

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

Applicant/Program: The Healing Place-Detox Services Capital Build Out
Applicant Requested Amount: \$125,000
Appropriation Request Amount:

Executive Summary of Request

The Healing Place is seeking funding for a one-time, capital build out project for a detox, transitional housing, and outpatient recovery therapy rooms as well as clinical offices.

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.

...15 Shamari Bntlee \$2500 - Nov 26, 2017
District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

The Healing Place Capital Project-Build Out

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	<i>Barbara Shanklin</i>	\$ <i>500.00</i>
District 3	_____	\$ _____
District 4	<i>Barbara Jefferson Smith</i>	\$ <i>500 -</i>
District 5	<i>Cheri B. Hamilton</i>	\$ <i>500.00</i>
District 6	<i>Daryl A. Jensen</i>	\$ <i>500.00</i>
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	<i>Carann P. Mahnhill</i>	\$ <i>500.00</i>
District 11	_____	\$ _____
District 12	<i>Patricia Blumell</i>	\$ <i>500</i>
District 13	<i>Vicki Aubrey Welch</i>	\$ <i>500.00</i>
District 14	<i>Cinder Fowler</i>	\$ <i>500</i>
District 15	_____	\$ _____

Applicant/Program:

The Healing Place- Detox Services Capital Build Out

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25  _____ \$ 2,000.⁰⁰

District 26 _____ \$ 500.⁰⁰

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization The Healing Place

Program Name and Request Amount The Healing Place Capital build out

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

Prepared by: shughes

Date: Nov 27, 2017

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: The Healing Place, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1020 West Market Street, Louisville, KY 40202			
Website: www.thehealingplace.org			
Applicant Contact:	Erin Fogarty	Title:	Grant Manager
Phone:	502-585-4848 x109	Email:	Erin.Fogarty@thehealingplace.org
Financial Contact:	Kayla Pierce	Title:	Accountant
Phone:	502-585-4848 x115	Email:	Kayla.Pierce@thehealingplace.org
Organization's Representative who attended NDF Training: Doug Scott			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville, KY		
Council District(s):	ALL	Zip Code(s):	40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: The Healing Place Detox Services Capital Build Out			
Total Request: (\$)	125,000	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF (Shelter & Recovery Program)	Amount: (\$)	35,000
Source:	EAF (Safe Haven Program)	Amount: (\$)	40,000
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of The Healing Place is to reach men and women suffering from drug and alcohol addiction, provide the tools for recovery, and restore productive lives. Our main goal is to continue to offer our full continuum of professional care at no cost to the client, so that lives can be restored, and to grow our program in order to reach the maximum amount of men and women as possible. The Healing Place strives to lead people through the program, guiding and loading them with the tools and foundation of recovery necessary, so they are able to reenter into the community as successful, productive citizens.

Our unique and innovative program offers a full continuum of care and recovery at no cost to the client. These services include: 700 beds a night with an average client stay of six to nine months in the recovery program, nearly 1 million meals served annually, a non-medical detoxification program, recovery education classes, accountability meetings, leadership peer mentoring, transitional care services (including the resolution of health issues), education and vocational goals, financial obligations, legal matters, and familial changes. The Healing Place has been offering hope to homeless alcoholics and addicts through an innovative, long-term recovery program recognized by the federal government as a "Program That Works."



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Scott Colosi (Chair) / Texas Roadhouse	12/2017
Rob Frederick / Brown-Forman	12/2019
Allison Sturgeon / LGE-KU Energy	12/2017
Karen Ash / Humana	12/2019
Mark Bolton / Louisville Metro Department of Corrections	12/2019
Lawrence Droege	12/2018
Nancy Bush	12/2017
Robert Schwartz / CBRE	12/2019
Al Cornish / Norton Healthcare	12/2019
John S. Couch / BB&T	12/2017
Peggy Bennett / Fight For Life	12/2018
Dr. Robert Couch / Audubon Hospital	12/2019
Alan S. Engle	12/2019
Scott A. Gregor / Buffalo Construction	12/2018
Richmond Simpson / Vimark	12/2017
William (Bill) John Laise / Laise Packaging LLC	12/2019
Andrew R. Pyles / Eclipse Bank	12/2018

Describe the Board term limit policy:

Directors shall be elected to three-year terms, with one-third (1/3) of the Directors to be elected each year. Except for the ex officio and Board Advisory members, Directors shall be eligible to serve two three-year terms, after which they must rotate off the board for at least one year before being eligible for election to a new term. There is no limit to the number of terms a Director may serve. Ex officio terms will be determined by the constituencies they represent.

Three Highest Paid Staff Names	Annual Salary
Karyn Hascal/President	130,000
Jay Davidson/Founder and Chairman	95,000
David Naber/CFO	95,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 -- PROGRAM/PROJECT NARRATIVE

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

With limited capacity on our Men's Campus, we find ourselves in need of more beds to accommodate the number of clients wishing to begin recovery. We have been forced to restrict admissions daily due to space limitations, turning away 10-30 men per day seeking recovery. The recovery journey starts with our Detox Program. The Healing Place's current Detoxification Unit serves 24 men on a daily basis. Changes in our expansion plan have allowed us to retain these 24 beds, that were originally scheduled for demolition in January 2018. The Healing Place must secure funding for these beds by January 2018, or these beds and existing building will close. With the increased need for services in our community, it is necessary for The Healing Place to renovate and optimize this space to help more individuals suffering from addiction.

In addition to the existing Detox Beds, The Healing Place has recently opened up an intensive outpatient program (IOP) to better serve the community. The IOP program shares the building with the original Detox. With the addiction epidemic our community and nation are currently facing, we found that a certain percentage is not getting the appropriate care and recovery that they need. That is because of the population that is struggling with addiction, 60% are functioning. Functioning means that they have and maintain a job, support themselves and/or a family, and are unable to enter our 6-9 month program because of their familial and work obligations. Our IOP program, "Recovery Louisville" is a resource one can utilize that helps them work on their addiction while still allowing them to work and provide for their family. Our IOP program provides another option beside inpatient treatment after Detox. Intensive treatment is accompanied by group, expressive, family and individual therapy, as well as education, with decreasing intensity.

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

The Healing Place is seeking funding for a one-time, capital build-out project for our Detox, Transitional Housing, and Outpatient Recovery Therapy Rooms and Clinical Offices.

By refurbishing The Healing Place's original Men's Detoxification Unit, we will be able to serve 24 men per day. This is an additional 2,190 men each year (based on a 3 day average length of stay). The Detox unit requires new paint, updated bathrooms, intake counter space replacement and updates, and an overall improvement of the space functionality.

In addition to our Detox unit, The Healing Place has 40 beds available for transitional housing for those who complete Detox and decide to utilize the intensive outpatient services provided by our new IOP program. Each client's length of stay is based on their individualized treatment plan. We have the capacity to serve 40 clients (male) with a stay of 30-90 days based on their plan. Based on their length of stay, The Healing Place IOP transitional housing could serve 300-500 men in transitional housing per year based on their length of stay.

Finally, The Healing Place's new IOP program is in desperate need of space due to the increased need of individuals seeking our services. The NDF funds will enable The Healing Place to provide two additional group rooms, a common area, re-purpose the men's bathroom and desk/office area, and meet the aesthetic standard of our new Men's Campus. We would also be adding a women's restroom to meet the needs of our female clients. Re-purposing this space will allow The Healing Place IOP staff to operate at a higher capacity for Groups and Individual sessions as the demand for all services continues to increase. Currently we are able to serve 20 per day in group sessions. With the capital buildout we would be able to serve 80-100 clients per day.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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:

The proposed project to re-purpose our existing detoxification beds and increase space for our IOP program directly correlates with our current mission. Our community is experiencing a demand for detox services that is hard to meet. The Healing Place is turning away 300-400 men per month seeking help. It is necessary to retain our existing beds to serve more men suffering from addiction and also to interrupt the revolving door the community is seeing from addicts between the Emergency Rooms, hospitals, jails and judicial system. The Healing Place offers the regions only open access detox beds.

