978,000.00	\$ 12,000,000.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 22,000.00	\$ 11,978,000.00	\$ 12,000,000.00
% of Program Budget	0.18%	99.82%	<b>100%</b>

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 11,978,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 11,978,000.00

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>	<p align="center">\$ 0.00</p>	

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

**Agency Fiscal Year Start Date:** July 1, 2021

**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: <i>Maria Smith</i>		Date: 11-24-21
Legal Signatory: (please print): <i>Maria Smith</i>		Title: <i>CEO</i>
Phone: 502-916-5707	Extension: —	Email: <i>msmith@hhlou.org</i>

Internal Revenue Service

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

Date: April 21, 2005

**Person to Contact:**

Stephanie Swartzbaugh 31-07594  
Customer Service Specialist

**Toll Free Telephone Number:**

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

**Fax Number:**

513-263-3756

**Federal Identification Number:**

61-1216323

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

Dear Sir or Madam:

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

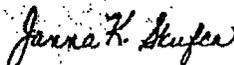
In August 1992 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely,



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

**. BUDGET FOR FISCAL YEAR FY2022**

<b>REVENUES:</b>	<b>FY2022 BUDGET</b>
In-Kind Contributions	150,000
Contributions	100,000
Contributions Capital Camp.	
Contributions Benevon	
Grants	100,000
Grants Capital Camp.	
ADT Private Pay Services	24,000
Participant Act. Fees	12,000
Medicaid CLS	200,320
HMS Services	
Personal Assistance	30,000
Medicaid Respite	106,368
Medicaid SE	24,000
Medicaid ST	15,000
Medicaid ADT On-Site	1,320,000
Vocational Rehab	60,000
Transportation Rev	662,000
Mail Revenue	90,000
Special Event Revenue	950
Promotional Sales	4,689
Sponsorship Revenue	150,000
KDD Duck Sales	150,000
KDD Merchandise	
F & F Ticket Revenue	8,000
KDD Auction Revenue	21,700
KDD Donation	6,500
Gain/Loss Sale of Assets	
Interest Income	
Stock Div/Int Inc Capital Cam	
Miscellaneous Income	0

**TOTAL REVENUE**

**\$3,235,527**

**EXPENSES: FY2022 BUDGET**

PR/Marketing	176,950
HH Autos	21,000
Dues & Subscriptions	12,000
Equip Maint/Contracts	52,275
Liability Insurance (incl' D&O)	30,000
Workers Comp	15,000
KY Unemployment Insurance	
Interest Expense	6,000
Janitorial	3,600
Bank/Credit Card Charges	8,840
Depreciation	156,000
Provider Tax	42,000
Rent	4,000
Printing	1,200
Supplies	40,200
Auction Supplies	45,000
Postage	49,350
Bld. Maintenance	18,300
Office Equipment	14,000
Employee Benefits	233,816
Payroll Expense	1,895,980
Payroll Tax Expense	145,042
Telephone	6,000
Activities Expense	12,000
Meals	59,100
Travel	55,930
Professional Fees	39,300
Licenses & Fees	4,400
Utility Expense	20,400
Training	12,500
Bad Debt Expense	6,000

**TOTAL EXPENSES: \$3,186,183**

**NET INCOME: \$49,344**

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
June 30, 2020 and 2019**

	2020	2019
<b>ASSETS</b>		
Cash	\$ 897,925	\$ 85,096
Accounts receivable, net	85,135	143,096
Pledges receivable, net	963,177	1,171,072
Grants receivable, net	1,347,099	389,645
Prepaid expenses	72,660	4,677
Investment	49,472	100,000
Property and equipment, net	1,491,189	1,377,874
Total assets	\$ 4,906,657	\$ 3,271,460
<b>LIABILITIES</b>		
Line of credit	\$ 41,974	\$ 21,974
Capital lease obligation	22,538	30,832
Note payable	300,000	--
Accounts payable	2,955	14,989
Accrued and withheld payroll taxes	5,277	9,191
Accrued expenses	139,281	95,552
Deferred revenue	98,981	4,075
Refundable advances	696,735	--
Total liabilities	1,307,741	176,613
<b>NET ASSETS</b>		
Net assets without donor restrictions	657,373	1,268,155
Net assets with donor restrictions	2,941,543	1,826,692
Total net assets	3,598,916	3,094,847
Total liabilities and net assets	\$ 4,906,657	\$ 3,271,460

The Notes to Consolidated Financial Statements are an integral part of these statements.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENT OF ACTIVITIES  
Year Ended June 30, 2020**

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUES AND SUPPORT</b>			
Program service income	\$ 1,466,597	\$ --	\$ 1,466,597
Contributions and grants	218,742	1,343,832	1,562,574
Fund-raising events	116,361	--	116,361
Net realized gains on investment	7,500	--	7,500
Interest income	3,102	--	3,102
	<u>1,812,302</u>	<u>1,343,832</u>	<u>3,156,134</u>
Net assets released from restriction	228,981	(228,981)	--
	<u>2,041,283</u>	<u>1,114,851</u>	<u>3,156,134</u>
Total revenues and support			
<b>EXPENSES</b>			
Program services	2,269,574	--	2,269,574
Management and general	172,670	--	172,670
Fund-raising	209,821	--	209,821
	<u>2,652,065</u>	<u>--</u>	<u>2,652,065</u>
Total expenses			
INCREASE (DECREASE) IN NET ASSETS	(610,782)	1,114,851	504,069
NET ASSETS AT BEGINNING OF YEAR	<u>1,268,155</u>	<u>1,826,692</u>	<u>3,094,847</u>
NET ASSETS AT END OF YEAR	<u>\$ 657,373</u>	<u>\$ 2,941,543</u>	<u>\$ 3,598,916</u>

The Notes to Consolidated Financial Statements are an integral part of this statement.

JONES, NALE & MATTINGLY PLC  
401 WEST MAIN STREET, SUITE 1100  
LOUISVILLE, KY 40202

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

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

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

CLIENT'S COPY



*Jones, Nale & Mattingly PLC*

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

MARIA

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU  
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,  
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE  
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO  
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY  
17, 2021.

