



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Dreams with Wings Inc.

**Program Name and Request Amount** Jack O' Lantern Stroll

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

Prepared by: 

Date: *9-29-2016*

**DREAMS WITH WINGS, INC.****General Information**

|                             |  |
|-----------------------------|--|
| <b>Organization Number</b>  | 0496528  |
| <b>Name</b>                 | DREAMS WITH WINGS, INC.  |
| <b>Profit or Non-Profit</b> | N - Non-profit   |
| <b>Company Type</b>         | KCO - Kentucky Corporation                                     |
| <b>Status</b>               | A - Active   |
| <b>Standing</b>             | G - Good   |
| <b>State</b>                | KY   |
| <b>File Date</b>            | 6/21/2000  |
| <b>Organization Date</b>    | 6/21/2000  |
| <b>Last Annual Report</b>   | 1/28/2016  |
| <b>Principal Office</b>     | 1579 BARDSTOWN ROAD<br>LOUISVILLE, KY 40205                    |
| <b>Registered Agent</b>     | JENIFER FROMMEYER<br>1579 BARDSTOWN RD<br>LOUISVILLE, KY 40205 |

**Current Officers**

|                       |                         |
|-----------------------|-------------------------|
| <b>President</b>      | <u>Mitzi Wyrick</u>     |
| <b>Vice President</b> | <u>Diane Hartley</u>    |
| <b>Secretary</b>      | <u>David Harris</u>     |
| <b>Treasurer</b>      | <u>Susan Egger</u>      |
| <b>Director</b>       | <u>Wayne Hancock</u>    |
| <b>Director</b>       | <u>Edward Seitz, Jr</u> |
| <b>Director</b>       | <u>Debbie Sexton</u>    |

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

|                     |                          |
|---------------------|--------------------------|
| <b>Director</b>     | <u>MARGE HILLENMEYER</u> |
| <b>Director</b>     | <u>JENIFER FROMMEYER</u> |
| <b>Director</b>     | <u>KAREN CASSIDY</u>     |
| <b>Director</b>     | <u>MILDRED PRUITT</u>    |
| <b>Director</b>     | <u>JANE EMKE</u>         |
| <b>Director</b>     | <u>JANE NAISER</u>       |
| <b>Director</b>     | <u>MARY SCHEEN</u>       |
| <b>Incorporator</b> | <u>JENIFER FROMMEYER</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> | 1/28/2016 | 1 page | <u>PDF</u> |
| <u>Annual Report</u> | 3/10/2015 | 1 page | <u>PDF</u> |

|   |           |         |                      |                     |
|---|-----------|---------|----------------------|---------------------|
| <a href="#">Annual Report</a>             | 6/17/2014 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 7/5/2013  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 6/14/2012 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 5/6/2011  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 5/11/2010 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 7/8/2009  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 1/16/2008 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 6/1/2007  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 3/3/2006  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>             | 3/14/2005 | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>             | 5/5/2003  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>             | 8/27/2002 | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>             | 8/15/2001 | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Amendment</a>                 | 5/18/2001 | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Articles of Incorporation</a> | 6/21/2000 | 6 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |

## Assumed Names

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## Activity History

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| Filing                               | File Date                | Effective Date           | Org. Referenced |
|--------------------------------------|--------------------------|--------------------------|-----------------|
| Annual report                        | 1/28/2016<br>12:09:02 PM | 1/28/2016<br>12:09:02 PM |                 |
| Annual report                        | 3/10/2015<br>9:18:27 AM  | 3/10/2015<br>9:18:27 AM  |                 |
| Annual report                        | 6/17/2014<br>3:30:05 PM  | 6/17/2014<br>3:30:05 PM  |                 |
| Annual report                        | 7/5/2013<br>8:12:14 AM   | 7/5/2013<br>8:12:14 AM   |                 |
| Annual report                        | 6/14/2012<br>10:25:14 AM | 6/14/2012<br>10:25:14 AM |                 |
| Annual report                        | 5/6/2011<br>12:58:34 PM  | 5/6/2011<br>12:58:34 PM  |                 |
| Annual report                        | 5/11/2010<br>3:43:32 PM  | 5/11/2010<br>3:43:32 PM  |                 |
| Annual report                        | 7/8/2009<br>9:34:14 AM   | 7/8/2009<br>9:34:14 AM   |                 |
| Annual report                        | 1/16/2008<br>1:10:47 PM  | 1/16/2008<br>1:10:47 PM  |                 |
| Annual report                        | 6/1/2007<br>10:55:21 AM  | 6/1/2007<br>10:55:21 AM  |                 |
| Annual report                        | 3/3/2006<br>10:39:28 AM  | 3/3/2006                 |                 |
| Annual report                        | 3/14/2005                | 3/14/2005                |                 |
| Registered agent address change      | 5/4/2004<br>2:11:32 PM   | 5/4/2004                 |                 |
| Annual report                        | 3/19/2004                | 3/19/2004                |                 |
| Amendment - Miscellaneous amendments | 5/18/2001<br>1:49:45 PM  | 5/18/2001                |                 |
| Add                                  | 6/21/2000<br>10:05:08 AM | 6/21/2000                |                 |



## Microfilmed Images

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

|                           |                          |         |
|---------------------------|--------------------------|---------|
| Annual Report             | 12/31/2004 2:10:42<br>PM | 1 page  |
| Statement of Change       | 5/4/2004                 | 1 page  |
| Annual Report             | 5/5/2003                 | 1 page  |
| Annual Report             | 8/27/2002                | 1 page  |
| Annual Report             | 8/15/2001                | 1 page  |
| Amendment                 | 5/18/2001                | 2 pages |
| Articles of Incorporation | 6/21/2000                | 5 pages |



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION  |  |   |                                      |
|--|--|---|--------------------------------------|
| Legal Name of Applicant Organization:  |  | Dreams With Wings Inc.  |                                      |
| <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>   |  |   |                                      |
| Main Office Street & Mailing Address: 1579 Bardstown Road; Louisville, KY 40205  |  |   |                                      |
| Website: <a href="http://www.dreamswithwings.org">www.dreamswithwings.org</a>  |  |   |                                      |
| Applicant Contact:   | Jenifer Frommeyer  | Title:  | Executive Director                   |
| Phone:   | 502-459-4647   | Email:  | jfrommeyer@dreamswithwings.org       |
| Financial Contact:   | Deon Stokes  | Title:  | Director Business Administration     |
| Phone:   | 502-459-4647   | Email:  | dstokes@dreamswithwings.org          |
| Organization's Representative who attended NDF Training: Jennifer Morgan   |  |   |                                      |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED   |  |   |                                      |
| Program Facility Location(s):  | Louisville Slugger Field (401 E. Main; Louisville, KY 40202) |   |                                      |
| Council District(s):   | 4  | Zip Code(s):  | 40202                                |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION  |  |   |                                      |
| PROGRAM/PROJECT NAME: Jack O' Lantern Stroll   |  |   |                                      |
| Total Request: (\$)  | 2500.00  | Total Metro Award (this program) in previous year: (\$)   | 2500.00                              |
| <b>Purpose of Request (check all that apply):</b><br><input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)<br><input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals<br><input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)  |  |   |                                      |
| <b>The Following are Required Attachments:</b>   |  |   |                                      |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current Year Projected Budget<br><input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation<br><input 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<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if required<br><input checked="" type="checkbox"/> Staff including the 3 highest paid staff |                                      |
| <b>For the current fiscal year ending June 30</b> , 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:  | Louisville Metro Government                                  | Amount: (\$)  | 2500.00 (NDF-Jack O' Lantern Stroll) |
| Source:  | Louisville Metro Government                                  | Amount: (\$)  | 4,800 (The Artist In You)            |
| Source:  |  | Amount: (\$)  |                                      |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |                                      |



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The mission of Dreams With Wings is to empower individuals with intellectual disabilities, developmental disabilities and autism as they recognize their strengths, contribute to their communities and pursue their dreams. Services include: Dream Builders Adults Day Program, Residential services, Case Management, Leisure Outreach, Supported Employment, Occupational/Physical/Psychological and Speech Therapies, Behavior Supports, In-home Supports, Family Home Providers, Respite and Summer Camps for youth and teens with IDD, including autism. Our vision is to ensure our community recognizes the gifts and talents of those we support and values them as all others in the world.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The 16th annual Jack O' Lantern Stroll will be held at Louisville Slugger Field, 401 E. Main Street, on Friday, October 28, 2016. The event will take place from 6pm-9pm and will be free to the public. The event is preceded by community activities beginning on Monday October 17th when DWW clients, staff and community volunteers pick 1,500 pumpkins at a local pumpkin patch. Upon returning from the pumpkin patch the pumpkins are unloaded and set in place for carving which will begin October 25th-27th. The carving will take place at the Douglass Community Center located at 2305 Douglass Blvd, 40205. The site will be visited by hundreds of volunteers from the community over the three day carving period. The pumpkins will be transported and placed at Slugger Field on Friday, October 28th. The event provides a safe environment for families to trick or treat and enjoy the Halloween holiday together. The event is a wonderful opportunity to unite our community. Activities included in the event are live music, local children's dance troupe, food, children's activities, games and the entire field will be aglow with 1,500 Jack O' Lanterns. The event is open to constituents of all Louisville Metro districts.

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

Requested funding will be used to offset the cost of facility rental, decorations, merchandising promoting Louisville Metro as event sponsor, supplies for kid friendly craft activities, candy and trick-or-treat items for children who are unable to have candy due to allergy issues.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The event was created to promote public awareness of the gifts and talents of the children and adults DWW supports with intellectual disabilities and developmental disabilities, including autism. The event was developed to give those we support and opportunity to give back to the community as part of our mission. Our main focus is to provide a family friendly event that will help to unite our community and provide a safe and secure environment for our children.

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

Facility rental, supplies for craft activities, trick-or-treat items, office supplies, marketing materials and merchandise.



## 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:**

Success of the Stroll will be determined by attendance and feedback from participants. Families will be brought together in a safe and secure environment to celebrate Halloween as a community. Community involvement is encouraged through volunteer opportunities in preparation of the event and the actual event. The event is a volunteer driven community activity. The process begins with community volunteers joining our clients to select and pick pumpkins that will be carved with community volunteers. These volunteers will work side by side with our clients during these activities. Local corporations such as UPS, Humana, Highland's area schools, friends, families and neighbors join together to begin the week preparing for the final presentation at Slugger Field. We have groups from the community return each year to help our organization make this a memorable and magical night for our clients and community.

**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.**

Down Syndrome of Louisville and FEAT - partner for summer camp

Brightside - Adult Day Training Program maintains a Bright Spot as a volunteer project

Metro Parks Adapted Leisure Activities. Individuals served by DWW attended programs provided at Adapted Leisure.

Arts Reach/KY Center for the Arts - Awards Dreams many artistic privileges in the form of artist participation and performances

Meals On Wheels - Dreams Adult Day Training program delivers meals to individuals unable to leave their residences several days a week as an ongoing volunteer project

Uof L Cards Care Program - Athletes volunteer and do service projects with clients at the Adult Day Training program and assist in activities at the Jack O Lantern Stroll event night.

Spalding University and the University of Louisville- The supervisor of DWW Behavior Staff works with students in the behavior internship and occupational therapy programs.