By broadening our services for IOP, we are reaching more individuals who are suffering from addiction, but may not be ready to commit to a long-term recovery program. Our IOP program will not only provide the tools for sobriety and recovery to the client, but works with the families of the addicted as well. Studies tell us that nearly 70% of individuals with moderate to severe substance use disorders are working full-time and, at least from the outside, are functioning. Those who are addicted may not be able to take six to nine months off of work and life to go through The Healing Place's nationally-recognized recovery program. Therefore, The Healing Place decided to tailor a program designed to reach those who were suffering from addiction, but still functioning day-to-day with their job and personal life. With our IOP program, we now have the ability to offer services that can serve individuals that may not need long-term, inpatient treatment.

The Healing Place's 75% success rate is unmatched. In addition to long-term sobriety, an independent study is conducted each year by the University of Kentucky Center on Drug and Alcohol Research helps determine the impact The Healing Place is having on the Louisville community. The study has found that 88% of clients stay out of jail once they complete the program, a 79% decrease in clients report being depressed, an 85% decrease in those with anxiety, and a 71% decrease in homelessness. The outpatient services are showing similar outcomes.

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.

It takes an entire community to deal with addiction. The Healing Place could not continue to do what we do on a daily basis without the support from the Metro City of Louisville and our Department of Corrections. In order to provide the much needed addiction services this community requires, many other Louisville organizations like The Healing Place offer recovery programs, including Centerstone, Wayside Christian Mission, the Salvation Army, Volunteers of America, Society of St. Vincent de Paul, and the Morton Center. All of these organizations refer clients to the Healing Place, and vice versa. The Healing place, however, is the only agency with a long-term residential recovery program that operates a "wet" shelter for the homeless. A "wet" shelter means that individuals can stay at the overnight shelter even while under the influence of drugs and alcohol.

In addition to collaborating with organizations which have similar purpose, The Healing Place partners with Churchill Downs to provide the Lifestyle Program on the backside. This program offers intervention, recovery, and support services to backside workers who struggle with addiction.

Finally, at The Healing Place, we serve over 1,000,000 free meals a year. We have recognized Dare to Care Food Bank, who has partnered with The Healing Place to help further our mission to reach men and women suffering from drug and alcohol addiction. In the past five years, Dare to Care has donated over 130,000 pounds of food to our organization; a value of over \$2,000,000.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)+3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	125,000.00	1,863.00	126,863.00
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	125,000.00	1,863.00	126,863.00
% of Program Budget	98.53 %	1.469 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	1,863.00
Fees Collected from Program Participants	0
Other (please specify)	0
Total Revenue for Columns 2 Expenses **	1,863.00

**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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Buffalo Construction - Demolition/Labor/Construction	78,363	0	78,363
Albrecht Painting - Painting (1st, 2nd, 3rd floors)	46,637	1,863	48,500
Total	125,000	1,863	126,863

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
N/A	N/A	N/A
<p align="center">Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

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

Agency Fiscal Year Start Date: January 1

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

If YES, please explain:

The Healing Place expects a \$450,000 increase in our operations budget to accommodate our increased Detox Services.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

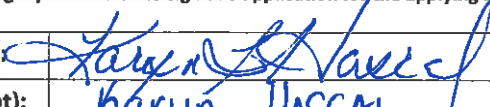
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	11/20/17
Legal Signatory: (please print):	Karyn HASCAL	Title:	President
Phone:	502-585-4848	Extension:	104
Email:	Karyn.Hascal@thehealingplace.org		

0262333.09

balimonos
AMD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
4/19/2017 1:23 PM
Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Healing Place, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: See Exhibit A, attached hereto and incorporated
herein.

3. The date of adoption of each amendment was 3/28/2017

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board

Karyn Hascal
Printed Name

President
Title

3/28/17
Date

EXHIBIT A

**ATTACHMENT TO
ARTICLES OF AMENDMENT OF
THE HEALING PLACE, INC.**

Article II of the Corporation's Articles of Incorporation shall be replaced in its entirety with the following:

"The Corporation is organized exclusively for charitable and educational purposes, and shall at all times be operated in such manner as to qualify as an organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any United States Internal Revenue Law) (the "Code"), as such section may be interpreted by valid regulations and Internal Revenue Service rulings and determinations.

Subject to the foregoing, said purposes include the operation of facilities and programs for men and women who are homeless and/or addicted to drugs and alcohol, through which the Corporation provides education on addiction and tools for recovery while transitioning those individuals back into a self-supported social environment. Said purposes also include the conducting such other activities and providing such other services as are necessary or desirable for the accomplishment of the above stated purposes, so long as such activities and services are permitted under Chapter 273 of the Kentucky Revised Statutes and will not jeopardize the Corporation's qualification as an organization exempt from federal income taxes under Section 501(c)(3) of the Code, including, but not limited to, the making of distributions to other organizations that qualify as exempt organizations under Section 501(c)(3) of the Code and conducting activities consistent with such purposes, the nonprofit corporation laws of the Commonwealth of Kentucky, and Section 501(c)(3) of the Code."

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ArInc COP/JCMS

RECEIVED AND FILED
DATE AUG 22 1989
TIME 2:50 Pm.
AMOUNT 8.00

BREMER EHRLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
Beula Crain

ARTICLES OF INCORPORATION
OF
COMMUNITY OUTREACH PROGRAM
OF THE
JEFFERSON COUNTY MEDICAL SOCIETY, INC.

The undersigned natural person, having capacity to contract and acting as incorporator for the purpose of forming a non-stock, non-profit corporation pursuant to Chapter 273 of the Kentucky Revised Statutes, do hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be COMMUNITY OUTREACH PROGRAM OF THE JEFFERSON COUNTY MEDICAL SOCIETY, INC., and its duration shall be perpetual.

ARTICLE II

The purpose of the corporation shall be charitable, devoted solely to the operation of facilities to be used as places of lodging and providing meals to wayward, homeless and for destitute men.

ARTICLE III

The corporation is empowered:

(a) To buy, own, sell, convey, assign, mortgage, or lease any interests in real or personal property, and to construct, maintain and operate improvements thereon necessary or incident to the accomplishment of the purposes set forth in ARTICLE II hereof.

(b) To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business and to secure the same by mortgage, pledge or other lien on the corporation's real or personal property.

(c) To solicit, receive, accept, or acquire donations of public or private funds.

(d) To do and perform all acts reasonably necessary to accomplish the purposes of the corporation and to have all powers enumerated in Chapter 273 of the Kentucky Revised Statutes.

ARTICLE IV

The principal place of business of the corporation in the Commonwealth of Kentucky is 1020 Market Street, Louisville, Jefferson County, Kentucky. The address of the initial registered office of the corporation is 600 West Main Street, Louisville, Kentucky and the name of its initial registered agent at such address is Samuel G. Gaines.

ARTICLE V

The name and address of the sole incorporator is:

<u>Name</u>	<u>Address</u>
Samuel G. Gaines	600 West Main Street Louisville, Kentucky 40202

ARTICLE VI

The corporation shall have no members. The affairs of the corporation shall be managed and conducted by its duly elected directors. The election of directors shall be as prescribed by the by-laws. Directors may make and adopt by-laws not inconsistent with the provisions of these Articles or the laws of the Commonwealth of Kentucky. Adoption of by-laws and subsequent amendments thereto shall be effective only upon the affirmative vote of two-thirds of the directors of the corporation at a meeting duly called for that specific purpose.