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

SINCERELY,

TRAVIS C. FRICK

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**HARBOR HOUSE OF LOUISVILLE, INC**

**61-1216323**

Name and title of officer

**MARIA SMITH**

**CHIEF EXECUTIVE OFFICER**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3,016,956.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

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

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

### Part III Certification and Authentication

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

**61366912345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HARBOR HOUSE OF LOUISVILLE, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2231 LOWER HUNTERS TRACE</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40216</b> <b>F</b> Name and address of principal officer: <b>MARIA SMITH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>61-1216323</b> <b>E</b> Telephone number <b>502-719-0072</b> <b>G</b> Gross receipts \$ <b>3,147,496.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.HHLOU.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER DISABLED INDIVIDUALS AND THEIR FAMILIES TO LEAD FULFILLED AND PRODUCTIVE LIVES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>122</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>148</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,990,283.</b>	<b>1,597,395.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,708,423.</b>	<b>1,407,725.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,344.</b>	<b>10,601.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-30,361.</b>	<b>1,235.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,669,689.</b>	<b>3,016,956.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,562,418.</b>	<b>1,739,423.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>129,722.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>682,753.</b>	<b>758,917.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,245,171.</b>	<b>2,498,340.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,424,518.</b>	<b>518,616.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,366,707.</b>	<b>5,006,495.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>275,901.</b>	<b>1,397,073.</b>
		<b>3,090,806.</b>	<b>3,609,422.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARIA SMITH, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRAVIS C. FRICK</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01728213</b>
	Firm's name <b>JONES, NALE &amp; MATTINGLY PLC</b>	Firm's EIN <b>61-0420207</b>
	Firm's address <b>401 WEST MAIN STREET, SUITE 1100 LOUISVILLE, KY 40202</b>	Phone no. (502) 583-0248

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,202,245. including grants of \$ ) (Revenue \$ 1,407,725. ) PROVIDED SUPPORT TO INDIVIDUALS WITH DISABILITIES BY ALLOWING THEM TO ENJOY INTEGRATION INTO THE COMMUNITY THROUGH ON-SITE AND COMMUNITY EMPLOYMENT, WORKSHOPS, VOCATIONAL TRAINING AND ACTIVITIES.

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

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

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

4e Total program service expenses 2,202,245.

**Part IV Checklist of Required Schedules**

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

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

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

Note: All Form 990 filers are required to complete Schedule O

**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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a 122</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIAN MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(2) RICK FARRAR BOARD MEMBER	1.00	X						0.	0.	0.
(3) JOHN ZOELLER BOARD MEMBER	1.00	X						0.	0.	0.
(4) PHIL BALL BOARD MEMBER	1.00	X						0.	0.	0.
(5) DAVID OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(6) JACQUELINE WARNER SECRETARY	1.00	X		X				0.	0.	0.
(7) JONI JENKINS BOARD MEMBER	1.00	X						0.	0.	0.
(8) PHIL PEERCY PRESIDENT	1.00	X		X				0.	0.	0.
(9) SEAN SALISBURY BOARD MEMBER	1.00	X						0.	0.	0.
(10) JAMIE TRAUGHBER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(11) PAMELA COOPER BOARD MEMBER	1.00	X						0.	0.	0.
(12) DEENA PLUHAR BOARD MEMBER	1.00	X						0.	0.	0.
(13) RICHARD SWOPE BOARD MEMBER	1.00	X						0.	0.	0.
(14) TOM EVANS CFO	40.00	X		X				95,585.	0.	8,740.
(15) MARIA SMITH CEO	40.00	X		X				171,965.	0.	11,792.
(16) ANNE CARRICO BOARD MEMBER	1.00	X						0.	0.	0.
(17) JILL HUNTER BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REBECCA MATHENY BOARD MEMBER	1.00	X						0.	0.	0.
(19) DENNIS RIGGS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								267,550.	0.	20,532.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								267,550.	0.	20,532.

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

	Yes	No
3 Did the organization list any former officer, director, 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
NONE		

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,597,395.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 59,015.					
<b>h Total.</b> Add lines 1a-1f				<b>1,597,395.</b>				
<b>Program Service Revenue</b>	<b>2 a</b> <u>MEDICAID REIMBURSEMENT</u>	<b>Business Code</b>	900099	939,564.	939,564.			
	<b>b</b> <u>TUITION AND FEES</u>		900099	317,669.	317,669.			
	<b>c</b> <u>MAIL FULFILLMENT</u>		900099	150,492.	150,492.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f				<b>1,407,725.</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,101.			3,101.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses							
	<b>c</b> Rental income or (loss)							
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			58,028.					
	<b>b</b> Less: cost or other basis and sales expenses							
	<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)			7,500.	7,500.				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			81,247.				
				80,012.				
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from fundraising events			1,235.			1,235.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold								
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____			<b>Business Code</b>				
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				<b>3,016,956.</b>	<b>1,415,225.</b>	<b>0.</b>	<b>4,336.</b>	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	267,550.	246,146.	16,053.	5,351.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,236,257.	1,155,306.	50,254.	30,697.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	130,830.	121,580.	6,596.	2,654.
<b>10</b> Payroll taxes	104,786.	97,151.	4,801.	2,834.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	127,410.	47,137.	14,199.	66,074.
<b>12</b> Advertising and promotion	32,822.	13,207.	96.	19,519.
<b>13</b> Office expenses	77,992.	61,401.	15,492.	1,099.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	125,644.	119,838.	5,556.	250.
<b>17</b> Travel	55,760.	43,437.	11,153.	1,170.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	8,232.	8,232.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	110,240.	110,240.		
<b>23</b> Insurance	47,981.	33,554.	14,427.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES</b>	46,469.	27,342.	19,127.	
<b>b</b> <b>BAD DEBT</b>	32,411.	32,411.		
<b>c</b> <b>HEALTHCARE PROVIDER TAX</b>	30,701.	30,701.		
<b>d</b> <b>MEALS AND ENTERTAINMENT</b>	23,308.	18,641.	4,667.	
<b>e</b> All other expenses	39,947.	35,921.	3,952.	74.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,498,340.	2,202,245.	166,373.	129,722.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	80,421.	<b>1</b>	889,123.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,560,717.	<b>3</b>	2,310,276.
	<b>4</b> Accounts receivable, net .....	136,952.	<b>4</b>	84,300.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,677.	<b>9</b>	72,660.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,659,139.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,167,949.	<b>10c</b>	1,491,190.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	100,000.	<b>12</b>	49,472.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	106,065.	<b>15</b>	109,474.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,366,707.	<b>16</b>	5,006,495.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,894.	<b>17</b>	8,224.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,075.	<b>19</b>	98,981.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	52,806.	<b>23</b>	64,512.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	200,126.	<b>25</b>	1,225,356.
	<b>26 Total liabilities.</b> Add lines 17 through 25	275,901.	<b>26</b>	1,397,073.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,268,154.	<b>27</b>	667,879.
	<b>28</b> Net assets with donor restrictions .....	1,822,652.	<b>28</b>	2,941,543.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	3,090,806.	<b>32</b>	3,609,422.	
<b>33</b> Total liabilities and net assets/fund balances .....	3,366,707.	<b>33</b>	5,006,495.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,016,956.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,498,340.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	518,616.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,090,806.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,609,422.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	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>b</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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> HARBOR HOUSE OF LOUISVILLE, INC	<b>Employer identification number</b> 61-1216323
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	241,694.	412,780.	790,924.	1990283.	1597395.	5033076.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1266124.	1273931.	1394200.	1708423.	1407725.	7050403.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	415,376.	256,988.	272,724.	289,264.	81,247.	1315599.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1923194.	1943699.	2457848.	3987970.	3086367.	13399078.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,000.	1,000.	116,550.	25,760.	7,125.	151,435.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1012474.	1015356.	1079057.	825,488.	1497564.	5429939.
<b>c</b> Add lines 7a and 7b	1013474.	1016356.	1195607.	851,248.	1504689.	5581374.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						7817704.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	1923194.	1943699.	2457848.	3987970.	3086367.	13399078.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74.	109.	47.	1,344.	3,101.	4,675.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	74.	109.	47.	1,344.	3,101.	4,675.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,000.					20,000.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1943268.	1943808.	2457895.	3989314.	3089468.	13423753.