Bellarmine University - The athletic department volunteers during the week of the Stroll in various capacities.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

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

| Program/Project Expenses  | Column 1             | Column 2        | Column (1+2)=3 |
|---|----------------------|-----------------|----------------|
|   | Proposed Metro Funds | Non-Metro Funds | Total Funds    |
| <b>A: Personnel Costs Including Benefits</b>                    |                      | 4660            |                |
| <b>B: Rent/Utilities</b>  |                      |                 |                |
| <b>C: Office Supplies</b>                                       | 150                  | 350             |                |
| <b>D: Telephone</b>   |                      |                 |                |
| <b>E: In-town Travel</b>  |                      |                 |                |
| <b>F: Client Assistance (Attach Detailed List)</b>              |                      |                 |                |
| <b>G: Professional Service Contracts</b>                        | 1200                 |                 |                |
| <b>H: Program Materials</b>                                     | 1150                 | 2378            |                |
| <b>I: Community Events &amp; Festivals (Attach Detail List)</b> |                      |                 |                |
| <b>J: Machinery &amp; Equipment</b>                             |                      |                 |                |
| <b>K: Capital Project</b>                                       |                      |                 |                |
| <b>L: Other Expenses (Attach Detail List)</b>                   |                      |                 |                |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                             | 2500                 | 7388            | 9888           |
| <i>% of Program Budget</i>                                      | 25 %                 | 74 %            | 100%           |

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

|   |      |
|---|------|
| Other State, Federal or Local Government                      |      |
| United Way  |      |
| Private Contributions (do not include individual donor names) | 6020 |
| Fees Collected from Program Participants                      |      |
| Other (please specify)  |      |
| <i>Total Revenue for Columns 2 Expenses **</i>                | 6020 |

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

| Donor*/Type of Contribution   | Value of Contribution | Method of Valuation      |
|---|-----------------------|--------------------------|
| <b>Facility</b>   | <b>5000</b>           | <b>Fair Market Value</b> |
| <b>Volunteers</b>   | <b>2175</b>           | 75 vol x 4 hrs x \$7.25  |
|   |                       |                          |
|   |                       |                          |
| <i>Total Value of In-Kind<br/>(to match Program Budget Line Item.<br/>Volunteer Contribution &amp; Other In Kind)</i> | 7175                  | Fair Market Value        |

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

Agency Fiscal Year Start Date: **7/01/2016**

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

If YES, please explain:





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

|   |                                |                   |                    |
|---|--------------------------------|-------------------|--------------------|
| <b>Signature of Legal Signatory:</b>    |                                | <b>Date:</b>      | 9/29/16            |
| <b>Legal Signatory: (please print):</b> | Jenifer Frommeyer              | <b>Title:</b>     | Executive Director |
| <b>Phone:</b>                           | 502-459-4647                   | <b>Extension:</b> | none               |
| <b>Email:</b>                           | jfrommeyer@dreamswithwings.org |                   |                    |



## **Agreement for Dreams with Wings for Jack O Lantern Stroll October 28, 2016 At Louisville Slugger Field**

**Brief Description of Event:** Trick or Treating on the concourse. Over 2,000 pumpkins lit on the field for viewing. Arts and crafts. Live Music, Family fun event.

**Estimated attendance:** 2,000

**Date of Event:** October 28<sup>th</sup>, 2014 6:00-9:00

**The following services will be provided:**

***These will be included in Rent Cost***

- Louisville Slugger Field Event Manager assigned to the event
- Normal Utilities of the stadium
- Cleaning during the event and after the event in the stadium
- Tables/Chairs (need the help of Dreams with Wings volunteers to help set-up and tear down)
- Yellow Ambulance
- Usage of Videoboard for slide show of sponsors
- Can set-up majority of items on Thursday DURING business hours (9am- 4:30 PM)

**Food and Drink**

- Concessions will be made available. Must work with Centerplate to determine how many and what items you need.

**Miscellaneous Requirements:**

- Cooperation in enforcing & maintaining the following stadium rental policy: Helium Balloons Stickers, Bumper Stickers, Tape, anything with an adhesive backing are prohibited from being used or distributed in the stadium. Adhesive devices and the locations of where they will be used, hanging signs must be approved by stadium management prior to the event, so that if they are not allowed that the lessee has an opportunity to present a better plan to stadium management or come up with another solution. Stickers such as nametags for dinners will be permitted. Any lessee/renter/ vendor/radio station/etc. that that does not follow the rules will have their products confiscated and returned to them after the event. Anything that does not get taken away from the lessee and ends up in the customers hands and then ends up somewhere on the grounds of the facility do to the negligence of the lessee and the lessee's


patrons will be charged \$10 per device to remove, clean and repair the area. Helium balloons that need to be taken down will require a minimum \$400 lift rental cost and a \$75 an hour manpower charge for operator.

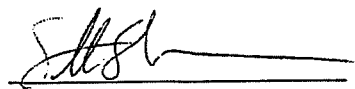
- Weather and safety of the patrons will be called by the event manager and Louisville Slugger Field Management. We will work in cooperation with the Dreams with Wings organizers to squeeze in a successful event if weather does affect the event on that day. If the event is on the field, we will discuss other options with you in planning meetings that you may or may not do.
- Louisville Baseball Club will receive a \$1,000,000 general liability insurance policy that holds Dreams with Wings. Louisville Baseball Club, Centerplate Concessions and The City of Louisville must be listed as an additional insured.

**Note:** This agreement may not cover every aspect or need that may arise during the planning of this event. Changes or extra needs will be addressed separately and agreed upon by both Louisville Baseball Club & Dreams with Wings.

**Expense Total: \$1,000**

*Deposit of \$500 will be due 30 days following the signing of this contract.*

  
Dreams with Wings                      Date  
6/29/16

  
\_\_\_\_\_  
Scott Shoemaker                      Date  
Louisville Baseball Club  
Vice President of Operations                      6/29/2016



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION  |  |   |                                      |
|--|--|---|--------------------------------------|
| Legal Name of Applicant Organization:  |  | <b>Dreams With Wings Inc.</b>   |                                      |
| <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>   |  |   |                                      |
| Main Office Street & Mailing Address: 1579 Bardstown Road; Louisville, KY 40205  |  |   |                                      |
| Website: www.dreamswithwings.org   |  |   |                                      |
| Applicant Contact:   | Jenifer Frommeyer  | Title:  | Executive Director                   |
| Phone:   | 502-459-4647   | Email:  | jfrommeyer@dreamswithwings.org       |
| Financial Contact:   | Deon Stokes  | Title:  | Director Business Administration     |
| Phone:   | 502-459-4647   | Email:  | dstokes@dreamswithwings.org          |
| Organization's Representative who attended NDF Training: Jennifer Morgan   |  |   |                                      |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED   |  |   |                                      |
| Program Facility Location(s):  | Louisville Slugger Field (401 E. Main; Louisville, KY 40202) |   |                                      |
| Council District(s):   | 4  | Zip Code(s):  | 40202                                |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION  |  |   |                                      |
| PROGRAM/PROJECT NAME: Jack O' Lantern Stroll   |  |   |                                      |
| Total Request: (\$)  | 2500.00  | Total Metro Award (this program) in previous year: (\$)   | 2500.00                              |
| Purpose of Request (check all that apply):   |  |   |                                      |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)  |  |   |                                      |
| <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals   |  |   |                                      |
| <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)  |  |   |                                      |
| The Following are Required Attachments:  |  |   |                                      |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current Year Projected Budget<br><input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation<br><input 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<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if required<br><input checked="" type="checkbox"/> Staff including the 3 highest paid staff |                                      |
| 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:  | Louisville Metro Government                                  | Amount: (\$)  | 2500.00 (NDF-Jack O' Lantern Stroll) |
| Source:  | Louisville Metro Government                                  | Amount: (\$)  | 4,800 (The Artist In You)            |
| Source:  |  | Amount: (\$)  |                                      |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |                                      |
| Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |                                      |

Applicant's Initials



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The mission of Dreams With Wings is to empower individuals with intellectual disabilities, developmental disabilities and autism as they recognize their strengths, contribute to their communities and pursue their dreams. Services include: Dream Builders Adults Day Program, Residential services, Case Management, Leisure Outreach, Supported Employment, Occupational/Physical/Psychological and Speech Therapies, Behavior Supports, In-home Supports, Family Home Providers, Respite and Summer Camps for youth and teens with IDD, including autism. Our vision is to ensure our community recognizes the gifts and talents of those we support and values them as all others in the world.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The 16th annual Jack O' Lantern Stroll will be held at Louisville Slugger Field, 401 E. Main Street, on Friday, October 28, 2016. The event will take place from 6pm-9pm and will be free to the public. The event is preceded by community activities beginning on Monday October 17th when DWW clients, staff and community volunteers pick 1,500 pumpkins at a local pumpkin patch. Upon returning from the pumpkin patch the pumpkins are unloaded and set in place for carving which will begin October 25th-27th. The carving will take place at the Douglass Community Center located at 2305 Douglass Blvd, 40205. The site will be visited by hundreds of volunteers from the community over the three day carving period. The pumpkins will be transported and placed at Slugger Field on Friday, October 28th. The event provides a safe environment for families to trick or treat and enjoy the Halloween holiday together. The event is a wonderful opportunity to unite our community. Activities included in the event are live music, local children's dance troupe, food, children's activities, games and the entire field will be aglow with 1,500 Jack O' Lanterns. The event is open to constituents of all Louisville Metro districts.

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

Requested funding will be used to offset the cost of facility rental, decorations, merchandising promoting Louisville Metro as event sponsor, supplies for kid friendly craft activities, candy and trick-or-treat items for children who are unable to have candy due to allergy issues.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The event was created to promote public awareness of the gifts and talents of the children and adults DWW supports with intellectual disabilities and developmental disabilities, including autism. The event was developed to give those we support and opportunity to give back to the community as part of our mission. Our main focus is to provide a family friendly event that will help to unite our community and provide a safe and secure environment for our children.

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

Facility rental, supplies for craft activities, trick-or-treat items, office supplies, marketing materials and merchandise.



## 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:**  
Success of the Stroll will be determined by attendance and feedback from participants. Families will be brought together in a safe and secure environment to celebrate Halloween as a community. Community involvement is encouraged through volunteer opportunities in preparation of the event and the actual event. The event is a volunteer driven community activity. The process begins with community volunteers joining our clients to select and pick pumpkins that will be carved with community volunteers. These volunteers will work side by side with our clients during these activities. Local corporations such as UPS, Humana, Highland's area schools, friends, families and neighbors join together to begin the week preparing for the final presentation at Slugger Field. We have groups from the community return each year to help our organization make this a memorable and magical night for our clients and community.

**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.**

Down Syndrome of Louisville and FEAT - partner for summer camp

Brightside - Adult Day Training Program maintains a Bright Spot as a volunteer project

Metro Parks Adapted Leisure Activities. Individuals served by DWW attended programs provided at Adapted Leisure.

Arts Reach/KY Center for the Arts - Awards Dreams many artistic privileges in the form of artist participation and performances

Meals On Wheels - Dreams Adult Day Training program delivers meals to individuals unable to leave their residences several days a week as an ongoing volunteer project

Uof L Cards Care Program - Athletes volunteer and do service projects with clients at the Adult Day Training program and assist in activities at the Jack O Lantern Stroll event night.

Spalding University and the University of Louisville- The supervisor of DWW Behavior Staff works with students in the behavior internship and occupational therapy programs.

Bellarmine University - The athletic department volunteers during the week of the Stroll in various capacities.