The initial Board of Directors shall consist of the following persons:

<u>Name</u>	<u>Address</u>
David T. Allen, M.D.	City-County Health Dept. P.O. Box 1704 Louisville, Kentucky 40201
Marjorie R. Fitzgerald, M.D.	601 South Floyd Street Suite 803 Louisville, Kentucky 40202

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MaryAnn Catherine Henry, M.D.	601 South Floyd Street Louisville, Kentucky 40202
John G. Hubbard, M.D.	Suburban Medical Plaza 4001 Dutchman's Lane Louisville, Kentucky 40207
A. O'tayo Lalude, M.D.	3408 West Broadway Louisville, Kentucky 40211
Donald Hine Mosley, M.D.	825 Barrett Avenue Louisville, Kentucky 40202
Gary Charles Vitale, M.D.	601 South Floyd Street Suite 700 Louisville, Kentucky 40202
Mrs. Rose Gardner	2707 Lamont Road Louisville, Kentucky 40202
Mrs. Carol Goodin	3012 Lighthear Road Louisville, Kentucky 40222
Joseph E. Kutz, M.D.	1001 Doctors Office Building 250 E. Liberty Street Louisville, Kentucky 40202
Arnold M. Belker, M.D.	602 Doctors Office Building Louisville, Kentucky 40202
Lafayette G. Owen, M.D.	310 E. Broadway Louisville, Kentucky 40202
Will W. Ward, Jr., M.D.	505 Fincastle Building Louisville, Kentucky 40202
Father John Morgan	824 South 1st Street Louisville, Kentucky 40203
Jesse C. Bollinger, III	4000 Glenview Avenue Glenview, Kentucky 40025
Morton Sachs	1347 South 3rd Street Louisville, Kentucky 40208
C. Kenneth Peters, M.D.	10216 Taylorsville Rd., #400 Jeffersontown, Kentucky 40299

ARTICLE VII

The corporation shall have no capital stock nor shall it operate for pecuniary profit. The corporation shall have no power to issue certificates of stock nor to declare dividends. The corporation is dedicated to and operated exclusively for non-profit and educational purposes and no part of the earnings or assets of the corporation shall inure to the benefit of any person. The corporation shall not engage in propaganda or otherwise attempt to influence legislation or intervene in any political campaign on behalf of any candidate of public office. Upon dissolution any remaining assets shall be distributed to religious, charitable, or educational organizations or societies organized and existing for the same purpose as this corporation, except that no assets shall be distributed to any person, society, organization or corporation not qualified as a religious, charitable, or educational organization, which is exempt from Federal Income Tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

ARTICLE VIII

The highest amount of indebtedness or liability which the corporation may incur is unlimited.

Dated: August 19, 1989.



Samuel G. Gaines, Incorporator

RECEIVED AND FILED
DATE NOV 01 1989
TIME 9:55 AM
AMOUNT 100

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102389:1:SGG
AmdArInc

BREMER EHRLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY [Signature]

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
COMMUNITY OUTREACH PROGRAM
OF THE
JEFFERSON COUNTY MEDICAL SOCIETY, INC.

The undersigned, being the President and Secretary of the corporation, do hereby state the following:

1. The name of the corporation is Community Outreach Program of The Jefferson County Medical Society, Inc.
2. The amendments adopted by the Board of Directors are as follows:


"ARTICLE I

The name of the corporation shall be JEFFERSON COUNTY MEDICAL SOCIETY OUTREACH PROGRAM, INC., and its duration shall be perpetual.

ARTICLE II

The purpose of the corporation shall be charitable, devoted to the operation of facilities and programs for the care and benefit of the poor. This may include places of lodging and providing meals to poor people.

SCHEDULE OF VALUES

PROJECT	The Healing Place	
	BCI Project #: 17-LC-009	
	1019 W Market St	
	Louisville, KY. 40202	
		Buffalo Construction, Inc.
		2700 Stanley Gault Pkwy Ste 130, Louisville, KY 40223
		Ph: (502) 327-4686 • Fx: (502) 327-4689
SUBMITTED BY	BUFFALO CONSTRUCTION, INC.	
	CONTACT - TITLE	
	2700 Stanley Gault Parkway - Suite 130	
	Louisville, KY 40223	
BID DATE	10/13/2017	
START DATE	TBD	
TURNOVER	TBD	
DURATION	3 Weeks	
Division 1	GENERAL	
	GENERAL LABOR	\$ -
	SUPERVISION	\$ 10,170.00
	TRAVEL AND ACCOMMODATIONS	\$ -
	TEMPORARY UTILITIES	\$ -
	SITE OFFICE / STORAGE	\$ -
	PROJECT CLEAN-UP/ DUMPSTERS	\$ 3,500.00
	TESTING	\$ -
	SURVEY/CONSTRUCTION LAYOUT	\$ -
	EQUIPMENT RENTAL	\$ -
	PRECONSTRUCTION SERVICES	\$ 150.00
	SIGNAGE	\$ 800.00
	WINTER CONDITIONS	\$ -
	FINAL CLEAN	\$ -
	GENERAL CONDITIONS TOTAL:	\$ 14,620.00
Division 2	SITE WORK	
	DEMOLITION	\$ 1,250.00
	EROSION CONTROL	\$ -
	TERMITE TREATMENT	\$ -
	EARTHWORK	\$ -
	STORM SEWERAGE	\$ -
	SANITARY SEWERAGE / GREASE TRAP	\$ -
	ASPHALT PAVING / STRIPING / WHEEL STOPS	\$ -
	CONCRETE PAVING	\$ -
	CONCRETE CURB	\$ -
	SIDEWALKS	\$ -
	DUMPSTER PAD / ENCLOSURE	\$ -
	LANDSCAPING & IRRIGATION	\$ -
	FENCING	\$ -
	RETAINING WALLS	\$ -
	DOMESTIC WATER	\$ -
	FIRE SERVICE	\$ -
	PRIMARY/SECONDARY ELECTRICAL SERVICE	\$ -
	SITE LIGHTING	\$ -
	CABLE / TELEPHONE CONDUIT	\$ -
	GAS SERVICE	\$ -
	SITE WORK TOTAL:	\$ 1,250.00
Division 3	BUILDING CONCRETE	
	FOOTINGS/FOUNDATIONS	\$ -
	SLAB ON GRADE	\$ -
	POLISHED CONCRETE	\$ -
	BUILDING CONCRETE TOTAL:	\$ -
Division 4	MASONRY	
	UNIT MASONRY (BLOCK)	\$ -
	UNIT MASONRY (BRICK)	\$ -
	STONE	\$ -
	MASONRY TOTAL:	\$ -
Division 5	METALS	
	STRUCTURAL STEEL SYSTEM	\$ -
	METAL FABRICATIONS (WELDING / INSTALL)	\$ -
	STAINLESS STEEL	\$ -
	RAILINGS & BOLLARDS	\$ -
	METALS TOTAL:	\$ -
Division 6	WOOD & PLASTICS	
	WOOD TRUSSES	\$ -
	ROUGH CARPENTRY MATERIALS	\$ -
	ROUGH CARPENTRY LABOR	\$ -
	FINISH CARPENTRY MATERIALS	\$ 3,000.00
	FINISH CARPENTRY LABOR	\$ 13,125.00
	ARCHITECTURAL CASEWORK / MILLWORK	\$ 8,794.00
	CAULKING (INTERIOR)	\$ -
	WOOD & PLASTICS TOTAL	\$ 24,919.00
Division 7	THERMAL & MOISTURE PROTECTION	
	MEMBRANE ROOFING	\$ -
	METAL ROOFING	\$ -
	SHEET METAL FLASHING & TRIM	\$ -
	MISC. ROOF HATCH, GUTTERS/DOWNSPOUTS	\$ -