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	58.24 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	57.69 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.03 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	.01 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			









**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization

**HARBOR HOUSE OF LOUISVILLE, INC**

Employer identification number

**61-1216323**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>TARC</u> <u>1000 W BROADWAY</u> <u>LOUISVILLE, KY 40203-2030</u>	\$ <u>70,611.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>GE APPLIANCE</u> <u>4000 BUECHEL BANK RD</u> <u>LOUISVILLE, KY 40218</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>ZOELLER COMPANY</u> <u>3649 CANE RUN ROAD</u> <u>LOUISVILLE, KY 40211</u>	\$ <u>788,445.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>HIGHLAND ROOFING</u> <u>4007 PRODUCE RD</u> <u>LOUISVILLE, KY 40218</u>	\$ <u>7,543.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>ZEEFAM TRUST</u> <u>8089 CUNNINGHAM SARLES RD</u> <u>BORDEN, IN 47106-9126</u>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>LOUISVILLE METRO GOVERNMENT</u> <u>701 WEST ORMSBY AVE</u> <u>LOUISVILLE, KY 40203</u>	\$ <u>14,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>MARSHALL FAMILY FOUNDATION</u> <u>P. O. BOX 328</u> <u>PROSPECT, KY 40059</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>THE COMMUNITY FOUNDATION OF LOUISVILLE</u> <u>325 WEST MAIN ST STE 1110</u> <u>LOUISVILLE, KY 40202</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>HONORABLE ORDER OF KENTUCKY COLONELS</u> <u>943 SOUTH FIRST ST</u> <u>LOUISVILLE, KY 40203</u>	\$ <u>124,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>PNC FOUNDATION</u> <u>500 WEST JEFFERSON ST SUITE 1B</u> <u>LOUISVILLE, KY 40202</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>ESTATE OF MR. WILLIAM VAN HART LAGGREN</u> <u>P. O. BOX 2212</u> <u>FT. WAYNE, IN 46801</u>	\$ <u>7,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>M &amp; S DIEBOLD CHARITABLE FOUNDATION, INC.</u> <u>210 PEPPERBUSH RD</u> <u>LOUISVILLE, KY 40207-5714</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BOB AND LORI BLOCKER 10911 ROCK VALLEY CT LOUISVILLE, KY 40241	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ANTHEM MEDICAID 13550 TRITON PARK BLVD LOUISVILLE, KY 40204	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ESTATE OF CYNTHIA SHAW 1012 SOUTH FOURTH ST LOUISVILLE, KY 40203	\$ 39,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CRALLE FOUNDATION 1300 CLEAR SPRINGS TRACE SUITE 9 LOUISVILLE, KY 40223	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TECHNOLOGY PLUS 2200 PLANTSIDE DRIVE LOUISVILLE, KY 40299	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NUCOR TUBULAR PRODUCTS 7301 LOGISTICS DR LOUISVILLE, KY 40258	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE KING'S DAUGHTERS & SONS FNDD. OF KY, INC.  P.O. BOX 83  FRANKFORT, KY 40601	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	TOM DREXLER  3718 BARDSTOWN RD  LOUISVILLE, KY 40218-2209	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	TRI-ARROWS ALUMINUM, INC.  12501 PLANTSIDE DR  LOUISVILLE, KY 40299	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	REPUBLIC BANK FOUNDATION  601 W. MARKET ST.  LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	PRUDENTIAL HEATING & AIR  3302 GILMORE INDUSTRIAL BLVD  LOUISVILLE, KY 40213	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SAM SWOPE FAMILY FOUNDATION  2525 NELSON MILLER PKWY  LOUISVILLE, KY 40223	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JACOB C. KOCH CHARITABLE TRUST P. O. BOX 32460 LOUISVILLE, KY 40232	\$ 7,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CHURCHILL DOWNS 600 N. HURSTBOURNE PKWY LOUISVILLE, KY 40222	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	TOM MUSSELMAN FOUNDATION 1601 CHEROKEE RD LOUISVILLE, KY 40205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	BARLOW ANDERSON, LLC 420 L STREET, SUITE 310 ANCHORAGE, AK 99501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DELTA DENTAL OF KENTUCKY 10100 LINN STATION ROAD LOUISVILLE, KY 40223	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DICK SWOPE 3930 OLD BROWNSBORO RD LOUISVILLE, KY 40207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JAMES GRAHAM BROWN FOUNDATION  471 WEST MAIN ST SUITE 401  LOUISVILLE, KY 40202	\$ 37,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	TRUIST FOUNDATION  401 WEST MAIN ST  LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,764,152.	586,443.	1,177,709.
c Leasehold improvements		86,051.	19,888.	66,163.
d Equipment		808,936.	561,618.	247,318.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,491,190.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	134,869.
(3) DUE TO RELATED PARTY	104,352.
(4) REFUNDABLE ADVANCE	686,135.
(5) NOTE PAYABLE	300,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,225,356.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,096,968.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	80,012.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	80,012.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,016,956.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,016,956.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,578,352.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	80,012.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	80,012.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,498,340.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,498,340.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATON QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). ALTHOUGH THE ORGANIZATION IS EXEMPT FROM INCOME TAXES, ANY INCOME GENERATED FROM ACTIVITIES UNRELATED TO THEIR EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED JUNE 30, 2020. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN MADE IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

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

**Part XIII** Supplemental Information (continued)

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B 80,012.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENTS EXPENSES REPORTED ON LINE 8B 80,012.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		KEN-DUCKY DERBY		NONE	
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts .....	81,247.			81,247.
2	Less: Contributions .....				
3	Gross income (line 1 minus line 2) .....	81,247.			81,247.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....	1,900.		1,900.
	7	Food and beverages .....	30,544.		30,544.
	8	Entertainment .....			
	9	Other direct expenses .....	47,568.		47,568.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				80,012.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				1,235.