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

| Program/Project Expenses  | Column<br>1             | Column<br>2            | Column<br>(1+2)=3 |
|---|-------------------------|------------------------|-------------------|
|   | Proposed<br>Metro Funds | Non-<br>Metro<br>Funds | Total<br>Funds    |
| <b>A: Personnel Costs Including Benefits</b>                    |                         | 4660                   |                   |
| <b>B: Rent/Utilities</b>  |                         |                        |                   |
| <b>C: Office Supplies</b>                                       | 150                     | 350                    |                   |
| <b>D: Telephone</b>   |                         |                        |                   |
| <b>E: In-town Travel</b>  |                         |                        |                   |
| <b>F: Client Assistance (Attach Detailed List)</b>              |                         |                        |                   |
| <b>G: Professional Service Contracts</b>                        | 1300                    |                        |                   |
| <b>H: Program Materials</b>                                     | 1050                    | 2378                   |                   |
| <b>I: Community Events &amp; Festivals (Attach Detail List)</b> |                         |                        |                   |
| <b>J: Machinery &amp; Equipment</b>                             |                         |                        |                   |
| <b>K: Capital Project</b>                                       |                         |                        |                   |
| <b>L: Other Expenses (Attach Detail List)</b>                   |                         |                        |                   |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                             | 2500                    | 7388                   | 9888              |
| <i>% of Program Budget</i>                                      | 25 %                    | 74 %                   | 100%              |

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

|   |      |
|---|------|
| Other State, Federal or Local Government                      |      |
| United Way  |      |
| Private Contributions (do not include individual donor names) | 6020 |
| Fees Collected from Program Participants                      |      |
| Other (please specify)  |      |
| <i>Total Revenue for Columns 2 Expenses **</i>                | 6020 |

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

| Donor*/Type of Contribution  | Value of Contribution | Method of Valuation     |
|--|-----------------------|-------------------------|
| Facility   | 5000                  | Fair Market Value       |
| Volunteers   | 2175                  | 75 vol x 4 hrs x \$7.25 |
|  |                       |                         |
|  |                       |                         |
| <i>Total Value of In-Kind</i><br><i>(to match Program Budget Line Item.</i><br>Volunteer Contribution & Other In Kind) | 7175                  | Fair Market Value       |

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

Agency Fiscal Year Start Date: **7/01/2016**

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

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

|   |                                  |
|---|----------------------------------|
| <b>Signature of Legal Signatory:</b> <i>Jenifer Frommeyer</i> | <b>Date:</b> 9/21/16             |
| <b>Legal Signatory: (please print):</b> Jenifer Frommeyer     | <b>Title:</b> Executive Director |
| <b>Phone:</b> 502-459-4647                                    | <b>Extension:</b> none           |
| <b>Email:</b> jfrommeyer@dreamswithwings.org                  |                                  |

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

OMB No. 1545-1709

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](http://www.irs.gov/form8868).

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

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

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

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

Part I only

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

|  |   |   |
|--|---|---|
| Type of print  | Name of exempt organization or other filer; see instructions.<br><b>DREAMS WITH WINGS, INC.</b>                         | Enter filer's identifying number<br>Employer identification number (EIN) of |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1579 BARDSTOWN RD.</b>                     | Social security number (SSN)  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LOUISVILLE, KY 40205</b> |   |

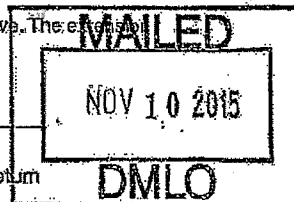
Enter the Return code for the return that this application is for (file a separate application for each return) 011

| 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          |

**EXECUTIVE DIRECTOR**  
 • The books are in the care of ▶ **1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205**  
 Telephone No. ▶ **502-459-4647** 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**



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.



December 2, 2015

Mrs. Jenifer Frommeyer  
Dreams With Wings, Inc.  
1579 Bardstown Road  
Louisville, KY 40205

Dear Mrs. Frommeyer:

Enclosed are the original and one copy of the 2014 Exempt Organization return, as follows...

2014 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the enclosed tax returns from your books of account and/or information submitted by you without verification by us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and is supported by the records as required by law. You should retain all the documents, receipts, cancelled checks and other data that form the basis of income and deductions. The tax laws specifically state that you are responsible for the preparation and the accuracy of the returns. Even though you have engaged us, the ultimate responsibility for the return is yours. Because of this, if there is anything on the returns we have prepared that you do not understand, please ask us to explain what was done. We want you to feel satisfied with the accuracy of the returns before they are submitted.

In addition, a copy of Form 990 should be mailed to Attorney General, Frankfort, Kentucky 40601. An addressed envelope is enclosed for your convenience.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Melinda L. Heck

FILE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

.....June 30, 2015.....

|  |  |
|--|--|
| Prepared for                                 | Mrs. Jenifer Frommeyer<br>Dreams With Wings, Inc.<br>1579 Bardstown Road<br>Louisville, KY 40205     |
| Prepared by                                  | Deming Malone Livesay & Ostroff PSC<br>9300 Shelbyville Road Suite 1100<br>Louisville, KY 40222-5187 |
| Amount due or refund                         | Not applicable   |
| Make check payable to                        | Not applicable   |
| Mail tax return and check (if applicable) to | Department of the Treasury<br>Internal Revenue Service Center<br>Ogden, UT 84201-0027                |
| Return must be mailed on or before           | February 16, 2016  |
| Special Instructions                         | The return should be signed and dated.   |

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>DREAMS WITH WINGS, INC.</b>   |  | <b>D</b> Employer identification number<br>[REDACTED]   |
|  | Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1579 BARDSTOWN RD.</b> |  | <b>E</b> Telephone number<br><b>502-459-4647</b>  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>LOUISVILLE, KY 40205</b>                                 |  | <b>G</b> Gross receipts \$ <b>6,623,241.</b>  |
|  | <b>F</b> Name and address of principal officer: <b>JENIFER FROMMEYER</b><br><b>1579 BARDSTOWN ROAD, LOUISVILLE, KY 40205</b>            |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |   |
| <b>J</b> Website: <b>WWW.DREAMSWITHWINGS.ORG</b>   |   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |  | <b>L</b> Year of formation: <b>2000</b>   |
| <b>M</b> State of legal domicile: <b>KY</b>  |   |  |   |

**Part I Summary**

| <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM AS</b> |  |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|---|--|--|---------------------------|--------------|---|------------|------------|---|------------|------------|--|------------|------------|--|---------|---------|--|------------|------------|---|------------|------------|--|----------|-----------|
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>Activities &amp; Governance</b>  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>8</b>  |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>8</b>  |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>193</b>   |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>100</b>   |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>   |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>0.</b>   |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>Revenue</b>  | <table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td>598,088.</td> <td>371,080.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td>4,442,923.</td> <td>4,314,941.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td>145.</td> <td>67.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td>85,238.</td> <td>97,551.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td>5,126,394.</td> <td>4,783,639.</td> </tr> </tbody> </table>   |  | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                  | 598,088.   | 371,080.   | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                       | 4,442,923. | 4,314,941. | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 145.       | 67.        | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... | 85,238. | 97,551. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 5,126,394. | 4,783,639. |   |            |            |  |          |           |
|   |  | Prior Year   | Current Year              |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>8</b> Contributions and grants (Part VIII, line 1h) .....   | 598,088.   | 371,080.                  |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 4,442,923.   | 4,314,941.                |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 145.   | 67.                       |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | 85,238.  | 97,551.  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | 5,126,394.   | 4,783,639.   |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>Expenses</b>   | <table border="1"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td>3,611,195.</td> <td>3,559,578.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td>14,856.</td> <td>5,146.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>60,552.</b> .....</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td>1,143,264.</td> <td>1,253,754.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td>4,769,315.</td> <td>4,818,478.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td>357,079.</td> <td>&lt;34,839.&gt;</td> </tr> </tbody> </table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 0.                        | 0.           | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... | 0.         | 0.         | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | 3,611,195. | 3,559,578. | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... | 14,856.    | 5,146.     | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>60,552.</b> .....  |         |         | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 1,143,264. | 1,253,754. | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 4,769,315. | 4,818,478. | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... | 357,079. | <34,839.> |
|   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | 0.   | 0.                        |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....  | 0.   | 0.                        |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 3,611,195.   | 3,559,578.                |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....   | 14,856.  | 5,146.                    |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>60,552.</b> .....   |  |  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | 1,143,264.   | 1,253,754.   |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | 4,769,315.   | 4,818,478.   |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....  | 357,079.   | <34,839.>  |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>Net Assets or Fund Balances</b>  | <table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td>3,024,506.</td> <td>2,957,540.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td>1,234,182.</td> <td>1,202,055.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td>1,790,324.</td> <td>1,755,485.</td> </tr> </tbody> </table>   |  | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16) .....                                | 3,024,506. | 2,957,540. | <b>21</b> Total liabilities (Part X, line 26) .....   | 1,234,182. | 1,202,055. | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....     | 1,790,324. | 1,755,485. |  |         |         |  |            |            |   |            |            |  |          |           |
|   |  | Beginning of Current Year  | End of Year               |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
|   | <b>20</b> Total assets (Part X, line 16) .....   | 3,024,506.   | 2,957,540.                |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>21</b> Total liabilities (Part X, line 26) .....   | 1,234,182.   | 1,202,055.   |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | 1,790,324.   | 1,755,485.   |                           |              |   |            |            |   |            |            |  |            |            |  |         |         |  |            |            |   |            |            |  |          |           |

**Part II Signature Block**

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

|   |  |                                  |                       |
|---|--|----------------------------------|-----------------------|
| <b>Sign Here</b>  | Signature of officer: <i>Jenifer Frommeyer</i>                             |                                  | Date: <b>11-12-15</b> |
|   | Type or print name and title: <b>JENIFER FROMMEYER, EXECUTIVE DIRECTOR</b> |                                  |                       |
| <b>Preparer Use Only</b>  | Print/Type preparer's name: <b>JEFFREY K MCCAFFREY</b>                     | Preparer's signature: [REDACTED] | Date: [REDACTED]      |
|   | Firm's name: <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>                | Firm's EIN: [REDACTED]           |                       |
| Firm's address: <b>9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187</b> |  | Phone no. (502) 426-9660         |                       |

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM AS THEY RECOGNIZE THEIR STRENGTHS, CONTRIBUTE TO THEIR COMMUNITY AND PURSUE THEIR DREAMS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,224,022. including grants of \$ ) (Revenue \$ 4,331,307.) PROVIDED HOUSING AND COMMUNITY SUPPORT SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM.

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

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

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

4e Total program service expenses 4,224,022.

**Part IV Checklist of Required Schedules**

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

Form 990 (2014)

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

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

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



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

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

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
| 1b | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| 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  |
| 7b | 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:  |     |    |
| 8a | The governing body?  | X   |    |
| 8b | 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  |
| 10b | 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?   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| 11b | 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   |    |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| 13  | Did the organization have a written whistleblower policy?  | X   |    |
| 14  | Did the organization have a written document retention and destruction policy?   | X   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| 15a | The organization's CEO, Executive Director, or top management official   | X   |    |
| 15b | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | X   |    |
| 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  |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (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: **EXECUTIVE DIRECTOR - 502-459-4647**  
**1579 BARDSTOWN ROAD, LOUISVILLE, KY 40205**

**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)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MITZI WYRICK<br>PRESIDENT                  | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) SUSAN W EGGER<br>TREASURER                 | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) DIANE HARTLEY<br>VICE PRESIDENT            | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) DAVID HARRIS<br>SECRETARY                  | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) EDWARD SEITZ, JR.<br>DIRECTOR              | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MICHAEL BOONE<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) DEBBY SEXTON<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) WAYNE WILSON<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) WAYNE HANCOCK<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MIMI GREEN<br>DIRECTOR                    | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JENIFER FROMMEYER<br>EXECUTIVE DIRECTOR   | 40.00   |  |                       | X       |              |                              |        | 75,179.  | 0.  | 9,596.  |
| (12) DEON STOKES<br>DIRECTOR OF ADMINISTRATION | 40.00   |  |                       | X       |              |                              |        | 30,000.  | 0.  | 7,045.  |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |





**Part VIII** Statement of Revenue

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

|   |   | (A)<br>Total revenue                           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |  |
|---|---|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts        | 1 a Federated campaigns   |  |   |   |  |  |
|   | b Membership dues   |  |   |   |  |  |
|   | c Fundraising events  | 18,508.  |   |   |  |  |
|   | d Related organizations   |  |   |   |  |  |
|   | e Government grants (contributions)   | 9,000.   |   |   |  |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above  | 343,572.                                       |   |   |  |  |
|   | g Noncash contributions included in lines 1a-1f \$  | 20,000.  |   |   |  |  |
|   | <b>h Total. Add lines 1a-1f</b>   | <b>371,080.</b>                                |   |   |  |  |
| Program Service Revenue                                       | 2 a RESIDENT REVENUES   | 900099   | 4,314,941.                                      | 4,314,941.                              |  |  |
|   | b   |  |   |   |  |  |
|   | c   |  |   |   |  |  |
|   | d   |  |   |   |  |  |
|   | e   |  |   |   |  |  |
|   | f All other program service revenue   |  |   |   |  |  |
|   | <b>g Total. Add lines 2a-2f</b>   | <b>4,314,941.</b>                              |   |   |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)  |  | 67.   |   | 67.  |  |
|   | 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 \$ 18,508. of contributions reported on line 1c) See Part IV, line 18 | a  | 52,584.   |   |  |  |
|   |   | b Less: direct expenses                        | 42,448.   |   |  |  |
| c Net income or (loss) from fundraising events                |   | 10,136.  |   |   | 10,136.  |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a   | 1,868,203.                                     |   |   |  |  |
|   | b Less: direct expenses   | 1,797,154.                                     |   |   |  |  |
|   | c Net income or (loss) from gaming activities   | 71,049.  |   |   | 71,049.  |  |
| 10 a Gross sales of inventory, less returns and allowances    | a   |  |   |   |  |  |
|   | b Less: cost of goods sold  |  |   |   |  |  |
|   | c Net income or (loss) from sales of inventory  |  |   |   |  |  |
| Miscellaneous Revenue   |   | Business Code                                  |   |   |  |  |
| 11 a MANAGEMENT FEES  | 900099  | 8,863.   | 8,863.  |   |  |  |
| b MISCELLANEOUS   | 900099  | 7,503.   | 7,503.  |   |  |  |
| c   |   |  |   |   |  |  |
| d All other revenue   |   |  |   |   |  |  |
| e Total. Add lines 11a-11d                                    |   | 16,366.  |   |   |  |  |
| <b>12 Total revenue. See instructions.</b>                    |   | <b>4,783,639.</b>                              | <b>4,331,307.</b>                               | <b>0.</b>                               | <b>81,252.</b>   |  |



**Part IX Statement of Functional Expenses**

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

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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| 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  | 166,600.              |                                 | 132,840.                               | 33,760.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 2,867,917.            | 2,701,075.                      | 151,981.                               | 14,861.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 272,089.              | 260,268.                        | 11,558.                                | 263.                        |
| 10 Payroll taxes  | 252,972.              | 226,558.                        | 22,674.                                | 3,740.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 9,600.                |                                 | 9,600.                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 5,146.                |                                 |  | 5,146.                      |
| 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.)   | 20,083.               |                                 | 20,083.                                |                             |
| 12 Advertising and promotion  | 1,203.                |                                 | 1,203.                                 |                             |
| 13 Office expenses  | 80,279.               | 31,198.                         | 48,064.                                | 1,017.                      |
| 14 Information technology   | 33,883.               |                                 | 33,883.                                |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 294,694.              | 263,286.                        | 31,408.                                |                             |
| 17 Travel   | 61,830.               | 61,231.                         | 599.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 8,080.                | 5,611.                          | 2,469.                                 |                             |
| 20 Interest   | 42,848.               | 8,984.                          | 33,864.                                |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 80,684.               | 68,748.                         | 11,936.                                |                             |
| 23 Insurance  | 71,204.               | 61,235.                         | 9,969.                                 |                             |
| 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 PURCHASED SERVICES  | 242,881.              | 242,881.                        |  |                             |
| b PROVIDER TAX  | 140,933.              | 140,933.                        |  |                             |
| c FOOD  | 79,647.               | 79,647.                         |  |                             |
| d ACTIVITIES  | 46,851.               | 45,086.                         |  | 1,765.                      |
| e All other expenses  | 39,054.               | 27,281.                         | 11,773.                                |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 4,818,478.            | 4,224,022.                      | 533,904.                               | 60,552.                     |
| 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)

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |                       | (B)<br>End of year |
|--|--|--------------------------|-----------------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 149,111.                 | <b>1</b>              | 43,240.            |
|  | <b>2</b> Savings and temporary cash investments .....  | 15,642.                  | <b>2</b>              | 15,680.            |
|  | <b>3</b> Pledges and grants receivable, net .....  | 92,548.                  | <b>3</b>              | 97,114.            |
|  | <b>4</b> Accounts receivable, net .....  | 667,785.                 | <b>4</b>              | 652,062.           |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>              |                    |
|  | <b>6</b> 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 ..... |                          | <b>6</b>              |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>              |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>              |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 33,113.                  | <b>9</b>              | 47,396.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 2,720,974.    |                       |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 622,622.      | <b>10c</b> 1,740,013. | 2,098,352.         |
|  | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>             |                    |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>             |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>             |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>14</b>             |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 326,294.                 | <b>15</b>             | 3,696.             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,024,506.   | <b>16</b>                | 2,957,540.            |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 461,025.                 | <b>17</b>             | 340,859.           |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>             |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>             |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>             |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>             |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>             | 30,000.            |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 619,820.                 | <b>23</b>             | 582,640.           |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>             |                    |
|  | <b>25</b> Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   | 153,337.                 | <b>25</b>             | 248,556.           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,234,182.               | <b>26</b>             | 1,202,055.         |
| <b>Net Assets or Fund Balances</b>   | <b>27</b> Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets .....  | 1,719,016.               | <b>27</b>             | 1,754,485.         |
|  | <b>28</b> Temporarily restricted net assets .....  | 71,308.                  | <b>28</b>             | 1,000.             |
|  | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>             |                    |
|  | <b>30</b> Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds .....  |                          | <b>30</b>             |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>             |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>             |                    |
|  | <b>33</b> <b>Total net assets or fund balances</b> .....   | 1,790,324.               | <b>33</b>             | 1,755,485.         |
|  | <b>34</b> <b>Total liabilities and net assets/fund balances</b> .....  | 3,024,506.               | <b>34</b>             | 2,957,540.         |

Form 990 (2014)



**Part XI Reconciliation of Net Assets**

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

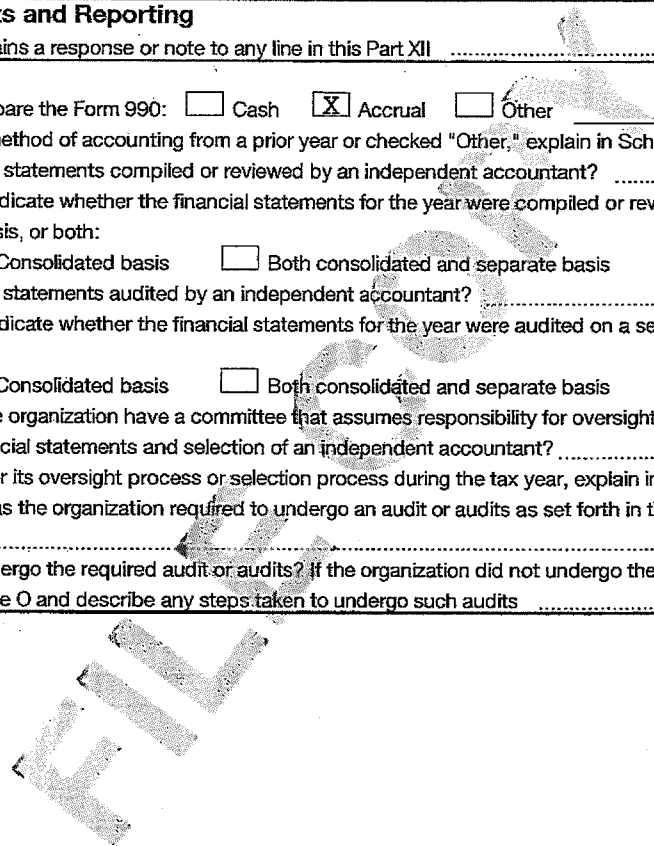
|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 4,783,639. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,818,478. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | <34,839.>  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,790,324. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,755,485. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2014)





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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| 2 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 .....  |          |          |          |          |          |           |
| 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) ..... |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 .....  |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, 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.) .....   |          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          |           |
| 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. <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 219,649. | 462,638. | 211,285. | 596,838. | 371,080. | 1861490.  |
| 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 | 3492656. | 3828370. | 4126331. | 4442923. | 4323241. | 20213521. |
| 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   | 3712305. | 4291008. | 4337616. | 5039761. | 4694321. | 22075011. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          | 50,000.  | 40,390.  | 90,390.   |
| 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 18 for the year           |          |          |          |          |          | 0.        |
| c Add lines 7a and 7b  |          |          |          | 50,000.  | 40,390.  | 90,390.   |
| 8 Public support (Subtract line 7c from line 6.)   |          |          |          |          |          | 21984621. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  | 3712305. | 4291008. | 4337616. | 5039761. | 4694321. | 22075011. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 136.     | 92.      | 241.     | 145.     | 67.      | 681.      |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| c Add lines 10a and 10b  | 136.     | 92.      | 241.     | 145.     | 67.      | 681.      |
| 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.)                                 | 7,440.   | 15,450.  | 15,706.  | 15,914.  | 16,366.  | 70,876.   |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)  | 3719881. | 4306550. | 4353563. | 5055820. | 4710754. | 22146568. |

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

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

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.27 % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 | 99.47 % |

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

|  |    |       |
|--|----|-------|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | .00 % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                        | 18 | %     |

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

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

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |     |    |



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

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

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

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

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

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

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

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

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



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

Lined area for supplemental information with a large diagonal watermark reading 'FILE COPY'.



**Schedule A**

**Payments from Disqualified Persons  
Included on Part III, Line 7a**

**2014**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

| Payer's Name                                      | 2010<br>Amount | 2011<br>Amount | 2012<br>Amount | 2013<br>Amount | 2014<br>Amount |
|---|----------------|----------------|----------------|----------------|----------------|
| MICHAEL BOONE                                     | 0.             | 0.             | 0.             | 50,000.        | 24,000.        |
| MITZI WYRICK                                      | 0.             | 0.             | 0.             | 0.             | 5,000.         |
| MIMI GREEN  | 0.             | 0.             | 0.             | 0.             | 5,350.         |
| STEVE & JENIFER<br>FROMMEYER                      | 0.             | 0.             | 0.             | 0.             | 5,040.         |
| MICHELLE WYRICK                                   | 0.             | 0.             | 0.             | 0.             | 1,000.         |
|   |                |                |                |                |                |
|   |                |                |                |                |                |
|   |                |                |                |                |                |
|   |                |                |                |                |                |
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|   |                |                |                |                |                |
|   |                |                |                |                |                |
|   |                |                |                |                |                |
| <b>Total to Schedule A,<br/>Part III, Line 7a</b> |                |                |                | <b>50,000.</b> | <b>40,390.</b> |

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

Employer identification number

DREAMS WITH WINGS, 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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) (2014)

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



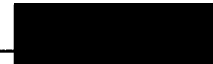
**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | DR. SCHOLL FOUNDATION<br>1033 SKOKIE BOULEVARD SUITE 230<br>NORTHBROOK, IL 60062     | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | UPS FOUNDATION<br>55 GLENLAKE PARKWAY, NE<br>ATLANTA, GA 30328                       | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | LOUISVILLE METRO GOVERNMENT<br>810 BARRETT AVENUE<br>LOUISVILLE, KY 40204            | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | THE J & L FOUNDATION<br>2602 GRASSLAND DRIVE<br>LOUISVILLE, KY 40202                 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | WHAS CRUSADE FOR CHILDREN<br>520 W. CHESTNUT STREET<br>LOUISVILLE, KY 40299          | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | HONORABLE ORDER OF KY COLONELS<br>1717 ALLIANT AVE, SUITE 14<br>LOUISVILLE, KY 40299 | \$ 13,639.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | LEE THOMAS<br>2602 GRASSLAND DRIVE<br>LOUISVILLE, KY 40299                 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | KOSAIR CHARITIES<br>P.O. BOX 37370<br>LOUISVILLE, KY 40233                 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | MICHAEL BOONE<br>1302 CLEAR SPRINGS TRACE<br>LOUISVILLE, KY 40223          | \$ 24,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | CRALLE FOUNDATION<br>614 W MAIN STREET, SUITE 2500<br>LOUISVILLE, KY 40202 | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | JANE NAISER<br>10110 CAVE CREEK ROAD<br>LOUISVILLE, KY 40223               | \$ 9,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | MIMI GREEN<br>8001 VILLAGE GATE COURT<br>LOUISVILLE, KY 40291              | \$ 5,350.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | STEVE AND JENIFER FROMMEYER<br>1886 RUTHERFORD AVE<br>LOUISVILLE, KY 40205 | \$ 5,040.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | MARK AND LAURA MERCURIO<br>10527 BAY POINTE CT<br>LOUISVILLE, KY 40241     | \$ 10,600.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | MITZI WYRICK<br>1104 BRENTWOOD PLACE COURT<br>LOUISVILLE, KY 40207         | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | LUCKETT AND FARLEY<br>737 SOUTH THIRD STREET<br>LOUISVILLE, KY 40202       | \$ 20,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | MEINERS ELECTRIC SERVICES<br>4630 ASTER ROAD<br>LOUISVILLE, KY 40218       | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|---|--|----------------------|
| 16                           | RENOVATION OF CONFERENCE ROOM AT<br>ADMINISTRATION BUILDING | \$ 20,000.                                     | 09/26/14             |
|                              |   |  |                      |
|                              |   |  |                      |
|                              |   |  |                      |
|                              |   |  |                      |
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|                              |   |  |                      |
|                              |   |  |                      |
|                              |   |  |                      |