SCHEDULE OF VALUES

	STUCCO / EIFS	\$	-
	BUILDING INSULATION	\$	-
	SEALANTS & CAULKING (EXTERIOR)	\$	-
	THERMAL & MOISTURE PROTECTION TOTAL:	\$	-
Division 8	DOORS & WINDOWS		
	DOORS & FRAMES	\$	1,414.00
	STOREFRONT	\$	-
	MIRRORS	\$	-
	DRIVE THRU WINDOW	\$	-
	DOORS & WINDOWS TOTAL	\$	1,414.00
Division 9	FINISHES		
	DRYWALL/METAL STUD	\$	-
	ACOUSTICAL CEILING (ACT)	\$	-
	FRP	\$	-
	PAINTING & STAINING	\$	-
	WALL TILE	\$	-
	FLOOR TILE	\$	-
	CARPET	\$	-
	WALLCOVERING	\$	-
	SPECIALTY FLOORING (VCT, Wood, Resinous, etc.)	\$	-
	FINISHES TOTAL:	\$	-
Division 10	SPECIALTIES		
	TOILET ACCESSORIES	\$	-
	TOILET PARTITIONS	\$	-
	MISC. SPECIALTIES (Awnings - Non Structural)	\$	-
	SPECIALTIES TOTAL:	\$	-
Division 11	EQUIPMENT		
	EQUIPMENT	\$	-
	EQUIPMENT TOTAL:	\$	-
Division 12	FURNISHINGS		
	OWNER EQUIPMENT/FURNISHING TO BE INSTALLED	\$	-
	FURNISHINGS TOTAL:	\$	-
Division 15	MECHANICAL		
	FIRE PROTECTION SPRINKLER SYSTEM	\$	6,900.00
	FIRE EXTINGUISHERS	\$	-
	ANSUL SYSTEM - INSTALL & TEST	\$	-
	PLUMBING SYSTEM AND EQUIPMENT	\$	5,750.00
	EXHAUST HOODS / MAKE UP AIR UNIT - MATERIALS	\$	-
	HVAC EQUIPMENT - RTU'S	\$	-
	AIR DISTRIBUTION	\$	-
	MECHANICAL TOTAL:	\$	12,650.00
Division 16	ELECTRICAL		
	ELECTRICAL (BUILDING ONLY)	\$	23,510.00
	FIRE ALARM	\$	-
	SECURITY ALARM	\$	-
	SWITCHGEAR	\$	-
	LIGHTING	\$	-
	ELECTRICAL TOTAL	\$	23,510.00
JOB COST SUMMARY			
	TOTAL GENERAL	\$	14,620.00
	TOTAL SITE WORK	\$	1,250.00
	TOTAL BUILDING	\$	62,493.00
	PAYMENT & PERFORMANCE BOND	\$	-
	BUILDER'S RISK INSURANCE	\$	-
	SUBTOTAL	\$	78,363.00
	PROFIT AND OVERHEAD	\$	-
	ADDITIONAL TAX REQUIREMENTS	\$	-
	PROPOSAL AMOUNT	\$	78,363.00
ALTERNATES/VALUE ENGINEERING OPTIONS (Not included in values above)			
	#1	\$	-
	#2	\$	-
	#3	\$	-
	#4	\$	-
	#5	\$	-
	TOTAL ALTERNATES	\$	-



November 9, 2017

The Healing Place
1019 W Market Street
Louisville, KY 40202
Doug Scott
(502)381-5108
doug.scott@thehealingplace.org

Dear Doug and The Healing Place Committee,

Albrecht Painting thanks you and looks forward to working with you!

Since Albrecht Painting has been in business, we have been blessed with extraordinary growth. Our uniformed painters are top notch and average over 18 years professional painting experience per person. Unlike most paint companies, our painters are direct employees and are covered under worker's compensation insurance, which means, you will never have to worry should one get hurt on your project. We also carry comprehensive liability insurance. Our company will arrive on your job site between the hours of 8:00/8:30am will finish their day at 4:00pm, unless other arrangements have been made. Please let us know if any special arrangements need to be made for our entry and how to lock up. Albrecht Painting takes responsibility in everything we do from start to finish. We guarantee all our work and will make sure you are totally satisfied prior to our close of the job.

This estimate includes:

- All necessary labor
- Paint is under negotiation with Sherwin Williams
- Tarps, poly and drop cloths
- Clean-up debris from scraping and prep

Project Specifications

First Floor Left side (paint spec 32 gal flat)

Lounge/Entry (110) – ceiling and walls – including pony wall, change to chair rail and cap
Control (14) – walls
Bathroom (113) – walls
Dormitory (112) – walls and divider walls – concrete block

First Floor Right Side (paint spec 66 gal flat)

Lounge (100)- ceiling and walls
Peer Support (103) – walls
Hall – walls

Vending/Laundry (102) – walls
Stairwell first to third floor (104) – Stain kill areas necessary, walls and ceiling
Restroom (101) – walls
Kitchen – (106) – walls
Resident Manager (105) – walls
Bedroom (107) - walls
Bathroom (108) – walls
Front Stairwell first to third floor – ceiling and walls

Second Floor (paint spec 55 gal)

Bedroom (200) – walls
Bedroom (201) – walls
Bedroom (202) – walls
Bedroom (203) – walls
Lounge (204) – walls
Bathroom (204-c) – walls
Bedroom (205) – walls
Bedroom (206) – walls
Bedroom (207) – walls
Bedroom (208) – walls
Lounge (209) – walls
Bedroom (210) – walls
Hall – walls
Bathroom (215) – walls
Storage (216) – walls
Storage (217) – walls
Laundry (218) – walls
Living Area (212) – walls
Bedroom (213) – walls
Bedroom (214) – walls

Third Floor (paint spec 29 gal)

Apartment 1 (300) – walls & ceiling
Bathroom 1 (301) – walls & ceiling
Apartment 2 (302) – walls & ceiling
Bathroom 2 (303) – walls & ceiling
Apartment 3 (304 OR 305) – walls & ceiling
Bathroom 3 (306) – walls & ceiling
Apartment 4 (308) – walls & ceiling
Bathroom 4 (307) – walls & ceiling
Lounge (309) – walls & ceiling

Trim (paint spec 7 gals)

Door frames (53) & window frames (45)

TOTAL PRICE: Labor - \$57,055

We will deduct 14%, \$8,555 as our own contribution to the Healing Place

NEW REVISED TOTAL PRICE: \$48, 500

1/3 Deposit due upon Signing - \$16,165

1/3 Payment upon Job Start - \$16,165

1/3 Payment upon Completion - \$16,170

This offer has been accepted _____

(Signature and date)

Thank you for the opportunity to be of service,
Lynn Drybrough Morrow
Owner/President
2719 Grassland Drive
Louisville, KY 40299
p. 502-836-0844
f. 502-267-5655
paintinglouisville@gmail.com

This proposal does not contain any warranty or guarantee except as may be specifically set forth in writing under the section labeled "Description". Any warranty or guarantees given do not include damage or failure to work by others, inadequate maintenance, abuse, falling objects, foreign materials or chemicals, building movement, fire, hail, tornado, or other natural disasters. Albrecht Painting must be notified in writing of any work or additions by other which may affect the subject work prior to such work or additions. Failure to do so shall nullify any warranty or guarantee contained herein. TERMS: Due and payable in full upon completion of work, non-payment of any and all sums under this contract, as specified, will result in the imposition of a late payment charge of 1 1/2% per month, commencing on the 11th day following completion of work, and may result in a lien being filed against the affected real property under KRS 376.010 or other applicable statute. In the event of default in payment, as specified or in the event of a lien or action to collect is filed as authorized statute, the debtor or other obligor shall pay all costs of collection of the balance. Failure to make payment in full in according to the terms of this proposal shall nullify all warranties.