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

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

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

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

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

HARBOR HOUSE OF LOUISVILLE, INC

Employer identification number

61-1216323

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization?</p>	<b>5a</b>	X
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization?</p>	<b>6a</b>	X
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>SUPPLIES</u> )	X	157	59,015	ESTIMATED FAIR MARKE
26 Other ▶ ( <u>PR/MARKETING</u> )	X	2	0	ESTIMATED FAIR MARKE
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) 2019



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

HARBOR HOUSE OF LOUISVILLE, INC

Employer identification number

61-1216323

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

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

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

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

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

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

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

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





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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	HARBOR HOUSE HOME SWEET HOME, INC.	D	109,474	INTERCOMPANY RECEIVABLE
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**THE ORGANIZATION**

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

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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

0297654.09

dcornish  
AMD

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

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

Know All Persons By These Presents:

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

**ARTICLE I  
(Name)**

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

**ARTICLE II  
(Purpose)**

The purpose of the Corporation is:

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

**ARTICLE III  
(Charitable Organization)**

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

ARTICLE IV  
(Registered Office/Principal Office)

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

ARTICLE V  
(Directors)

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

ARTICLE VI  
(Corporate Powers)

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

ARTICLE VII  
(Not For Profit Status)

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

ARTICLE VIII  
(Members)

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

ARTICLE IX  
(Classes of Members)

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

ARTICLE X  
(Articles/Bylaws-Amendment)

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

ARTICLE XI  
(Termination of Membership)

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

ARTICLE XII  
(Removal of Directors)

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

ARTICLE XIII  
(No Personal Liability)

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

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

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

ARTICLE XV  
(Dissolution)

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



# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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

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

Other (see instructions) ► \_\_\_\_\_

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

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

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

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

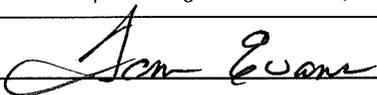
6	1	-	1	2	1	6	3	2	3
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ►  Date ► 2/1/2021

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED FINANCIAL REPORT**

**June 30, 2020**

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*Jones, Nale & Mattingly PLC*

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Harbor House of Louisville, Inc. and Affiliate  
Louisville, Kentucky

We have audited the accompanying consolidated financial statements of Harbor House of Louisville, Inc. (a nonprofit organization) and affiliate, which comprise the consolidated statements of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

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

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

**Auditor's Responsibility**

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

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

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

**Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Harbor House of Louisville, Inc. and affiliate as of June 30, 2020, and the changes in their net assets and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of a matter**

As discussed in Note 2, Harbor House of Louisville, Inc. and affiliate adopted Financial Accounting Standards Update 2014-09, *Revenue from Contracts with Customers*. Our opinion is not modified with respect to this matter.

*Jones, Nale & Mattingly P.C.*

Louisville, Kentucky  
February 11, 2021

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
June 30, 2020 and 2019**

	2020	2019
<b>ASSETS</b>		
Cash	\$ 897,925	\$ 85,096
Accounts receivable, net	85,135	143,096
Pledges receivable, net	963,177	1,171,072
Grants receivable, net	1,347,099	389,645
Prepaid expenses	72,660	4,677
Investment	49,472	100,000
Property and equipment, net	1,491,189	1,377,874
Total assets	\$ 4,906,657	\$ 3,271,460
<b>LIABILITIES</b>		
Line of credit	\$ 41,974	\$ 21,974
Capital lease obligation	22,538	30,832
Note payable	300,000	--
Accounts payable	2,955	14,989
Accrued and withheld payroll taxes	5,277	9,191
Accrued expenses	139,281	95,552
Deferred revenue	98,981	4,075
Refundable advances	696,735	--
Total liabilities	1,307,741	176,613
<b>NET ASSETS</b>		
Net assets without donor restrictions	657,373	1,268,155
Net assets with donor restrictions	2,941,543	1,826,692
Total net assets	3,598,916	3,094,847
Total liabilities and net assets	\$ 4,906,657	\$ 3,271,460

The Notes to Consolidated Financial Statements are an integral part of these statements.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENT OF ACTIVITIES  
Year Ended June 30, 2020**

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUES AND SUPPORT</b>			
Program service income	\$ 1,466,597	\$ --	\$ 1,466,597
Contributions and grants	218,742	1,343,832	1,562,574
Fund-raising events	116,361	--	116,361
Net realized gains on investment	7,500	--	7,500
Interest income	3,102	--	3,102
	<u>1,812,302</u>	<u>1,343,832</u>	<u>3,156,134</u>
Net assets released from restriction	228,981	(228,981)	--
Total revenues and support	<u>2,041,283</u>	<u>1,114,851</u>	<u>3,156,134</u>
<b>EXPENSES</b>			
Program services	2,269,574	--	2,269,574
Management and general	172,670	--	172,670
Fund-raising	209,821	--	209,821
	<u>2,652,065</u>	<u>--</u>	<u>2,652,065</u>
Total expenses	<u>2,652,065</u>	<u>--</u>	<u>2,652,065</u>
INCREASE (DECREASE) IN NET ASSETS	(610,782)	1,114,851	504,069
NET ASSETS AT BEGINNING OF YEAR	<u>1,268,155</u>	<u>1,826,692</u>	<u>3,094,847</u>
NET ASSETS AT END OF YEAR	<u>\$ 657,373</u>	<u>\$ 2,941,543</u>	<u>\$ 3,598,916</u>

The Notes to Consolidated Financial Statements are an integral part of this statement.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENT OF ACTIVITIES  
Year Ended June 30, 2019**

	2019		Total
	Without Donor Restrictions	With Donor Restrictions	
<b>REVENUES AND SUPPORT</b>			
Program service income	\$ 1,763,059	\$ --	\$ 1,763,059
Contributions and grants	110,833	1,703,194	1,814,027
Fund-raising events	467,466	--	467,466
Interest income	1,344	--	1,344
	<u>2,342,702</u>	<u>1,703,194</u>	<u>4,045,896</u>
Net assets released from restriction	560,195	(560,195)	--
	<u>2,902,897</u>	<u>1,142,999</u>	<u>4,045,896</u>
Total revenues and support			
<b>EXPENSES</b>			
Program services	1,966,050	--	1,966,050
Management and general	185,453	--	185,453
Fund-raising	484,298	--	484,298
	<u>2,635,801</u>	<u>--</u>	<u>2,635,801</u>
Total expenses			
<b>INCREASE IN NET ASSETS</b>	267,096	1,142,999	1,410,095
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<u>1,001,059</u>	<u>683,693</u>	<u>1,684,752</u>
<b>NET ASSETS AT END OF YEAR</b>	<u>\$ 1,268,155</u>	<u>\$ 1,826,692</u>	<u>\$ 3,094,847</u>

The Notes to Consolidated Financial Statements are an integral part of this statement.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
Year Ended June 30, 2020**