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |
|--|--|
|  |  |
|  |  |

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |
|--|--|
|  |  |
|  |  |

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |
|--|--|
|  |  |
|  |  |

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |
|--|--|
|  |  |
|  |  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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

2014

Open to Public Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Includes sub-sections a-d and a table 'Held at the End of the Tax Year' with rows 2a-2d. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with sections: 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 in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 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 in Part XIII

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

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

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

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

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

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

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 191,522.                        |                              | 191,522.       |
| b Buildings  |                                      | 2,174,373.                      | 379,073.                     | 1,795,300.     |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 355,079.                        | 243,549.                     | 111,530.       |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 2,098,352.     |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) LINE OF CREDIT  | 248,556.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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

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

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

|   |   |    |    |
|---|---|----|----|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  |
| 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  |

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

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

|   |  |    |    |
|---|--|----|----|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  |
| 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  |

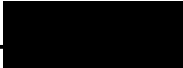
**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

DREAMS WITH WINGS, INC., IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS UNRELATED BUSINESS TAX INCOME FOR THE YEARS ENDED JUNE 30, 2015 AND 2014.

AS OF JUNE 30, 2015 AND 2014, THE ORGANIZATION DID NOT HAVE ANY ACCRUED



**Part XIII** Supplemental Information *(continued)*

INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

FILE COPY

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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<br>(add col. (a) through<br>col. (c)) |         |
|-----------------|----|--|----------------------------------|---------------------|--|---------|
|                 |    | GOLF<br>SCRAMBLE<br>(event type)                             | DREAMERS<br>BALL<br>(event type) | 7<br>(total number) |  |         |
| Revenue         | 1  | Gross receipts   | 26,335.                          | 14,271.             | 30,486.  | 71,092. |
|                 | 2  | Less: Contributions  | 13,677.                          | 4,831.              |  | 18,508. |
|                 | 3  | Gross income (line 1 minus line 2)                           | 12,658.                          | 9,440.              | 30,486.  | 52,584. |
| Direct Expenses | 4  | Cash prizes  |                                  |                     |  |         |
|                 | 5  | Noncash prizes   |                                  |                     |  |         |
|                 | 6  | Rent/facility costs  | 11,491.                          | 1,750.              |  | 13,241. |
|                 | 7  | Food and beverages   | 1,167.                           | 9,440.              |  | 10,607. |
|                 | 8  | Entertainment  |                                  |                     |  |         |
|                 | 9  | Other direct expenses  | 1,126.                           | 7,559.              | 9,915.   | 18,600. |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                                  |                     |  | 42,448. |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                                  |                     |  | 10,136. |

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

|                 |  | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                             | (c) Other gaming   | (d) Total gaming (add<br>col. (a) through col. (c))                 |            |
|-----------------|--|-----------------------|--|--|---|------------|
|                 |  | 1                     | Gross revenue  | 376,097.   |   | 1,492,106. |
| Direct Expenses | 2  | Cash prizes           | 487,428.   | 1,053,741.   |   | 1,541,169. |
|                 | 3  | Noncash prizes        |  |  |   |            |
|                 | 4  | Rent/facility costs   | 147,752.   |  |   | 147,752.   |
|                 | 5  | Other direct expenses | 108,233.   |  |   | 108,233.   |
|                 | 6  | Volunteer labor       | <input checked="" type="checkbox"/> Yes 100 %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |            |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |  |  | 1,797,154.  |            |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |  |  | 71,049.   |            |

9 Enter the state(s) in which the organization conducts gaming activities: KY

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 | 100.00 | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CATHY LOGSDON

Address ▶ 1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205

- 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 ▶ DEBBIE COWSERT

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

Description of services provided ▶ OVERSEES THE OPERATIONS OF THE BINGO

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| JENIFER & STEVE FROMMEYER     | EXECUTIVE DIRECTOR  | 21,600.                   | RENT OF A F                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: JENIFER AND STEVE FROMMEYER

(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR AND SPOUSE

(C) PURPOSE OF LOAN: LINE OF CREDIT

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: JENIFER & STEVE FROMMEYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR AND SPOUSE

(D) DESCRIPTION OF TRANSACTION: RENT OF A FACILITY

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.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEY RECOGNIZE THEIR STRENGTHS, CONTRIBUTE TO THEIR COMMUNITY AND  
PURSUE THEIR DREAMS.

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

THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE FILING.

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

UPON SIGNING THE CONFLICT OF INTEREST POLICY, OFFICERS HAVE TO DISCLOSE  
INTERESTS AND BUSINESS WITH THOSE INTERESTS. THE CONFLICT OF INTEREST  
POLICY IS MONITORED ON A REGULAR BASIS.

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

THE POLICY ON THE PROCESS FOR DETERMINING COMPENSATION OF DREAMS WITH  
WINGS, INC. APPLIES TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND  
DIRECTOR OF FINANCE/ADMINISTRATION EMPLOYED BY THE ORGANIZATION.

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE  
EXECUTIVE DIRECTOR; (2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND (3)  
CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

REVIEW AND APPROVAL: THE COMPENSATION OF THE PERSON IS REVIEWED AND  
APPROVED BY THE EXECUTIVE DIRECTOR, PROVIDED THAT PERSONS WITH CONFLICTS OF  
INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT  
INVOLVED IN THIS REVIEW AND APPROVAL.

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

USE OF DATA AS TO COMPARABLE COMPENSATION: THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

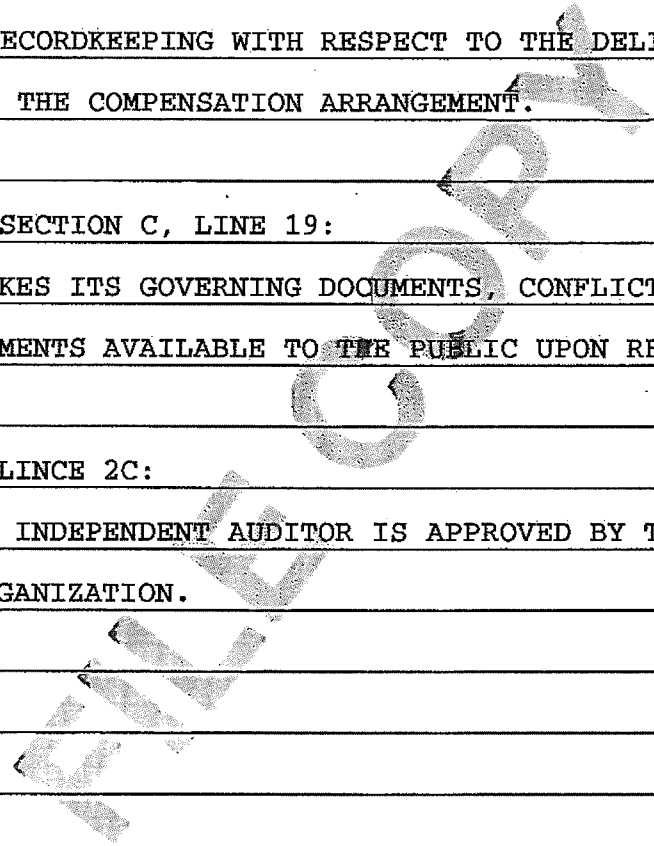
CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINC 2C:

THE SELECTION OF AN INDEPENDENT AUDITOR IS APPROVED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

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

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

**Part II 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)<br>Name, address, and EIN<br>of related organization                          | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
|   |   |   |                               |   |                                     | Yes  | No |
| DREAM WORKS, INC. - 61-1438878<br>1579 BARDSTOWN ROAD<br>LOUISVILLE, KY 40205     | TO PROVIDE HOUSING FOR<br>PERSONS WITH INTELLECTUAL<br>DISABILITIES | KENTUCKY  | 509 (A) (2)                   |   |                                     |  | X  |
| BUILDING DREAMS, INC. - 20-8175343<br>1579 BARDSTOWN ROAD<br>LOUISVILLE, KY 40205 | TO PROVIDE HOUSING FOR<br>PERSONS WITH INTELLECTUAL<br>DISABILITIES | KENTUCKY  | 509 (A) (2)                   |   |                                     |  | X  |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2014





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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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  |     | X  |
| b Gift, grant, or capital contribution to related organization(s)  |     | X  |
| c Gift, grant, or capital contribution from related organization(s)  |     | X  |
| d Loans or loan guarantees to or for related organization(s)   |     | X  |
| e Loans or loan guarantees by related organization(s)  |     | X  |
| f Dividends from related organization(s)   |     | X  |
| g Sale of assets to related organization(s)  |     | X  |
| h Purchase of assets from related organization(s)  |     | X  |
| i Exchange of assets with related organization(s)  |     | X  |
| j Lease of facilities, equipment, or other assets to related organization(s)   |     | X  |
| k Lease of facilities, equipment, or other assets from related organization(s)   |     | X  |
| l Performance of services or membership or fundraising solicitations for related organization(s)   |     | X  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |     | X  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | X   |    |
| o Sharing of paid employees with related organization(s)   | X   |    |
| p Reimbursement paid to related organization(s) for expenses   | X   |    |
| q Reimbursement paid by related organization(s) for expenses   | X   |    |
| r Other transfer of cash or property to related organization(s)  |     | X  |
| s Other transfer of cash or property from related organization(s)  |     | X  |

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

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



**Part VII** Supplemental Information

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

Lined area for supplemental information.