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: AUG 04 2006

THE HEALING PLACE INC
JOHN MORGAN CENTER FOR THE HOMELESS
1020 W MARKET ST
LOUISVILLE KY 40202-2630

Person to Contact:
Tracy Garrigus #31-07307
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
[REDACTED]

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on December 21, 2005. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter was issued in February 1990 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

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

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

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

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

DEPARTMENT OF THE TREASURY

Date: **MAY 16 1994**

Employer Identification Number:
[REDACTED]

Case Number:
314088083

Contact Person:
BEA EITH

Contact Telephone Number:
(513) 684-3578

JEFFERSON COUNTY MEDICAL SOCIETY
OUTREACH PROGRAM INC
C/O JOHN MORGAN CENTER FOR THE
HOMELESS
101 W. CHESTNUT ST.
LOUISVILLE, KY 40202

Our Letter Dated:
February 6, 1990
Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

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

Sincerely yours,



C. Ashley Bullard
District Director

Internal Revenue Service
District Director

Department of the Treasury

P. O. BOX 2508
CINCINNATI, OH 45201

Date:

FEB 6 1990

JEFFERSON COUNTY MEDICAL SOCIETY
OUTREACH PROGRAM INC.
1020 WEST MARKET STREET
LOUISVILLE, KY 40202

Employer Identification Number:

Contact Person:

DANA M. LOGAN

Contact Telephone Number:

(513) 684-3578

Accounting Period Ending:

December 31

Foundation Status Classification:

509(a)(1)

Advance Ruling Period Begins:

August 22, 1989

Advance Ruling Period Ends:

December 31, 1993

Addendum Applies:

No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

JEFFERSON COUNTY MEDICAL SOCIETY

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the head-

JEFFERSON COUNTY MEDICAL SOCIETY

ing to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.


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

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Harold M. Browning
District Director

Enclosure(s) :
Form 872-C

L:J:JE005:000JE
102389:1:SGG
AmdArInc

RECEIVED AND FILED
DATE NOV 01 1989
TIME 9:55 AM
AMOUNT \$80
BREMER EHRLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY [Signature]

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
COMMUNITY OUTREACH PROGRAM
OF THE
JEFFERSON COUNTY MEDICAL SOCIETY, INC.

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2. The amendments adopted by the Board of Directors are as follows:

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RECEIVED AND FILED
DATE AUG 22 1989
TIME 2:50 PM.
AMOUNT 8.00

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081989:2:SGG
ArInc COP/JCMS

BREMER EHRLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
Paula Crain

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COMMUNITY OUTREACH PROGRAM
OF THE
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The corporation is empowered:

- (a) To buy, own, sell, convey, assign, mortgage, or lease any interests in real or personal property, and to construct, maintain and operate improvements thereon necessary or incident to the accomplishment of the purposes set forth in ARTICLE II hereof.
- (b) To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business and to secure the same by mortgage, pledge or other lien on the corporation's real or personal property.
- (c) To solicit, receive, accept, or acquire donations of public or private funds.

(d) To do and perform all acts reasonably necessary to accomplish the purposes of the corporation and to have all powers enumerated in Chapter 273 of the Kentucky Revised Statutes.

ARTICLE IV

The principal place of business of the corporation in the Commonwealth of Kentucky is 1020 Market Street, Louisville, Jefferson County, Kentucky. The address of the initial registered office of the corporation is 600 West Main Street, Louisville, Kentucky and the name of its initial registered agent at such address is Samuel G. Gaines.

ARTICLE V

The name and address of the sole incorporator is:

<u>Name</u>	<u>Address</u>
Samuel G. Gaines	600 West Main Street Louisville, Kentucky 40202

ARTICLE VI

The corporation shall have no members. The affairs of the corporation shall be managed and conducted by its duly elected directors. The election of directors shall be as prescribed by the by-laws. Directors may make and adopt by-laws not inconsistent with the provisions of these Articles or the laws of the Commonwealth of Kentucky. Adoption of by-laws and subsequent amendments thereto shall be effective only upon the affirmative vote of two-thirds of the directors of the corporation at a meeting duly called for that specific purpose.

The initial Board of Directors shall consist of the following persons:

<u>Name</u>	<u>Address</u>
David T. Allen, M.D.	City-County Health Dept. P.O. Box 1704 Louisville, Kentucky 40201
Marjorie R. Fitzgerald, M.D.	601 South Floyd Street Suite 803 Louisville, Kentucky 40202

MaryAnn Catherine Henry, M.D. 601 South Floyd Street
Louisville, Kentucky 40202

John G. Hubbard, M.D. Suburban Medical Plaza
4001 Dutchman's Lane
Louisville, Kentucky 40207

A. O'tayo Lalude, M.D. 3408 West Broadway
Louisville, Kentucky 40211

Donald Hine Mosley, M.D. 825 Barrett Avenue
Louisville, Kentucky 40202

Gary Charles Vitale, M.D. 601 South Floyd Street
Suite 700
Louisville, Kentucky 40202

Mrs. Rose Gardner 2707 Lamont Road
Louisville, Kentucky 40202

Mrs. Carol Goodin 3012 Lighthouse Road
Louisville, Kentucky 40222

Joseph E. Kutz, M.D. 1001 Doctors Office Building
250 E. Liberty Street
Louisville, Kentucky 40202

Arnold M. Belker, M.D. 602 Doctors Office Building
Louisville, Kentucky 40202

Lafayette G. Owen, M.D. 310 E. Broadway
Louisville, Kentucky 40202

Will W. Ward, Jr., M.D. 505 Fincastle Building
Louisville, Kentucky 40202

Father John Morgan 824 South 1st Street
Louisville, Kentucky 40203

Jesse C. Bollinger, III 4000 Glenview Avenue
Glenview, Kentucky 40025

Morton Sachs 1347 South 3rd Street
Louisville, Kentucky 40208

C. Kenneth Peters, M.D. 10216 Taylorsville Rd., #400
Jeffersontown, Kentucky 40299

ARTICLE VII

The corporation shall have no capital stock nor shall it operate for pecuniary profit. The corporation shall have no power to issue certificates of stock nor to declare dividends. The corporation is dedicated to and operated exclusively for non-profit and educational purposes and no part of the earnings or assets of the corporation shall inure to the benefit of any person. The corporation shall not engage in propaganda or otherwise attempt to influence legislation or intervene in any political campaign on behalf of any candidate of public office. Upon dissolution any remaining assets shall be distributed to religious, charitable, or educational organizations or societies organized and existing for the same purpose as this corporation, except that no assets shall be distributed to any person, society, organization or corporation not qualified as a religious, charitable, or educational organization, which is exempt from Federal Income Tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

ARTICLE VIII

The highest amount of indebtedness or liability which the corporation may incur is unlimited.

Dated: August 19, 1989.



Samuel G. Gaines, Incorporator

0262333.09

AMcRay
NAOA

Trey Grayson
Secretary of State
Received and Filed

12/21/2005 10:20:45 AM

Fee Receipt: \$8.00

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
**JEFFERSON COUNTY MEDICAL SOCIETY
OUTREACH PROGRAM, INC.**

Pursuant to the provisions of KRS 273.267, the undersigned Corporation hereby executes these Articles of Amendment to its Articles of Incorporation:

(A) *The name of the corporation is:*

JEFFERSON COUNTY MEDICAL SOCIETY OUTREACH PROGRAM, INC.

(B) The following amendment to Article I of the Articles of Incorporation was adopted by the unanimous vote of the directors in office at a meeting held on May 24, 2005, at which a quorum was present in the manner prescribed by the Kentucky Nonprofit Corporation Acts:

The Name of the Corporation is amended to be:

THE HEALING PLACE, INC.

(C) There are no members of the Corporation entitled to vote.

IN WITNESS WHEREOF, the undersigned Corporation, by its President and Chief Executive Officer ("CEO"), has executed the foregoing Articles of Amendment to the Articles of Incorporation of the Jefferson County Medical Society Outreach Program, Inc.