	2020			
	Program Services	Management and General	Fund- raising	Total
Wages and salaries	\$ 1,452,152	\$ 70,661	\$ 36,048	\$ 1,558,861
Employee benefits	125,378	7,111	2,654	135,143
Payroll taxes	100,958	5,100	2,834	108,892
Professional fees	19,200	14,040	66,042	99,282
Depreciation	110,240	--	--	110,240
Repairs and maintenance	98,047	2,367	--	100,414
Travel	46,785	11,655	1,171	59,611
Insurance	33,833	14,506	--	48,339
Provider tax	30,701	--	--	30,701
Advertising	13,209	156	19,519	32,884
Supplies	28,838	19,196	--	48,034
Therapy fees	24,769	--	--	24,769
Meals and entertainment	18,842	4,674	--	23,516
Utilities	15,575	2,879	243	18,697
Postage and delivery	58,863	3,757	--	62,620
Interest	8,232	--	--	8,232
Miscellaneous	4,440	334	--	4,774
Dues and subscriptions	2,498	11,715	1,079	15,292
Telephone	5,451	1,760	74	7,285
Bank charges	4,249	13	--	4,262
Payroll processing	6,158	491	125	6,774
Training	12,324	1,523	--	13,847
Printing and production	40	20	20	80
Rent	4,031	--	--	4,031
Uncollectible fees	5,000	--	--	5,000
Janitorial services	2,231	314	--	2,545
Licenses and fees	5,119	398	--	5,517
Bad debts	32,411	--	--	32,411
	2,269,574	172,670	129,809	2,572,053
Fund-raising events direct expense	--	--	80,012	80,012
	<u>\$ 2,269,574</u>	<u>\$ 172,670</u>	<u>\$ 209,821</u>	<u>\$ 2,652,065</u>

The Notes to Consolidated Financial Statements are an integral part of this statement.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES  
Year Ended June 30, 2019**

	2019			
	Program Services	Management and General	Fund- raising	Total
Wages and salaries	\$ 1,272,282	\$ 78,345	\$ 45,465	\$ 1,396,092
Employee benefits	120,541	9,237	1,244	131,022
Payroll taxes	91,909	7,043	948	99,900
Professional fees	15,448	10,298	77,423	103,169
Depreciation	90,097	13,463	--	103,560
Repairs and maintenance	54,015	1,302	--	55,317
Travel	42,044	10,780	1,078	53,902
Insurance	29,957	12,839	--	42,796
Provider tax	41,937	--	--	41,937
Advertising	11,539	141	16,465	28,145
Supplies	23,956	16,273	--	40,229
Therapy fees	28,171	--	--	28,171
Meals and entertainment	20,593	5,148	--	25,741
Utilities	15,764	2,914	246	18,924
Postage and delivery	54,493	3,478	--	57,971
Interest	6,568	--	--	6,568
Miscellaneous	8,864	667	--	9,531
Dues and subscriptions	2,168	9,690	893	12,751
Telephone	4,871	1,559	65	6,494
Bank charges	2,324	9	--	2,333
Payroll processing	6,136	484	50	6,670
Training	7,836	968	--	8,804
Printing and production	742	371	371	1,484
Rent	4,287	--	--	4,287
Uncollectible fees	6,085	--	--	6,085
Janitorial services	2,860	403	9	3,272
Licenses and fees	564	41	--	605
Information technology	--	--	20,416	20,416
	1,966,050	185,453	164,673	2,316,176
Fund-raising events direct expense	--	--	319,625	319,625
	<u>\$ 1,966,050</u>	<u>\$ 185,453</u>	<u>\$ 484,298</u>	<u>\$ 2,635,801</u>

The Notes to Consolidated Financial Statements are an integral part of this statement.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**STATEMENTS OF CASH FLOWS  
Years Ended June 30, 2020 and 2019**

	2020	2019
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase in net assets	\$ 504,069	\$ 1,410,095
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	110,240	103,560
Donation of common stock	--	(100,000)
Net realized gains on investment	(7,500)	--
Change in assets and liabilities, net of the effects of investing and financing activities:		
Accounts receivable, net	57,961	(2,631)
Pledges receivable, net	207,895	(850,331)
Grants receivable, net	(957,454)	(45,157)
Prepaid expenses	(67,983)	2,935
Accounts payable and accrued expenses	27,781	15,982
Refundable advances	696,735	--
Deferred revenue	94,906	3,195
Net cash provided by operating activities	666,650	537,648
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property and equipment	(223,555)	(170,990)
Proceeds from sale of investment	58,028	--
Net cash (used in) investing activities	(165,527)	(170,990)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Borrowings (repayments) on line of credit	20,000	(299,138)
Proceeds from issuance of note payable	300,000	--
Principal payments on capital lease obligation	(8,294)	(7,889)
Net cash provided by (used in) financing activities	311,706	(307,027)
Net increase in cash	812,829	59,631
Cash:		
Beginning of year	85,096	25,465
End of year	\$ 897,925	\$ 85,096
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>		
Cash payments for interest	\$ 8,234	\$ 6,568
Property and equipment in accounts payable	\$ --	\$ 10,527

The Notes to Consolidated Financial Statements are an integral part of these statements.

**HARBOR HOUSE OF LOUISVILLE, INC.  
AND AFFILIATE**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Note 1. Nature of Organization

Harbor House of Louisville, Inc. (HH), a nonprofit corporation in Louisville, Kentucky, is a certified training and development center for individuals with developmental and intellectual disabilities that can affect their ability to find suitable employment opportunities and take an active role in their community. HH was founded by a group of parents of adult children with disabilities who recognized the importance of having a place where their adult children and others could receive the training and confidence to become involved in community activities to enhance the lives of individuals served.

Harbor House Home Sweet Home, Inc. (HSH), a nonprofit corporation also located in Louisville, Kentucky seeks to provide employment opportunities for individuals with developmental and intellectual disabilities. HSH provides in-home personal care services for seniors and others who have disabilities limiting their ability to perform routine activities of daily living, including but not limited to light housekeeping, grocery shopping, and laundry services.

Note 2. Summary of Significant Accounting Policies

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Principles of consolidation

The consolidated financial statements include the accounts of HH and HSH (collectively referred to as the Organization). All material inter-organizational transactions have been eliminated in consolidation.

Cash

The Organization maintains its cash balances in bank deposit accounts which, at times, may exceed coverage provided by the Federal Deposit Insurance Corporation. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant risk on bank deposits.

Accounts receivable

Accounts receivable consist of fees for mail fulfillment services and Medicaid program services. Accounts receivable are recorded at net realizable value consisting of the carrying amount less an allowance for doubtful accounts. The Organization estimates an allowance for doubtful accounts based upon management's analysis of the history of uncollectible accounts. The allowance for doubtful accounts was \$3,308 and \$7,504 as of June 30, 2020 and 2019, respectively.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 2. Summary of Significant Accounting Policies (Continued)

#### Pledges receivable

Pledges receivable consist primarily of unconditional promises to give made by donors. An allowance for doubtful accounts is recorded based on the history of uncollectible pledges as well as a detailed analysis of individual past due pledge balances. In evaluating the collectability of contributions receivable, the Organization considers historical loss rates and payment history of individual donors. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected after one year are recorded at the present value of their estimated cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received.

#### Grants receivable

Grants receivable consist of grants awarded for the capital campaign as well as grants awarded for a specific purpose. Grants that are expected to be collected within one year are recorded at net realizable value. Grants that are expected to be collected after one year are recorded at the present value of their estimated cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the grants are received.