FILE COPY

**DREAMS WITH WINGS, INC.  
AND AFFILIATES**

**CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**Years Ended June 30, 2015 and 2014**

## Table of Contents

|  | Page    |
|--|---------|
| <b>Independent Auditors' Report</b>            | 1 and 2 |
| <b>Consolidated Financial Statements</b>       |         |
| Statements of financial position               | 3       |
| Statements of activities                       | 4       |
| Statements of functional expenses              | 5       |
| Statements of cash flows                       | 6       |
| Notes to financial statements                  | 7 - 18  |
| <b>Supplementary Information</b>               |         |
| Consolidating statement of financial position  | 19      |
| Consolidating statement of activities          | 20      |
| Consolidating statement of functional expenses | 21      |

| <b>Liabilities and Net Assets</b>              | <u>2015</u>         | <u>2014</u>         |
|--|---------------------|---------------------|
| <b>Current Liabilities</b>                     |                     |                     |
| Current maturities of long-term debt           | \$ 40,007           | \$ 37,707           |
| Line-of-credit                                 | 248,556             | 153,337             |
| Accounts payable                               | 105,159             | 266,876             |
| Note payable                                   | 30,000              |                     |
| Accrued expenses                               | <u>236,384</u>      | <u>196,072</u>      |
| <b>Total current liabilities</b>               | 660,106             | 653,992             |
| <br>   |                     |                     |
| <b>Tenant Security Deposits Held in Trust</b>  | 4,014               | 4,014               |
| <br>   |                     |                     |
| <b>Long-Term Debt, less current maturities</b> | <u>542,633</u>      | <u>582,113</u>      |
| <br>   |                     |                     |
| <b>Total liabilities</b>                       | <u>1,206,753</u>    | <u>1,240,119</u>    |
| <br>   |                     |                     |
| <b>Net Assets</b>                              |                     |                     |
| Unrestricted                                   |                     |                     |
| Undesignated                                   | 3,320,541           | 3,316,888           |
| Board designated                               | <u>100,000</u>      | <u>100,000</u>      |
|  | 3,420,541           | 3,416,888           |
| Temporarily restricted                         | <u>1,000</u>        | <u>71,308</u>       |
|  | <u>3,421,541</u>    | <u>3,488,196</u>    |
| <br>   |                     |                     |
| <b>Total liabilities and net assets</b>        | <u>\$ 4,628,294</u> | <u>\$ 4,728,315</u> |

**DREAMS WITH WINGS, INC. AND AFFILIATES**

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**

June 30, 2015 and 2014

| Assets   | <u>2015</u>         | <u>2014</u>         |
|--|---------------------|---------------------|
| <b>Current Assets</b>  |                     |                     |
| Cash and cash equivalents  | \$ 47,161           | \$ 140,481          |
| Certificates of deposit  | 15,680              | 15,642              |
| Accounts receivable, less allowance for uncollectible<br>accounts of \$150,000 in 2015 and \$100,000 in 2014 | 653,440             | 668,480             |
| Grants Receivable  | 62,500              | 30,000              |
| Pledges receivable, less allowance for uncollectible<br>pledges of \$3,000 for 2015                          | 34,614              |                     |
| Prepaid expenses   | <u>50,094</u>       | <u>35,603</u>       |
| <b>Total current assets</b>  | <u>863,489</u>      | <u>890,206</u>      |
| <b>Assets Whose Use is Limited</b>   |                     |                     |
| Cash   | 830                 | 17,575              |
| Pledges receivable, less allowance for uncollectible<br>pledges of \$3,000 for 2014                          |                     | 62,548              |
| Cash - building fund   | 170                 | 1,941               |
| Tenant security deposits held in trust   | 4,002               | 4,002               |
| Insurance escrow deposits  | 2,452               | 2,979               |
| Residual receipts  | 17,377              | 12,403              |
| Replacement reserve  | <u>40,499</u>       | <u>29,819</u>       |
| <b>Total assets whose use is limited</b>   | <u>65,330</u>       | <u>131,267</u>      |
| <b>Property and Equipment</b>  |                     |                     |
| Land   | 245,082             | 245,082             |
| Buildings and improvements   | 4,059,690           | 3,680,831           |
| Furniture, equipment and vehicles  | 365,591             | 308,167             |
| Construction in progress   |                     | 315,984             |
|  | <u>4,670,363</u>    | <u>4,550,064</u>    |
| Less accumulated depreciation  | <u>1,000,053</u>    | <u>873,067</u>      |
|  | <u>3,670,310</u>    | <u>3,676,997</u>    |
| <b>Other Assets</b>  |                     |                     |
| Prepaid rent   | <u>29,165</u>       | <u>29,845</u>       |
| <b>Total other assets</b>  | <u>29,165</u>       | <u>29,845</u>       |
| <b>Total assets</b>  | <u>\$ 4,628,294</u> | <u>\$ 4,728,315</u> |

See Notes to Consolidated Financial Statements.



2014

| <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Total</u>        |
|---------------------|-----------------------------------|---------------------|
| \$ 4,729,884        |                                   | \$ 4,729,884        |
| 64,153              |                                   | 64,153              |
| 97,772              | \$ 481,115                        | 578,887             |
| 52,436              |                                   | 52,436              |
| 97,295              |                                   | 97,295              |
| 181                 |                                   | 181                 |
| 32                  |                                   | 32                  |
| <u>5,041,753</u>    | <u>481,115</u>                    | <u>5,522,868</u>    |
| 656,820             | (656,820)                         |                     |
| <u>5,698,573</u>    | <u>(175,705)</u>                  | <u>5,522,868</u>    |
| 4,596,599           |                                   | 4,596,599           |
| 504,339             |                                   | 504,339             |
| 94,196              |                                   | 94,196              |
| <u>5,195,134</u>    |                                   | <u>5,195,134</u>    |
| 503,439             | (175,705)                         | 327,734             |
| <u>2,913,449</u>    | <u>247,013</u>                    | <u>3,160,462</u>    |
| <u>\$ 3,416,888</u> | <u>\$ 71,308</u>                  | <u>\$ 3,488,196</u> |

**DREAMS WITH WINGS, INC. AND AFFILIATES**

**CONSOLIDATED STATEMENTS OF ACTIVITIES**

Years Ended June 30, 2015 and 2014

|  | 2015             |                           |                  |
|--|------------------|---------------------------|------------------|
|  | Unrestricted     | Temporarily<br>Restricted | Total            |
| <b>Revenues and Support</b>                    |                  |                           |                  |
| Service revenues                               | \$ 4,575,198     |                           | \$ 4,575,198     |
| Charitable gaming, net                         | 71,049           |                           | 71,049           |
| Contributions and grants                       | 283,252          | \$ 69,320                 | 352,572          |
| Special events                                 | 71,092           |                           | 71,092           |
| Apartment rentals                              | 97,570           |                           | 97,570           |
| Interest                                       | 96               |                           | 96               |
| Other revenues                                 | 303              |                           | 303              |
|  | 5,098,560        | 69,320                    | 5,167,880        |
| Net assets released from restrictions          | 139,628          | (139,628)                 |                  |
| <b>Total revenues and support</b>              | <b>5,238,188</b> | <b>(70,308)</b>           | <b>5,167,880</b> |
| <b>Expenses</b>                                |                  |                           |                  |
| Program services                               | 4,576,858        |                           | 4,576,858        |
| Administrative                                 | 554,677          |                           | 554,677          |
| Fund-raising                                   | 103,000          |                           | 103,000          |
|  | 5,234,535        |                           | 5,234,535        |
| <b>Total expenses</b>                          | <b>5,234,535</b> | <b>(70,308)</b>           | <b>(66,655)</b>  |
| <b>Increase (decrease) in total net assets</b> | <b>3,653</b>     | <b>(70,308)</b>           | <b>(66,655)</b>  |
| Net assets, beginning of year                  | 3,416,888        | 71,308                    | 3,488,196        |
| Net assets, end of year                        | \$ 3,420,541     | \$ 1,000                  | \$ 3,421,541     |

See Notes to Consolidated Financial Statements.

**DREAMS WITH WINGS, INC. AND AFFILIATES**

**CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES**

Years Ended June 30, 2015 and 2014

|                                  | 2015                |                   |                   |                     |
|----------------------------------|---------------------|-------------------|-------------------|---------------------|
|                                  | Program<br>Services | Administrative    | Fund-<br>raising  | Total               |
| Salaries and wages               | \$ 2,701,075        | \$ 270,331        | \$ 44,588         | \$ 3,015,994        |
| Employee benefits                | 260,268             | 26,048            | 4,296             | 290,612             |
| Bad debts                        | 219,715             |                   |                   | 219,715             |
| Payroll taxes                    | 226,558             | 22,674            | 3,740             | 252,972             |
| Purchased services               | 242,881             |                   |                   | 242,881             |
| Provider tax                     | 140,933             |                   |                   | 140,933             |
| Depreciation                     | 118,775             | 11,936            |                   | 130,711             |
| Repairs and maintenance          | 113,688             | 22,199            |                   | 135,887             |
| Rentals                          | 87,405              |                   |                   | 87,405              |
| Utilities                        | 96,070              | 9,209             |                   | 105,279             |
| Insurance expense                | 69,910              | 9,969             |                   | 79,879              |
| Food                             | 79,647              |                   |                   | 79,647              |
| Transportation and travel        | 61,231              | 599               |                   | 61,830              |
| Professional fees                |                     | 53,966            | 5,146             | 59,112              |
| Activities                       | 45,086              |                   | 1,765             | 46,851              |
| Miscellaneous                    | 23,979              | 13,309            |                   | 37,288              |
| Interest                         | 8,984               | 33,864            |                   | 42,848              |
| Uncollectible service fees       | 40,542              |                   |                   | 40,542              |
| Special events                   |                     |                   | 42,448            | 42,448              |
| Accounting                       |                     | 24,500            |                   | 24,500              |
| Office supplies                  | 27,574              | 13,265            |                   | 40,839              |
| Telephone                        | 3,624               | 13,798            |                   | 17,422              |
| Dues, subscriptions and licenses |                     | 22,679            | 246               | 22,925              |
| Training                         | 5,611               | 2,469             |                   | 8,080               |
| Postage and printing             |                     | 2,659             | 771               | 3,430               |
| Miscellaneous client expenses    | 3,302               |                   |                   | 3,302               |
| Advertising                      |                     | 1,203             |                   | 1,203               |
|                                  | <u>\$ 4,576,858</u> | <u>\$ 554,677</u> | <u>\$ 103,000</u> | <u>\$ 5,234,535</u> |

See Notes to Consolidated Financial Statements.

## 2014

| Program Services    | Administrative    | Fund-raising     | Total               |
|---------------------|-------------------|------------------|---------------------|
| \$ 2,724,535        | \$ 242,684        | \$ 39,204        | \$ 3,006,423        |
| 322,198             | 28,036            | 4,636            | 354,870             |
| 257,102             |                   |                  | 257,102             |
| 226,893             | 19,744            | 3,265            | 249,902             |
| 184,295             |                   |                  | 184,295             |
| 147,999             |                   |                  | 147,999             |
| 104,904             | 12,076            |                  | 116,980             |
| 86,797              | 10,344            |                  | 97,141              |
| 93,298              |                   |                  | 93,298              |
| 81,635              | 10,154            |                  | 91,789              |
| 65,522              | 22,474            |                  | 87,996              |
| 77,894              |                   |                  | 77,894              |
| 70,066              | 51                |                  | 70,117              |
|                     | 49,572            | 14,856           | 64,428              |
| 54,337              |                   | 2,328            | 56,665              |
| 36,126              | 15,441            |                  | 51,567              |
| 11,545              | 25,486            |                  | 37,031              |
| 29,859              |                   |                  | 29,859              |
|                     |                   | 28,064           | 28,064              |
|                     | 23,950            |                  | 23,950              |
| 12,905              | 9,700             |                  | 22,605              |
| 3,371               | 16,623            |                  | 19,994              |
|                     | 13,472            | 129              | 13,601              |
| 4,429               | 957               |                  | 5,386               |
|                     | 3,393             | 1,714            | 5,107               |
| 889                 |                   |                  | 889                 |
|                     | 182               |                  | 182                 |
| <u>\$ 4,596,599</u> | <u>\$ 504,339</u> | <u>\$ 94,196</u> | <u>\$ 5,195,134</u> |