December 8, 2005

**JEFFERSON COUNTY MEDICAL
SOCIETY OUTREACH PROGRAM, INC.**

By: 

Jay Davidson, President and CEO

This instrument prepared by:



M. Deane Stewart
Morgan & Pottinger, P.S.C.
601 W. Main Street
Louisville, Kentucky 40202

The Healing Place
Consolidated Statement of Financial Position
September 30, 2017

Unaudited

	Sep 30, 2017	Dec 31, 2016
Assets		
Current Assets		
Cash & cash equivalents	55,907	103,973
Accounts receivable	340,020	524,674
Grants receivable	62,500	39,000
Investments	228,985	228,147
Prepaid expenses	69,605	85,050
Total Current Assets	757,018	980,844
Non Current Assets		
Pledges receivable, net	2,416,986	2,336,673
Investments in related parties	418,917	427,839
Notes receivable, related parties	5,084,023	3,170,271
Advances to related parties	247,140	160,984
Restricted cash	6,183,979	4,390,200
Designated Cash	172,500	99,011
Investments (restricted)	132,139	110,491
Property & equipment, net	6,753,040	8,839,163
Total Non Current Assets	21,408,724	19,534,633
Total Assets	22,165,742	20,515,476
Liabilities and Net Assets		
Liabilities		
Line of credit	700,000	250,000
Accounts payable	96,184	78,798
Accrued expenses	151,573	275,136
Notes payable	1,687,151	1,763,387
Total Liabilities	2,634,908	2,367,321
Net Assets		
Net Assets	19,530,834	18,148,155
Total Net Assets	19,530,834	18,148,155
Total Liabilities and Net Assets	22,165,742	20,515,476

Form 8879

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20__

2016

Department of the Treasury, Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

The Healing Place, Inc

Name and title of officer: Karyn Hascal, President

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 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Line 1b contains the value 8,347,581.

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 2016 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

[X] I authorize Strothman & Company PSC to enter my PIN [redacted] as my signature on the organization's tax year 2016 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 2016 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.

[redacted]

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

Form 990

Form **990**

Extended to November 15, 2017
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

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization The Healing Place, Inc	D Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div>
<input type="checkbox"/> Address change	Doing business as	E Telephone number 502 585-4848
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1020 West Market Street	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40202	G Gross receipts \$ 8,437,382.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: Karyn Hascal same as C above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	J 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	H(c) Group exemption number ▶
	K Website: ▶ WWW.THEHEALINGPLACE.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989 M State of legal domicile: KY

Summary				
1	Briefly describe the organization's mission or most significant activities: The mission of the organization is charitable and educational, devoted to the operation of			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	30	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	165	
	6 Total number of volunteers (estimate if necessary)	6	45	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,242,413.	Current Year 4,955,908.
9 Program service revenue (Part VIII, line 2g)		2,956,404.	3,150,786.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,988.	112,422.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,613.	128,465.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,383,418.	8,347,581.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,910,176.	3,448,210.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 578,342.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,389,159.	3,344,956.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,299,335.	6,793,166.		
19 Revenue less expenses. Subtract line 18 from line 12	3,084,083.	1,554,415.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,801,807.	End of Year 20,515,476.	
	21 Total liabilities (Part X, line 26)	3,230,936.	3,387,321.	
	22 Net assets or fund balances. Subtract line 21 from line 20	15,570,871.	17,128,155.	

Part III Signature Block

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

Sign Here	Signature of officer Karyn Hascal, President	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name William G. Carroll	Date 10/5/17
	Preparer's signature <i>William G. Carroll CPA</i>	Check if self-employed <input type="checkbox"/>
	Firm's name ▶ Strothman & Company PSC	Firm's EIN <div style="background-color: black; width: 100px; height: 20px;"></div>
	Firm's address ▶ 325 W. Main St. Suite 1600 Louisville, KY 40202-4251	Phone no. (502) 585-1600

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

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 reach men and women suffering from drug and alcohol addiction,
provide the tools for recovery, and restore productive lives.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expense \$ 5,515,048. including grants of \$) (Revenue \$ 3,150,786.)

The agency operates a comprehensive residential program for
alcoholic/addicted men and women, including (1) nonmedical
detoxification centers, (2) overnight shelters, (3) a residential
recovery program, and (4) transitional housing.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,515,048.

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. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e. Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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

Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>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> <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	158		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
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		
2a	165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
3b			
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
4a			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
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
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
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	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		30
b	Enter the number of voting members included in line 1a, above, who are independent		30
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►KY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►**
Organization - (502) 585-4848
Organization Address, Louisville, KY 40202

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Al Cornish Director	0.30	X						0.	0.	0.
(2) Alan S. Engel Director	0.30	X						0.	0.	0.
(3) Allyson Sturgeon Director	0.30	X						0.	0.	0.
(4) Andrew Pyles Director	0.30	X						0.	0.	0.
(5) Andrew Riddle Director	0.30	X						0.	0.	0.
(6) Carson Stewart Director	0.30	X						0.	0.	0.
(7) Divya Cantor, MD Director	0.30	X						0.	0.	0.
(8) Elizabeth Pace Director	0.30	X						0.	0.	0.
(9) Heather Harmon, MD Director	0.30	X						0.	0.	0.
(10) James E. Buchart Director	0.30	X						0.	0.	0.
(11) John Couch Director	0.30	X						0.	0.	0.
(12) John Morse Director	0.30	X						0.	0.	0.
(13) K. Thomas Reichard, MD Director	0.30	X						0.	0.	0.
(14) Karen Ash Director	0.30	X						0.	0.	0.
(15) Katie Ryser Director	0.30	X						0.	0.	0.
(16) Larry Droega Director	0.30	X						0.	0.	0.
(17) Mark Bolton Director	0.30	X						0.	0.	0.

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) Michael Merrick Director	0.30	X						0.	0.	0.
(19) Nancy Bush Director	0.30	X						0.	0.	0.
(20) Peggy Bennett Director	0.30	X						0.	0.	0.
(21) Reila Bailey Director	0.30	X						0.	0.	0.
(22) Richmond Simpson Director	0.30	X						0.	0.	0.
(23) Robert Couch, MD Director	0.30	X						0.	0.	0.
(24) Robert Schwartz Director	0.30	X						0.	0.	0.
(25) Scott Gregor Director	0.30	X						0.	0.	0.
(26) William John Laise Director	0.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								225,150.	0.	5,583.
d Total (add lines 1b and 1c)								225,150.	0.	5,583.

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**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		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*

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*

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**

See Part VII, Section A Continuation sheets

Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	43,560.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,223,699.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,688,649.			
	g Noncash contributions included in lines 1a-1f: \$		150,191.			
	h Total. Add lines 1a-1f		4,955,908.			
Program Service Revenue	2 a Program Service Fees	Business Code 900099	3,150,786.	3,150,786.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,150,786.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		112,422.		112,422.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 43,560. of contributions reported on line 1c). See Part IV, line 18	a	218,266.			
		b Less: direct expenses	b	89,801.		
c Net income or (loss) from fundraising events			128,465.		128,465.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		8,347,581.	3,150,786.	0.	240,887.	