#### Property and equipment

Property and equipment are stated at cost. Donated property and equipment are stated at fair value as of the date of donation. The Organization has a policy to capitalize property and equipment with a cost of \$1,000 or greater and a useful life greater than one year.

Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the related assets as follows:

	<u>Years</u>
Buildings and improvements	5 - 40
Furniture and fixtures	3 - 25
Vehicles	3 - 5
Computers and equipment	3 - 7

#### Deferred revenue

Deferred revenue represents sponsorship payments and other payments received prior to the Organization's annual fund-raising event.

#### Net assets

The Organization reports information regarding its financial position and activities according to the following net asset classifications:

*Net assets without donor restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 2. Summary of Significant Accounting Policies (Continued)

#### Net assets (continued)

*Net assets with donor restrictions:* Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

#### Revenue recognition

##### *Adoption of accounting pronouncement*

The Organization adopted ASU No. 2014-09, *Revenue from Contracts with Customers* as of July 1, 2019. The new standard replaces existing revenue recognition rules with a single comprehensive model to use in accounting for revenue arising from contracts with customers. The standard was adopted using the modified retrospective method and had no effect on the Organization's financial position or results of operation.

##### *Revenue from contracts*

HH generates revenue by providing individuals with disabilities employment, education, and community building opportunities. HH recognizes revenue for financial reporting purposes as performance obligations are satisfied. Transaction prices are based on standard rates for the services provided.

HSH generates revenue by providing light housekeeping and other in-home services to seniors and others unable to perform those activities. HSH recognizes revenue for financial reporting purposes as performance obligations are satisfied. Transaction prices are based on standard rates for the services provided.

##### *Performance obligations*

Program service revenue is recognized monthly as services are rendered to program participants. Mail fulfillment service revenue is recognized when customer orders are completed. Customer orders for mail fulfillment services are generally completed in the same month that the orders are received. Customers are billed when jobs are completed and payment is typically due within 30 days. Contract liabilities include customer deposits. The balance in contract liabilities for mail fulfillment services was \$4,000 and is included in deferred revenue on the consolidated statements of financial position as of June 30, 2020 and 2019.

#### Contributions

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 2. Summary of Significant Accounting Policies (Continued)

#### Donated goods and services

Contributions of donated goods are recorded at fair value in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills and would typically need to be purchased if not provided by donation are recorded at fair value in the year received. Donated goods and services totaled \$59,015 and \$177,974 for the years ended June 30, 2020 and 2019, respectively.

#### Advertising expenses

Advertising costs are expensed as incurred. Advertising expenses were \$32,884 and \$28,145 for the years ended June 30, 2020 and 2019, respectively.

#### Shipping and handling costs

Shipping and handling costs related to the mail fulfillment program are expensed as incurred.

#### Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional expense basis in the consolidated statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses directly attributable to a specific functional area of the Organization are reported as expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the various functional areas based on time spent or square footage. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Income taxes

HH and HSH qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (IRC). Although HH and HSH are exempt from income taxes, any income generated from activities unrelated to their exempt purpose is subject to tax under IRC Section 511. There was no unrelated business income tax for the years ended June 30, 2020 and 2019, respectively. Accordingly, no provision for federal and state income taxes has been made in these consolidated financial statements.

The Organization's accounting policy provides that a tax expense/benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. The Organization has no uncertain tax positions resulting in an accrual of a tax expense or benefit.

HH and HSH Federal Returns of Organization Exempt from Income Tax are subject to examination by the taxing authorities until the expiration of the related statute of limitations on the returns, which is generally three years.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 2. Summary of Significant Accounting Policies (Continued)

#### Reclassifications

Certain amounts presented in the 2019 consolidated financial statements have been reclassified to conform to the 2020 presentation.

#### Subsequent events

Management has evaluated subsequent events through February 11, 2021, the date the consolidated financial statements were available to be issued.

#### Recent accounting pronouncements

In February 2016, the FASB issued ASU 2016-02, *Leases*. The standard requires all leases with lease terms over 12 months to be capitalized as a right-of-use asset and lease liability on the statement of financial position at the date of lease commencement. Leases will be classified as either finance or operating. This distinction will be relevant for the pattern of expense recognition in the consolidated statement of activities. This standard will be effective for the year ending June 30, 2023.

Management is currently in the process of evaluating the impact of the adoption of this ASU on the consolidated financial statements.

### Note 3. Liquidity and Availability of Resources

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the consolidated statement of financial position date, comprise the following as of June 30, 2020 and 2019:

	2020	2019
Financial assets at year end:		
Cash	\$ 897,925	\$ 85,096
Accounts receivable	85,135	143,096
Pledges receivable	963,177	1,171,072
Grants receivable	1,347,099	389,645
Investments	49,472	100,000
Total financial assets	3,342,808	1,888,909
Less amounts not available to be used within one year:		
Net assets with donor restrictions	2,941,543	1,826,692
Financial assets available to meet general expenditures over the next twelve months	\$ 401,265	\$ 62,217

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. As more fully described in Note 9, the Organization has a \$450,000 operating line of credit, which may be utilized to pay for expenses as needed.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 4. Concentrations and Third-Party Payers

The Organization receives payments from the Kentucky Medicaid program for providing services to adults and children with intellectual or developmental disabilities. The billing rates for these services are set by the Kentucky Department for Medicaid Services. The net service revenue from Medicaid totaled \$939,564 and \$1,237,265 for the years ended June 30, 2020 and 2019, respectively. These amounts were approximately 31% of total support and revenue for the years ended June 30, 2020 and 2019. Accounts receivable due from Medicaid less an allowance for doubtful accounts, totaled \$50,298 and \$92,981 as of June 30, 2020 and 2019, respectively.

### Note 5. Pledges Receivable

Pledges receivable consist of pledges made in connection with the Organization's capital campaign and annual fund. Pledges receivable as of June 30, 2020 and 2019 are as follows:

	2020	2019
Pledges due in less than one year	\$ 105,804	\$ 317,970
Pledges due in one to five years	875,255	905,122
Pledges due beyond five years	45,368	30,000
Total gross unconditional pledges to give	1,026,427	1,253,092
Less allowance for uncollectible pledges	(24,166)	(23,666)
Less unamortized discount to present value	(39,084)	(58,354)
Pledges receivable, net	\$ 963,177	\$ 1,171,072

Pledges receivable due after one year are reflected at the present value of estimated future cash flows using a discount rate of .66% and 2.00% for the years ended June 30, 2020 and 2019, respectively.

A summary of the changes in the allowance for uncollectible pledges is as follows for the years ended June 30, 2020 and 2019:

	2020	2019
Balance, beginning of year	\$ 23,666	\$ 3,250
Provision charged to operations	5,000	20,416
Accounts written off	(4,500)	- -
Balance, end of year	\$ 24,166	\$ 23,666

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 6. Grants Receivable

Grants receivable consist of amounts receivable from entities that have awarded grant funds for the capital campaign, purchase of fixed assets, or for specific programs.