**DREAMS WITH WINGS, INC. AND AFFILIATES**

**CONSOLIDATED STATEMENTS OF CASH FLOWS**

Years Ended June 30, 2015 and 2014

|  | 2015         | 2014         |
|--|--------------|--------------|
| <b>Cash Flows from Operating Activities</b>  |              |              |
| Cash received from services  | \$ 4,338,964 | \$ 4,483,815 |
| Cash received from apartment rentals   | 96,571       | 97,449       |
| Contributions and grants received  | 388,676      | 89,015       |
| Charitable gaming, net   | 71,049       | 64,153       |
| Cash paid to suppliers and employees   | (4,785,620)  | (4,634,825)  |
| Interest paid  | (42,848)     | (37,031)     |
| Interest received  | 46           | 128          |
| <b>Net cash provided by operating activities</b>   | 66,838       | 62,704       |
| <b>Cash Flows From Investing Activities</b>  |              |              |
| Purchase certificates of deposit   |              | (1,000)      |
| Additions to designated deposits and funded reserves   | (25,217)     | (25,936)     |
| Transfer of designated deposits and funded reserves<br>for operating expenses and capital expenditures | 28,618       | 51,184       |
| Building deposit   |              | 110,000      |
| Proceeds from disposal of assets   | 175          |              |
| Capital expenditures for property and equipment  | (254,023)    | (547,421)    |
| <b>Net cash used in investing activities</b>   | (250,447)    | (413,173)    |
| <b>Cash Flows From Financing Activities</b>  |              |              |
| Principal payments on long-term debt   | (37,180)     | (33,417)     |
| Proceeds from note payable   | 30,000       |              |
| Proceeds from line-of-credit   | 95,219       | 28,500       |
| Contributions restricted for long-term purposes  | 2,250        | 477,240      |
| <b>Net cash provided by financing activities</b>   | 90,289       | 472,323      |
| <b>Net (decrease) increase in cash and cash equivalents</b>  | (93,320)     | 121,854      |
| Cash and cash equivalents at beginning of year   | 140,481      | 18,627       |
| Cash and cash equivalents at end of year   | \$ 47,161    | \$ 140,481   |

See Notes to Consolidated Financial Statements.

|  | <u>2015</u>        | <u>2014</u>       |
|--|--------------------|-------------------|
| <b>Reconciliation of Net (Decrease) Increase to Total Net Assets to Net Cash Provided by Operating Activities</b>  |                    |                   |
| <b>Net (decrease) increase in total net assets</b>   | <u>\$ (66,655)</u> | <u>\$ 327,734</u> |
| Adjustments to reconcile net (decrease) increase in total net assets to net cash provided by operating activities: |                    |                   |
| Depreciation   | 130,711            | 116,980           |
| Allowance for uncollectible accounts and pledges   | 50,000             | 14,000            |
| Interest on designated deposits and funded reserves  | (12)               | (10)              |
| Reinvested interest on certificates of deposit   | (38)               | (43)              |
| Contributions restricted for long-term purposes  | 8,300              | (459,040)         |
| Donated property and equipment   | (20,000)           | (3,300)           |
| Gain on disposal of fixed asset  | (175)              |                   |
| Changes in assets and liabilities:   |                    |                   |
| (Increase) decrease in:  |                    |                   |
| Accounts receivable  | (34,960)           | 161,617           |
| Pledges receivable   | 17,384             | (50,000)          |
| Grants receivable  | (32,500)           | (30,000)          |
| Prepaid expenses   | (13,811)           | (7,878)           |
| Increase (decrease) in:  |                    |                   |
| Accounts payable   | (11,718)           | (38,975)          |
| Accrued expenses   | <u>40,312</u>      | <u>31,619</u>     |
| <b>Total adjustments</b>   | <u>133,493</u>     | <u>(265,030)</u>  |
| <b>Net cash provided by operating activities</b>   | <u>\$ 66,838</u>   | <u>\$ 62,704</u>  |
| <b>Supplemental Schedule of Non-Cash Investing and Financing</b>   |                    |                   |
| Purchase of property and equipment in accounts payable   | <u>\$ 4,550</u>    | <u>\$ 154,549</u> |
| Note payable obligation for property and equipment purchased   | <u>\$</u>          | <u>\$ 350,000</u> |

**DREAMS WITH WINGS, INC.  
AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Note 1. Nature of Operations and Summary of Significant Accounting Policies**

**Nature of operations:**

Dreams With Wings, Inc. is a not-for-profit organization located in Louisville, Kentucky. The mission of Dreams With Wings, Inc. is to provide the highest quality housing and support services for individuals with intellectual disabilities, developmental disabilities and autism. The Organization owns and operates housing in Louisville, Kentucky. Support with housing, employment, recreation and life skills enables individuals to achieve a satisfying lifestyle that is as independent as possible. Through quality housing and support services, individuals are given the opportunity to improve their lives and contribute to the broader community.

Dream Works, Inc. and Building Dreams, Inc. each own and operate supported living apartments, consisting of eight units, in Louisville, Kentucky for persons with intellectual disabilities. Both are organized under the laws of the Commonwealth of Kentucky as charitable not-for-profit corporations formed to provide housing under programs as defined by the National Housing Act. Such projects are regulated by the U.S. Department of Housing and Urban Development (HUD) under Section 811 capital advance and project rental assistance programs as to rent charges and operating methods.

Dreams With Wings, Inc. shares common board membership with Dream Works, Inc. and Building Dreams, Inc., which results in Dreams With Wings, Inc.'s ability to exercise control, thus requiring consolidation.

**Summary of significant accounting policies:**

This summary of significant accounting policies of the Organization is presented to assist in understanding the Organization's consolidated financial statements. The consolidated financial statements are representations of the Organization's management who is responsible for the integrity and objectivity of the consolidated financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the consolidated financial statements.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### **Principles of consolidation:**

The accompanying consolidated financial statements include the accounts of the organizations listed above. All intercompany balances and transactions, which primarily include management fees and shared office expenses, have been eliminated in consolidation.

### **Use of estimates:**

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

### **Accounts and pledges receivable:**

The valuation of accounts and pledges receivable is based upon a detailed analysis of past due accounts and the history of uncollectible accounts. Estimated uncollectible accounts and pledges receivable increase the allowance for doubtful accounts, and when the accounts and pledges receivable are written off, the allowance for doubtful accounts is decreased.

### **Assets whose use is limited:**

Assets set aside by the Board for future use, assets limited as to use under terms of a loan agreement, assets limited as to use by donors and security deposits are classified as assets whose use is limited.

### **Property and equipment:**

Property and equipment are stated at cost if purchased, or fair value at date of donation, if donated. The Organization's policy is to capitalize asset purchases in excess of \$500. Upon the disposition of tangible assets, a gain or loss is recorded on the statement of activities and the respective asset cost and accumulated depreciation are eliminated from the consolidated statement of financial position.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Depreciation of property and equipment is computed on the straight-line method over the following estimated useful lives:

|                                   | <u>Years</u> |
|-----------------------------------|--------------|
| Buildings and improvements        | 10-39        |
| Furniture, equipment and vehicles | 3-7          |

### **Donations other than cash:**

The Organization records donated services that require specific expertise and would normally have been purchased, and donated services that create or enhance non-financial assets, at fair market value. The Organization received donated services and property and equipment of approximately \$20,000 for the year ended June 30, 2015, for remodeling part of the administrative offices, which is recorded as an asset on the statement of financial position. The Organization did not receive any donated services which met the above criteria for the year ended June 30, 2014. Those donated services that do not meet these specific criteria are not reflected in the consolidated financial statements. In addition, several volunteers donated numerous labor hours for a variety of activities, including cleanup of the grounds, and various client activities during each of the years ended June 30, 2015 and 2014.

Donations other than cash are recorded at their fair market value as of the date of donation. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. The Organization reports restricted donations that are received and used in the same fiscal year as unrestricted if all funds are utilized within the same year.

### **Functional allocation of expenses:**

The costs of providing the various program services and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the program services and supporting services benefited.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### **Cash and cash equivalents:**

For purposes of the statements of cash flows, the Organization considers highly liquid investments with original maturities of three months or less to be cash and cash equivalents.

### **Certificates of deposit:**

Certificates of deposit with original maturities over three months are carried at cost plus accrued interest at year-end.

### **Compensated absences:**

Compensated absences for sick pay and personal time have not been accrued since they cannot be reasonably estimated. The Organization's policy is to recognize these costs when actually paid.

### **Income taxes:**

Dreams With Wings, Inc., Dream Works, Inc., and Building Dreams, Inc. are exempt from federal, state and local income taxes as not-for-profit organizations as described under Internal Revenue Code Section 501(c)(3). The Organizations file informational tax returns in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Organizations' tax-exempt purpose may be subject to taxation as unrelated business income. Management does not believe the Organizations have unrelated business tax income for the years ended June 30, 2015 and 2014.

As of June 30, 2015 and 2014, the Organizations did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Subsequent events:

Subsequent events have been evaluated through December 10, 2015 which is the date the consolidated financial statements were available to be issued.

### Note 2. Pledges Receivable

Pledges receivable consist of unconditional promises to give from various organizations and individuals to fund an operating and capital campaign. The balance of pledges receivable as of June 30, 2015 and 2014 is as follows:

|  | <u>2015</u>     | <u>2014</u>     |
|--|-----------------|-----------------|
| Receivable in less than one year         | \$31,958        | \$59,548        |
| Due in one to five years                 | <u>5,656</u>    | <u>6,000</u>    |
| Total gross pledges receivable           | 37,614          | 65,548          |
| Less allowance for uncollectible pledges | <u>(3,000)</u>  | <u>(3,000)</u>  |
| Total net pledges receivable             | <u>\$34,614</u> | <u>\$62,548</u> |

### Note 3. Conditional Grant

During the year ended June 30, 2015, the Organization received a challenge grant of \$75,000. The Organization will receive \$1 for every \$1 it raises in contributions from July 1, 2015 through December 31, 2016. Since this grant is considered a conditional promise to give, it will not be recorded as grant revenue until donor conditions are met.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 4. Long-Term Liabilities

Long-term debt consists of the following (all terms, collateral and interest rates are presented as of June 30, 2015):

|  | <u>2015</u>      | <u>2014</u>      |
|--|------------------|------------------|
| Mortgage note with PNC Bank, payable in monthly installments of \$2,037, including interest at 6.50%, with remaining unpaid principal due March 2021. All Bardstown Road and Browns Lane property with a net book value of approximately \$247,000 and assignment of rents are pledged as collateral on this note. | \$116,425        | \$132,609        |
| Mortgage note with PNC Bank, payable in monthly installments of \$696, including interest of 4.55%, with remaining unpaid principal balance due October 2017. All Nepperhan Road property with a net book value of approximately \$108,000 is pledged as collateral on this note.                                  | 78,365           | 82,982           |
| Mortgage note with PNC Bank, payable in monthly installments of \$819, including interest at 6.50%, with remaining unpaid principal due September 2022. All Tecumseh Road property with a net book value of approximately \$98,000 is pledged as collateral on this note.  | 56,579           | 62,517           |
| Mortgage note with PNC Bank, payable in monthly installments of \$2,393, including interest at 5.35%, with remaining unpaid principal due August 2023. All Enrichment Center property with a net book value of approximately \$1,024,000 is pledged as collateral on this note.                                    | <u>331,271</u>   | <u>341,712</u>   |
|  | 582,640          | 619,820          |
| Less current maturities  | <u>40,007</u>    | <u>37,707</u>    |
|  | <u>\$542,633</u> | <u>\$582,113</u> |

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Future maturities of long-term debt are as follows:

|                           |  |                  |
|---------------------------|--|------------------|
| Year ending June 30, 2016 |  | \$ 40,007        |
| 2017                      |  | 42,448           |
| 2018                      |  | 108,045          |
| 2019                      |  | 42,192           |
| 2020                      |  | 44,856           |
| Thereafter                |  | <u>305,092</u>   |
|                           |  | <u>\$582,640</u> |

### Note 5. Line-of-Credit

The Organization has a \$250,000 available unsecured revolving line-of-credit with PNC Bank for the years ended June 30, 2015 and 2014. The line-of-credit bears interest, payable monthly, at a variable rate, which was 3.90% at June 30, 2015 and 2014. The line-of-credit expires in February 2016. As of June 30, 2015 and 2014, there were outstanding borrowings of \$248,556 and \$153,337, respectively. The Organization plans to renew the line-of-credit under similar terms.