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	225,149.	178,725.	20,580.	25,844.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,700,734.	2,143,857.	246,866.	310,011.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	257,673.	193,312.	40,980.	23,381.
10 Payroll taxes	264,654.	216,897.	21,340.	26,417.
11 Fees for services (non-employees):				
a Management				
b Legal	53,918.		53,918.	
c Accounting	30,600.	28,221.	1,322.	1,057.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	387,615.	253,012.	82,689.	51,914.
12 Advertising and promotion	115,562.	26,983.	1,559.	87,020.
13 Office expenses	196,249.	155,903.	26,086.	14,260.
14 Information technology				
15 Royalties				
16 Occupancy	302,472.	285,734.	9,284.	7,454.
17 Travel	33,271.	24,819.	7,840.	612.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	85,232.		85,232.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	488,007.	450,039.	37,968.	
23 Insurance	159,227.	145,963.	8,617.	4,647.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food for Residents	645,841.	645,841.		
b Resident Allowances	415,771.	415,771.		
c Supplies for Programs	151,358.	141,796.	4,729.	4,833.
d Miscellaneous	151,314.	93,378.	45,106.	12,830.
e All other expenses	128,519.	114,797.	5,660.	8,062.
25 Total functional expenses. Add lines 1 through 24e	6,793,166.	5,515,048.	699,776.	578,342.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	1,842,681.	1	4,593,184.
	2	Savings and temporary cash investments	57.	2	273.
	3	Pledges and grants receivable, net	3,498,066.	3	2,375,673.
	4	Accounts receivable, net	329,494.	4	524,674.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	2,413,900.	7	2,413,900.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	80,694.	9	85,050.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,042,241.		
	b	Less: accumulated depreciation	10b 4,203,078.	10c	8,839,163.
	11	Investments - publicly traded securities	227,779.	11	227,874.
	12	Investments - other securities. See Part IV, line 11	374,249.	12	427,839.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	890,010.	15	1,027,846.
16	Total assets. Add lines 1 through 15 (must equal line 34)	18,801,807.	16	20,515,476.	
Liabilities	17	Accounts payable and accrued expenses	323,586.	17	351,581.
	18	Grants payable		18	
	19	Deferred revenue	12,370.	19	2,353.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees; highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,894,980.	23	3,033,387.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,230,936.	26	3,387,321.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	10,586,666.	27	10,116,965.
	28	Temporarily restricted net assets	4,884,205.	28	6,911,190.
	29	Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,570,871.	33	17,128,155.
	34	Total liabilities and net assets/fund balances	18,801,807.	34	20,515,476.

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,347,581.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,793,166.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,554,415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,570,871.
5	Net unrealized gains (losses) on investments	5	2,869.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,128,155.

Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b		X
2c		
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2031830.	2226671.	6312564.	6242413.	4955908.	21769386.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2031830.	2226671.	6312564.	6242413.	4955908.	21769386.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3443989.
6 Public support. Subtract line 5 from line 4						18325397.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2031830.	2226671.	6312564.	6242413.	4955908.	21769386.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,333.	105,170.	101,875.	98,007.	111,172.	524,557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,065.	13.				46,078.
11 Total support. Add lines 7 through 10						22340021.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	82.03 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.57 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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

Supporting Organizations

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

Section A. All Supporting Organizations

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

Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*
- 2** Activities Test. *Answer (a) and (b) below.*
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - 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.*
- 3** Parent of Supported Organizations. *Answer (a) and (b) below.*
 - a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - 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.*

	Yes	No
2a		
2b		
3a		
3b		

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

The Healing Place, Inc



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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

The Healing Place, Inc



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Community Foundation of Louisville 325 W Main St Ste 1110 Louisville, KY 40202-4251	\$ 446,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Kentucky Justice & Public Safety Cabinet 125 Holmes St Frankfort, KY 40601-2108	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

The Healing Place, Inc



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

Employer identification number

The Healing Place, Inc



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 (d) 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.

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

OMB No. 1545-0047

2016

Name of the organization

The Healing Place, Inc

Employer identification number

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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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 8/17/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	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	334,519.	340,597.	646,726.	402,962.	646,885.
b Contributions		63.	99,991.	428,000.	
c Net investment earnings, gains, and losses	4,119.	-100.	7,115.	15,764.	46,781.
d Grants or scholarships					
e Other expenditures for facilities and programs		6,041.	413,235.	200,000.	290,704.
f Administrative expenses					
g End of year balance	338,638.	334,519.	340,597.	646,726.	402,962.

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

- a Board designated or quasi-endowment 67.00 %
- b Permanent endowment 33.00 %
- c Temporarily restricted endowment %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		918,069.		918,069.
b Buildings		10,559,875.	2,737,848.	7,822,027.
c Leasehold improvements				
d Equipment		1,564,297.	1,465,230.	99,067.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,839,163.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Investments - Program Related.

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

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

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) Interest Receivable	756,371.
(2) Permanently Restricted Endowment	110,491.
(3) Due From Related Party	160,984.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

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 V, line 4:

The Organization's endowment consists of one board designated fund and one individual donor-restricted fund established to support the operations of the organizations.

Part X, Line 2:

Generally accepted accounting principles prescribes a comprehensive model for how an organization should measure, recognize, present and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. There is no impact on the Organization's consolidated financial statements as a result of the implementation of these accounting principles

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	
		Celebrate Freedom Dinn (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	228,870.		32,956.	261,826.
	2	Less: Contributions	43,560.			43,560.
	3	Gross income (line 1 minus line 2)	185,310.		32,956.	218,266.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	81,435.		8,366.	89,801.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				89,801.
	11	Net income summary. Subtract line 10 from line 3, column (d)				128,465.

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:

a The organization's facility	13a	%
b An outside facility	13b	%

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 ▶ \$ _____

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 K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental information on Tax-Exempt Bonds
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Name of the organization

The Healing Place, Inc

Number

Bond Issues

See Part VI for Column (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
Louisville Jefferson A County Metro Government	32-0049006	None	12/29/10	5,070,000	Construction and Refinance of Exis		X		X		X
B											
C											
D											

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		5,070,000						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		64,368						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		5,005,635						
12 Other unspent proceeds								
13 Year of substantial completion								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider		X						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

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

Schedule K, Part I, Bond Issues:

(a) Issuer Name: **Louisville Jefferson County Metro Government**

(f) Description of Purpose: **Construction and Refinance of Existing Debt**

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Healing Place, Inc

Employer identification number



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 1a	(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	X		85,346.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X		64,845.	
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 ()				
26 Other ()				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2016)

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.

OMB No. 1545-0047

2016

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

Name of the organization

The Healing Place, Inc

E number

Form 990, Part I, Line 1, Description of Organization Mission:

facilities and programs for men and women who are homeless and/or
addicted to drugs and alcohol. Services provide education on addiction
and tools for recovery while transitioning those individuals back into
a self-supported social environment.

Form 990, Part VI, Section B, line 11b:

Form 990 is provided to the Finance Committee of the Board of Directors for
review and comment prior to its filing. A final copy of the Form 990 is
also provided to the entire governing body prior to its filing.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors is required to annually disclose any existing or
potential conflicts of interest.

Form 990, Part VI, Section C, Line 19:

Financial statements are made available via the Organization's website. The
governing documents and conflict of interest policy are made available upon
request.

Part XII, Line 2c

The process has not changed from prior year. The Finance Committee of
the Board of Directors oversees selection of the Organization's
independent accountants.

Related Organizations and Unrelated Partnerships

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

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

Name of the organization

The Healing Place, Inc

number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JPD Housing LLC - 26-0841408 1020 West Market Street Louisville, KY 40202	Housing DeveLopment	Kentucky			The Healing Place

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Healing Housing, Inc. - 61-1297680 1020 West Main Street Louisville, KY 40202	Housing DeveLopment	Kentucky	501(C)(3)	Line 9	The Healing Place		X

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ESH Housing LLLP - 26-0841481 1020 West Market Street Louisville, KY 40202	Housing	KY	JPD Housing LLC	Related	-30.	1,549,917.		X	N/A		X	1.00%
Taylor County Community Hope LLLP - 20-5228048, 1020 West Market Street, Louisville, KY 40202	Housing	KY	The Healing House	Related	-24.	89,480.		X	N/A		X	1.00%
THMPC, LLC - 47-1084672 1020 West Market Street Louisville, KY 40202	Housing Development	KY	THP GP, LLC	Related				X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 513(b)(3) controlled entity?	
								Yes	No
THP GP, LLLP - 81-4793249 1020 West Market Street Louisville, KY 40202	Housing	KY	The Healing Place	C CORP	0.	0.	79.00%		X

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q	X	
1r	X	
1s	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.