	2020	2019
Grants due in less than one year	\$ 1,219,571	\$ 294,470
Grants due in one to five years	130,000	100,000
Total gross grants receivable	1,349,571	394,470
Less unamortized discount to present value	(2,472)	(4,825)
Grants receivable, net	\$ 1,347,099	\$ 389,645

Grants receivable due after one year are reflected at the present value of estimated future cash flows using a discount rate of .66% and 2.00% for the years ended June 30, 2020 and 2019, respectively.

### Note 7. Fair Values of Financial Instruments

U.S. GAAP provides a framework for fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The methodology for measuring fair value specifies a three-tier hierarchy of valuation techniques based upon whether the inputs to those valuation techniques are based on quoted prices of identical assets or liabilities (Level 1), significant other observable inputs (Level 2), or significant other unobservable inputs that reflect an organization's own assumptions of market participant valuation (Level 3).

The following method and assumptions were used by the Organization in estimating the fair value of financial instruments:

Common stock is valued at fair value based upon a third-party valuation performed on behalf of the issuer.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value:

		Fair Value Measurements Using:		
Balance at		Level 1	Level 2	Level 3
June 30, 2020				
Common stock	\$ 49,472	\$ --	\$ --	49,472
	\$ 49,472	\$ --	\$ --	\$ 49,472
		Fair Value Measurements Using:		
Balance at		Level 1	Level 2	Level 3
June 30, 2019				
Common stock	\$ 100,000	\$ --	\$ --	100,000
	\$ 100,000	\$ --	\$ --	\$ 100,000

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 7. Fair Values of Financial Instruments (Continued)

The following table sets forth the beginning of year and end of year balances of Level 3 assets for the years ended June 30, 2020 and 2019:

	Level 3 Investments	
	2020	2019
Beginning balance	\$ 100,000	\$ --
Recognized gain	7,500	--
Contributed investments	--	100,000
Proceeds from sale	(58,028)	--
Ending balance	\$ 49,472	\$ 100,000

### Note 8. Property and Equipment

Property and equipment consisted of the following as of June 30, 2020 and 2019:

	2020	2019
Buildings	\$ 1,276,966	\$ 1,276,966
Building improvements	122,076	122,076
Furniture and fixtures	2,132	2,132
Vehicles	426,442	339,914
Computers and equipment	380,362	352,000
Construction in progress	451,161	342,496
	2,659,139	2,435,584
Less accumulated depreciation	(1,167,950)	(1,057,710)
	\$ 1,491,189	\$ 1,377,874

Construction in progress as of June 30, 2020 and 2019, consisted primarily of building and renovation costs for the Organization's second respite house, purchase of land, and architectural fees for future building site (see Note 16 for capital campaign).

### Note 9. Line of Credit

The Organization has a \$450,000 line of credit agreement with Republic Bank and Trust Company. Amounts drawn on the line of credit bear interest at the prime rate plus .50% (3.75% as of June 30, 2020) and are collateralized by the building. The line of credit matures on February 26, 2021. Total amounts outstanding on the line of credit was \$41,974 and \$21,974 as of June 30, 2020 and 2019, respectively.

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Note 10. Capital Lease Obligation

The Organization leases a vehicle under a capital lease agreement. The economic substance of the lease is that the Organization is financing the acquisition of the vehicle through the lease, and accordingly, the lease is recorded in the assets and liabilities on the consolidated statements of financial position. The vehicle's original cost was \$46,285 and accumulated depreciation as of June 30, 2020 and 2019 was \$26,228 and \$16,971, respectively.

Future minimum lease payments are as follows for the year ending June 30:

2021	\$	9,579
2022		9,579
2023		4,790
		23,948
Less amounts representing interest		(1,410)
Present value of minimum lease payments	\$	22,538

Note 11. Refundable Advances

Paycheck protection program loan

In April 2020, HH and HSH received refundable advances of \$323,400 and \$10,600, respectively, from the United States Small Business Administration (SBA) Paycheck Protection Program (PPP). Under the CARES Act, subject to limitations, as defined, the advances may be partially or fully forgiven, depending on specified actual payroll and other qualified costs for the covered period following receipt of the advances. Any amount not forgiven will be payable in 18 monthly installments of principal and interest at 1% and will be unsecured. The Organization is accounting for the loan proceeds as conditional contributions in accordance with ASC 958-605. As such, the Organization will recognize the refundable advances as contribution income once the conditions for loan forgiveness have been substantially met.

Grant

In February 2020, the Organization was awarded a grant of \$400,000 toward the construction of a new building. Under the grant agreement, the grant funds were advanced in June 2020 and must be applied to construction costs by September 15, 2022, and any unapplied grant funds at the expiration date must be repaid by the Organization. The Organization is accounting for the grant proceeds as a conditional contribution in accordance with ASC 958-605. As such, the Organization will recognize the refundable advance as grant income once the grant funds are applied to construction costs for the new building. As of June 30, 2020, the Organization had spent \$37,265 of the grant funds for construction costs of the new building and therefore recognized as revenue during the year ended June 30, 2020.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 12. Note Payable

Note payable consisted of the following as of June 30:

	2020	2019
Community Foundation of Louisville	\$ 300,000	\$ - -
	\$ 300,000	\$ - -

In July 2019, the Organization obtained a \$400,000 loan from the Community Foundation of Louisville for the purpose of financing the architectural design costs for a new building. Loan funds are advanced in four equal installments of \$100,000. A total of \$300,000 was advanced on the loan as of June 30, 2020. The note bears interest at a fixed rate of 3.00% and is collateralized by the Organization's respite house. The principal balance of the loan matures on July 15, 2021.

### Note 13. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purpose or periods:

	2020	2019
Property and equipment	\$ 198,052	\$ 194,470
Program services	21,460	4,040
Capital campaign	2,722,031	1,628,182
	\$ 2,941,543	\$ 1,826,692

### Note 14. Retirement Plan

The Organization has a safe harbor 401(k) plan that covers all eligible employees who have completed one year of employment and are at least 21 years of age. The Organization can make discretionary contributions on behalf of covered employees and also make matching contributions up to 4.00% of the employees' compensation. Employer contributions recognized as expense were \$35,482 and \$38,109, for the years ended June 30, 2020 and 2019, respectively.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 15. Fundraising Events Direct Expense

Fundraising events direct expenses, including donated services, are primarily for an annual fundraising event. The annual event was postponed from May 2020 to August 2020. As such, revenues and expenses for the event are classified as deferred revenue and prepaid expenses, respectively, as of June 30, 2020. Fundraising expenses for the year ended June 30, 2020, were related to a kick-off event that was held in February 2020. The fundraising events direct expenses consist of the following for the years ended June 30, 2020 and 2019:

	2020	2019
Advertising and marketing	\$ 1,445	\$ 138,825
Meals and entertainment	30,544	30,098
Auction supplies	-	24,834
Supplies and postage	41,575	112,476
Licenses and fees	4,063	4,655
Bank service charges	10	4,170
Rent	1,900	4,004
Travel	375	391
Professional fees	100	172
	\$ 80,012	\$ 319,625

### Note 16. Capital Campaign

The capital campaign is a drive to raise funds for a new building. The Organization has spent \$302,456 on the acquisition of land, architect fees, and permits related to the new building. Restrictions on capital campaign contributions are considered to expire when payments are made for capital campaign costs. The capital campaign is currently in the private phase.

### Note 17. Uncertainty

Since March 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impact to the Organization as of February 11, 2021, management believes that a material impact on the Organization's financial position and results of future operations is reasonably possible.



# Kentucky Secretary of State

## Michael G. Adams

### HARBOR HOUSE OF LOUISVILLE, INC.

[File Annual Report](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Additional Services](#)[Certificates](#)

#### General Information

<b>Organization Number</b>	0297654
<b>Name</b>	HARBOR HOUSE OF LOUISVILLE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	3/5/1992
<b>Organization Date</b>	3/5/1992
<b>Last Annual Report</b>	2/12/2021
<b>Principal Office</b>	2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216
<b>Registered Agent</b>	MARIA SMITH 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216

#### Current Officers

<b>President</b>	Phil Percy
<b>Vice President</b>	Jamie Traugher
<b>Secretary</b>	Jackie Warner
<b>Treasurer</b>	Dennis Riggs
<b>Director</b>	Rick Farrar
<b>Director</b>	Father Christian Moore
<b>Director</b>	John Zoeller

<b>Director</b>	Deena Pluhar
<b>Director</b>	Richard Swope
<b>Director</b>	David Owen
<b>Director</b>	Jamie Traughber
<b>Director</b>	Phil Peercy
<b>Director</b>	Sean Salisbury
<b>Director</b>	Jackie Warner
<b>Director</b>	Joni Jenkins
<b>Director</b>	Pamela Cooper
<b>Director</b>	Phil Ball
<b>Director</b>	Dennis Riggs
<b>Director</b>	Anne Carrico
<b>Director</b>	Jill Hunter
<b>Director</b>	Rebecca Matheny

### Individuals / Entities listed at time of formation

<b>Director</b>	DARLEEN BROWNING
<b>Director</b>	BOB LEMEN
<b>Director</b>	LEO POLLOCK
<b>Director</b>	MARGIE EMBRY
<b>Director</b>	AUGUSTA SPENCER
<b>Incorporator</b>	DARLEEN BROWNING
<b>Incorporator</b>	RONALD L LEWIS
<b>Incorporator</b>	LEO POLLOCK
<b>Incorporator</b>	ALMA POLLOCK
<b>Incorporator</b>	BOB LEMEN

### Images available online

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

Annual Report	2/12/2021	1 page	PDF	
Annual Report	3/30/2020	1 page	PDF	
Annual Report	4/24/2019	1 page	PDF	
Annual Report	4/18/2018	1 page	PDF	
Annual Report	5/9/2017	1 page	PDF	
Annual Report	7/11/2016	1 page	PDF	
Annual Report	2/26/2015	1 page	PDF	
Annual Report	3/20/2014	1 page	PDF	
Annual Report	1/9/2013	1 page	PDF	
Annual Report	7/6/2012	1 page	PDF	
Annual Report	3/14/2011	1 page	PDF	
Amended and Restated Articles	11/18/2010	5 pages	tiff	PDF
Annual Report	6/11/2010	1 page	PDF	
Annual Report	6/12/2009	2 pages	tiff	PDF
Annual Report	6/26/2008	1 page	tiff	PDF
Annual Report	6/27/2007	1 page	PDF	
Annual Report	6/20/2006	1 page	PDF	
Statement of Change	11/30/2005	1 page	tiff	PDF
Statement of Change	10/11/2005	1 page	tiff	PDF
Annual Report	6/27/2005	1 page	tiff	PDF

Statement of Change	6/23/2005	1 page	tiff	PDF
Annual Report	9/17/2003	1 page	tiff	PDF
Annual Report	9/17/2003	1 page	tiff	PDF
Annual Report	5/22/2002	1 page	tiff	PDF
Statement of Change	4/12/2002	1 page	tiff	PDF
Annual Report	8/3/2001	1 page	tiff	PDF
Annual Report	8/15/2000	1 page	tiff	PDF
Annual Report	7/20/1999	1 page	tiff	PDF
Annual Report	6/1/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Statement of Change	9/19/1996	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Statement of Change	5/4/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Amendment	5/19/1992	5 pages	tiff	PDF
Articles of Incorporation	3/5/1992	7 pages	tiff	PDF

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/12/2021 11:24:50 AM	2/12/2021 11:24:50 AM	
Annual report	3/30/2020 10:02:45 AM	3/30/2020 10:02:45 AM	
Annual report	4/24/2019 12:19:06 PM	4/24/2019 12:19:06 PM	
Annual report	4/18/2018 4:44:15 PM	4/18/2018 4:44:15 PM	
Annual report	5/9/2017 9:23:57 AM	5/9/2017 9:23:57 AM	
Annual report	7/11/2016 11:57:22 AM	7/11/2016 11:57:22 AM	
Annual report	2/26/2015 4:27:02 PM	2/26/2015 4:27:02 PM	
Annual report	3/20/2014 1:32:57 PM	3/20/2014 1:32:57 PM	
Annual report	1/9/2013 9:38:44 AM	1/9/2013 9:38:44 AM	
Annual report	7/6/2012 9:58:32 AM	7/6/2012 9:58:32 AM	
Annual report	3/14/2011 9:23:25 AM	3/14/2011 9:23:25 AM	
Amendment - Amended and restated articles / CLP	11/18/2010 12:56:03 PM	11/18/2010	
Annual report	6/11/2010 4:13:31 PM	6/11/2010 4:13:31 PM	
Annual report	6/12/2009 2:32:25 PM	6/12/2009	

Annual report	6/26/2008 1:30:46 PM	6/26/2008
Annual report	6/27/2007 11:09:24 AM	6/27/2007 11:09:24 AM
Annual report	6/20/2006 12:02:07 PM	6/20/2006 12:02:07 PM
Registered agent address change	11/30/2005 2:25:28 PM	11/30/2005
Registered agent address change	10/11/2005 1:50:35 PM	10/11/2005
Registered agent address change	6/23/2005 3:41:27 PM	6/23/2005
Principal office change	6/15/2004 6:29:55 PM	6/15/2004
Registered agent address change	4/12/2002 4:01:36 PM	4/12/2002
Registered agent address change	9/19/1996	9/19/1996
Principal office change	6/15/1996	6/15/1996
Amendment - Change purpose	5/19/1992	5/19/1992

## Microfilmed Images

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

Annual Report	8/6/2004	1 page
Annual Report	9/17/2003	1 page
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