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

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.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. The Healing Place, Inc	Enter filer's identifying number Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. 1020 West Market Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Louisville, KY 40202	Social security number (SSN)

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

Organization

The books are in the care of ▶ **Organization Address - Louisville, KY 40202**
Telephone No. ▶ **(502) 585-4848** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **November 15, 2017** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
▶ tax year beginning _____ , and ending _____

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

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

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

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

0262333.09

balimonos
AMD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
4/19/2017 1:23 PM
Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Healing Place, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: See Exhibit A, attached hereto and incorporated herein.

3. The date of adoption of each amendment was 3/28/2017

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board

Karyn Hascal

Printed Name

President

Title

3/28/17

Date

EXHIBIT A

**ATTACHMENT TO
ARTICLES OF AMENDMENT OF
THE HEALING PLACE, INC.**

Article II of the Corporation's Articles of Incorporation shall be replaced in its entirety with the following:

"The Corporation is organized exclusively for charitable and educational purposes, and shall at all times be operated in such manner as to qualify as an organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any United States Internal Revenue Law) (the "Code"), as such section may be interpreted by valid regulations and Internal Revenue Service rulings and determinations.

Subject to the foregoing, said purposes include the operation of facilities and programs for men and women who are homeless and/or addicted to drugs and alcohol, through which the Corporation provides education on addiction and tools for recovery while transitioning those individuals back into a self-supported social environment. Said purposes also include the conducting such other activities and providing such other services as are necessary or desirable for the accomplishment of the above stated purposes, so long as such activities and services are permitted under Chapter 273 of the Kentucky Revised Statutes and will not jeopardize the Corporation's qualification as an organization exempt from federal income taxes under Section 501(c)(3) of the Code, including, but not limited to, the making of distributions to other organizations that qualify as exempt organizations under Section 501(c)(3) of the Code and conducting activities consistent with such purposes, the nonprofit corporation laws of the Commonwealth of Kentucky, and Section 501(c)(3) of the Code."

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NARP
0262333
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
7/5/2016 11:11:14 AM
Fee receipt: \$15.00

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

Annual Report
Online Filing

ARP

Company: THE HEALING PLACE, INC.
Company ID: 0262333
State of origin: Kentucky
Formation date: 8/22/1989 12:00:00 AM
Date filed: 7/5/2016 11:11:14 AM
Fee: \$15.00

Principal Office

1020 WEST MARKET STREET
LOUISVILLE, KY 40202

Registered Agent Name/Address

JAY P. DAVIDSON
1020 WEST MARKET STREET
LOUISVILLE, KY 40202

Current Officers

Chairman	JAY P DAVIDSON	6804 Spring Lawn Court, Louisville, KY 40291
President	KARYN HASCAL	14907 Bircham Road Louisville, KY 40245
Secretary	M. Deane Stewart	213 Willoughby Court Louisville, KY 40245
Treasurer	JENNIFER SANDERS	2538 Trevilian Way, Louisville, KY 40205

Directors

Director	Scott Colosi	14602 Woodstream Place, Louisville, KY 40245
Director	M DEANE STEWART	213 Willoughby Court Louisville, KY 40245
Director	Jennifer Sanders	2538 Trevilian Way, Louisville, KY 40205

Signatures

Signature	Michelle McCarthy
Title	Director of Finance

**Request for Taxpayer
 Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) The Healing Place, Inc.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ non profit	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) 1020 West Market Street	Requester's name and address (optional)
City, state, and ZIP code Louisville, KY 40202	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>										
Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ <i>Rebecca Hauckers</i>	Date ▶ <i>9/4/14</i>
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General Instructions

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

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

Purpose of Form

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

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

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

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

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

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

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

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

THE HEALING PLACE, INC.**General Information**

Organization Number	0262333
Name	THE HEALING PLACE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/22/1989
Organization Date	8/22/1989
Last Annual Report	6/6/2017
Principal Office	1020 WEST MARKET STREET LOUISVILLE, KY 40202
Registered Agent	JAY P. DAVIDSON 1020 WEST MARKET STREET LOUISVILLE, KY 40202

Current Officers

Chairman	<u>JAY P DAVIDSON</u>
President	<u>KARYN HASCAL</u>
Secretary	<u>M. Deane Stewart</u>
Treasurer	<u>JENNIFER SANDERS</u>
Director	<u>Scott Colosi</u>
Director	<u>M DEANE STEWART</u>
Director	<u>Jennifer Sanders</u>

Individuals / Entities listed at time of formation

Director	<u>JESSE H WRIGHT MD</u>
Director	<u>JESSE H WRIGHT MD</u>
Director	<u>SAMUEL G GAINES</u>
Director	<u>SAMUEL G GAINES</u>
Incorporator	<u>SAMUEL G GAINES</u>
Incorporator	<u>SAMUEL G GAINES</u>

Images available online

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

<u>Annual Report</u>	6/6/2017	1 page	<u>PDF</u>	
<u>Amendment</u>	4/19/2017	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/5/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/22/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/12/2014	1 page	<u>PDF</u>	

Annual Report	7/3/2013	1 page	PDF	
Annual Report	6/28/2012	1 page	PDF	
Annual Report	6/28/2011	1 page	PDF	
Annual Report	6/8/2010	1 page	PDF	
Annual Report	6/5/2009	1 page	PDF	
Annual Report	4/16/2008	1 page	tiff	PDF
Annual Report	1/23/2007	1 page	PDF	
Annual Report	5/11/2006	1 page	tiff	PDF
Amendment	12/21/2005	1 page	tiff	PDF
Certificate of Withdrawal of Assumed Name	12/21/2005	1 page	tiff	PDF
Annual Report	4/26/2005	1 page	tiff	PDF
Annual Report	7/19/2004	1 page	tiff	PDF
Annual Report	8/25/2003	1 page	tiff	PDF
Name Renewal	3/31/2003	1 page	tiff	PDF
Annual Report	8/20/2002	1 page	tiff	PDF
Annual Report	7/30/2001	1 page	tiff	PDF
Annual Report	6/28/2000	1 page	tiff	PDF
Annual Report	9/23/1999	1 page	tiff	PDF
Statement of Change	8/30/1999	1 page	tiff	PDF
Certificate of Assumed Name	9/4/1998	1 page	tiff	PDF
Annual Report	7/28/1998	1 page	tiff	PDF
Statement of Change	6/23/1998	1 page	tiff	PDF
Reinstatement	7/21/1997	2 pages	tiff	PDF
Administrative Dissolution	11/1/1995	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	7/8/1993	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Amendment	11/1/1989	3 pages	tiff	PDF
Articles of Incorporation	8/22/1989	5 pages	tiff	PDF

Assumed Names

[THE HEALING PLACE](#)

Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/6/2017 2:42:28 PM	6/6/2017 2:42:28 PM	
Amendment - Miscellaneous amendments	4/19/2017 1:23:57 PM	4/19/2017	
Annual report	7/5/2016 11:11:14 AM	7/5/2016 11:11:14 AM	
Annual report	6/22/2015 1:17:53 PM	6/22/2015 1:17:53 PM	

Annual report	6/12/2014 11:31:32 AM	6/12/2014 11:31:32 AM
Annual report	7/3/2013 2:15:54 PM	7/3/2013 2:15:54 PM
Annual report	6/28/2012 3:13:18 PM	6/28/2012 3:13:18 PM
Annual report	6/28/2011 10:31:23 AM	6/28/2011 10:31:23 AM
Annual report	6/8/2010 3:50:06 PM	6/8/2010 3:50:06 PM
Annual report	6/5/2009 1:54:37 PM	6/5/2009 1:54:37 PM
Annual report	4/16/2008 12:45:19 PM	4/16/2008
Annual report	1/23/2007 11:00:34 AM	1/23/2007 11:00:34 AM
Annual report	5/11/2006 8:40:26 AM	5/11/2006

Amendment - Change name

12/21/2005
10:19:26 AM 12/21/2005

JEFFERSON COUNTY
MEDICAL SOCIETY
OUTREACH
PROGRAM, INC.

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

4/21/2005

1 page