### Note 6. Changes in Temporarily Restricted and Board Designated Net Assets

Changes in temporarily restricted net assets during the years ended June 30, 2015 and 2014 were as follows:

|                               | Balance<br><u>6/30/2014</u> | <u>Contributions</u> | <u>Released</u>    | Balance<br><u>6/30/2015</u> |
|-------------------------------|-----------------------------|----------------------|--------------------|-----------------------------|
| Contributions restricted for: |                             |                      |                    |                             |
| Capital campaign              | \$52,233                    | \$66,545             | \$(117,778)        | \$1,000                     |
| Annual campaign               | 1,500                       | 2,775                | (4,275)            |                             |
| Vehicle rental                | 2,075                       |                      | (2,075)            |                             |
| Equipment for day program     | <u>15,500</u>               | _____                | <u>(15,500)</u>    | _____                       |
|                               | <u>\$71,308</u>             | <u>\$69,320</u>      | <u>\$(139,628)</u> | <u>\$1,000</u>              |

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

|                               | <u>Balance</u><br><u>6/30/2013</u> | <u>Contributions</u> | <u>Released</u>    | <u>Balance</u><br><u>6/30/2014</u> |
|-------------------------------|------------------------------------|----------------------|--------------------|------------------------------------|
| Contributions restricted for: |                                    |                      |                    |                                    |
| Capital campaign              | \$245,513                          | \$459,040            | \$(652,320)        | \$52,233                           |
| Annual campaign               | 1,500                              |                      |                    | 1,500                              |
| Vehicle rental                |                                    | 2,075                |                    | 2,075                              |
| Equipment for day program     | <u>          </u>                  | <u>20,000</u>        | <u>(4,500)</u>     | <u>15,500</u>                      |
|                               | <u>\$247,013</u>                   | <u>\$481,115</u>     | <u>\$(656,820)</u> | <u>\$71,308</u>                    |

During the year ended June 30, 2014, the board designated \$100,000 for the future operations, maintenance, and loan payments of the adult day training center. No funds were released from board designated net assets for the years ended June 30, 2015 and 2014.

### Note 7. Charitable Gaming

The Organization regularly participates in charitable gaming activities consisting of bingo, pull-tab games and raffle ticket sales to raise funds. Following are the results of these activities for the years ended June 30, 2015 and 2014:

|                                     | <u>2015</u>      | <u>2014</u>      |
|-------------------------------------|------------------|------------------|
| Gross revenue                       | \$1,868,203      | \$1,739,516      |
| Less: expenses                      | <u>1,797,154</u> | <u>1,675,363</u> |
| Net revenues from charitable gaming | <u>\$ 71,049</u> | <u>\$ 64,153</u> |

### Note 8. Operating Leases

The Organization leases six residential properties under operating leases on a month-to-month basis. Total lease expense for the years ended June 30, 2015 and 2014 was \$84,900 and \$75,100, respectively.

In September 2015, the Organization signed a one-year lease for a residential property in Louisville, Kentucky with monthly payments of \$1,400, for the term of the lease.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Organization operated their day program at Calvary Lutheran Church. The Organization paid \$500 and \$6,000 for the years ended June 30, 2015 and 2014, respectively, for use of space at the Church. The Organization did not have a lease agreement with the Church for utilizing the space and was unable to determine the fair market value of the space being used at the Church for the program. In August 2014, the Organization opened its Enrichment Center and the day program moved from the Church to the Enrichment Center.

### **Note 9. Land Lease**

Building Dreams, Inc. leases the land on which its facility is located for a fifty year period ending in 2058. The Organization paid a one-time rent payment of \$34,000 in October 2008 which is being expensed over the life of the lease. As of June 30, 2015 and 2014, prepaid rent expense was \$29,845 and \$30,525, respectively.

### **Note 10. Related Party Transactions**

The Organization leases an apartment building from the Executive Director of the Organization. The building is subleased by the Organization to clients. Rent paid under the lease agreement was \$21,600 for each of the years ended June 30, 2015 and 2014, and is included in lease expense in Note 8.

The Organization also pays for any repairs, maintenance, and improvements for the building. These items totaled \$577 during the year ended June 30, 2014. There were no expenses for these items during the year ended June 30, 2015.

During 2014 and 2015, the Executive Director made a personal \$50,000 line-of-credit available to the Organization as needed. The Executive Director has agreed to not charge the Organization interest if they borrow from this line-of-credit. As of June 30, 2015, the Organization has an outstanding balance on the line-of-credit of \$30,000. There were no borrowings for the year ended June 30, 2014.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 11. Capital Advances

Capital advances outstanding at June 30, 2015 and 2014 of \$1,332,700 from the U.S. Department of Housing and Urban Development (HUD) are for the renovation and construction of Dream Works, Inc. and Building Dreams, Inc. housing facilities. The total amount of the capital advances are reported as unrestricted net assets. Real estate acquired or constructed with HUD capital advance funds is subject to a lien by HUD for a period of 40 years or until HUD releases its use restrictions. These capital advances bear no interest and are not required to be repaid as long as the housing remains available for individuals with intellectual disabilities. Failure to keep the housing available for persons with intellectual disabilities for forty years will result in HUD billing the Organization for the entire capital advance outstanding plus interest since the date of the first advance.

A capital advance outstanding at June 30, 2015 and 2014 of \$196,000 from Louisville Metro Department of Housing and Community Development is for renovation of Dream Works, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with HOME Investment Partnership program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original amount of the capital advance plus interest at 12%.

A capital advance outstanding at June 30, 2015 and 2014 of \$426,995 from Louisville Metro Department of Housing and Community Development is for the construction of Building Dreams, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with the HOME Investment Partnership Grant program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original capital advance plus interest.

A capital advance outstanding at June 30, 2015 of \$250,000 from Louisville/Jefferson County Metro Government Department of Community Services and Revitalization, is for the purchase of a building for Dreams With Wings, Inc. to be used for the adult day training center. The capital advance bears no interest and is not required to be repaid as long as the building as property remains available for maintaining the adult day training center for a period of five years from the date the property is put into service and is maintained in accordance with the Community Development Block Grant program. The capital advance is secured by a mortgage on the property. Early termination of this project would require repayment of the original capital advance plus interest.



## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### **Note 12. Defined Contribution Retirement Plan**

The Organization has a 401(k) Retirement Savings Plan. All employees who have fulfilled three months of employment and are 21 years of age are eligible to participate in the plan. The employer may make a matching contribution, equal to a discretionary percentage, to be determined by the employer. The Organization did not make a contribution for the years ended June 30, 2015 and 2014.

### **Note 13. Concentration of Revenues**

Under its purchase of services agreement with Seven Counties Services, Inc., a separate not-for-profit corporation, the Organization receives funding from the Kentucky Department of Mental Health/Intellectual Disabilities Services. The Organization also receives payments from the Kentucky Medicaid program. Revenues from these two programs account for approximately 87% of the Organization's service revenues for both years ended June 30, 2015 and 2014, respectively. At June 30, 2015 and 2014, amounts due from those agencies included in accounts receivable were approximately \$786,000 and \$739,000, respectively.

### **Note 14. Construction in Progress**

As of June 30, 2014, the Organization had paid \$315,984 towards renovations and construction, of an adult day training center and office space for program and administrative support team members. The final cost of the project was approximately \$331,000. The facility was placed into operations in August 2014.

### **Note 15. Vulnerability Due to Certain Concentrations**

The Organization's operations are concentrated in the health care industry. In the health care industry, laws and regulations governing the Medicaid programs are extremely complex and subject to interpretation. Compliance with health care industry laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Building Dreams, Inc.'s and Dream Works, Inc.'s primary assets are eight unit apartment housing projects. The Organizations' operations are concentrated in providing housing for persons with intellectual and developmental disabilities. In addition, the Organizations operate in a heavily regulated environment. The operations of the Organizations are subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to, HUD. Such administrative directives, rules and regulations are subject to change by an act of congress or an administrative change mandated by HUD. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with the change.

### **Note 16. Reclassifications**

Certain amounts on the financial statements for 2014 were reclassified to correspond with captions used for 2015, with no effect on previously reported net assets or changes in net assets.

**DREAMS WITH WINGS, INC. AND AFFILIATES**

**CONSOLIDATING STATEMENT OF FINANCIAL POSITION**

June 30, 2015

| Assets   | <u>Dreams With<br/>Wings, Inc.</u> | <u>Dream<br/>Works, Inc.</u> | <u>Building<br/>Dreams, Inc.</u> | <u>Eliminations</u> | <u>Consolidated</u> |
|--|------------------------------------|------------------------------|----------------------------------|---------------------|---------------------|
| <b>Current Assets</b>  |                                    |                              |                                  |                     |                     |
| Cash and cash equivalents  | \$ 42,240                          | \$ 659                       | \$ 4,262                         |                     | \$ 47,161           |
| Certificates of deposit  | 15,680                             |                              |                                  |                     | 15,680              |
| Accounts receivable, less allowance for<br>uncollectible accounts of \$150,000 | 652,062                            | 576                          | 802                              |                     | 653,440             |
| Grants receivable  | 62,500                             |                              |                                  |                     | 62,500              |
| Pledges receivable, less allowance for<br>uncollectible pledges of \$3,000     | 34,614                             |                              |                                  |                     | 34,614              |
| Due from related organizations   | 3,696                              |                              |                                  | \$ (3,696)          |                     |
| Prepaid expenses   | <u>47,396</u>                      | <u>935</u>                   | <u>1,763</u>                     |                     | <u>50,094</u>       |
| <b>Total current assets</b>  | <u>858,188</u>                     | <u>2,170</u>                 | <u>6,827</u>                     | <u>(3,696)</u>      | <u>863,489</u>      |
| <b>Assets Whose Use is Limited</b>   |                                    |                              |                                  |                     |                     |
| Cash   | 830                                |                              |                                  |                     | 830                 |
| Cash - building fund   | 170                                |                              |                                  |                     | 170                 |
| Tenant security deposits held in trust   |                                    | 1,784                        | 2,218                            |                     | 4,002               |
| Insurance escrow deposits  |                                    | 1,201                        | 1,251                            |                     | 2,452               |
| Residual receipts  |                                    |                              | 17,377                           |                     | 17,377              |
| Replacement reserve  |                                    | <u>21,583</u>                | <u>18,916</u>                    |                     | <u>40,499</u>       |
| <b>Total assets whose use is limited</b>                                       | <u>1,000</u>                       | <u>24,568</u>                | <u>39,762</u>                    |                     | <u>65,330</u>       |
| <b>Property and Equipment</b>  |                                    |                              |                                  |                     |                     |
| Land   | 191,522                            | 53,560                       |                                  |                     | 245,082             |
| Buildings and improvements   | 2,174,373                          | 808,235                      | 1,077,082                        |                     | 4,059,690           |
| Furniture, equipment and vehicles  | <u>355,079</u>                     | <u>4,711</u>                 | <u>5,801</u>                     |                     | <u>365,591</u>      |
|  | 2,720,974                          | 866,506                      | 1,082,883                        |                     | 4,670,363           |
| Less accumulated depreciation  | <u>622,622</u>                     | <u>214,510</u>               | <u>162,921</u>                   |                     | <u>1,000,053</u>    |
|  | <u>2,098,352</u>                   | <u>651,996</u>               | <u>919,962</u>                   |                     | <u>3,670,310</u>    |
| <b>Other Assets</b>  |                                    |                              |                                  |                     |                     |
| Prepaid rent   |                                    |                              | <u>29,165</u>                    |                     | <u>29,165</u>       |
| <b>Total other assets</b>  |                                    |                              | <u>29,165</u>                    |                     | <u>29,165</u>       |
| <b>Total assets</b>  | <u>\$ 2,957,540</u>                | <u>\$ 678,734</u>            | <u>\$ 995,716</u>                | <u>\$ (3,696)</u>   | <u>\$ 4,628,294</u> |

| Liabilities and Net Assets                     | Dreams With<br>Wings, Inc.  | Dream<br>Works, Inc.        | Building<br>Dreams, Inc.    | Eliminations                | Consolidated        |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------|
| <b>Current Liabilities</b>                     |                             |                             |                             |                             |                     |
| Current maturities of long-term debt           | \$ 40,007                   |                             |                             |                             | \$ 40,007           |
| Line-of-credit                                 | 248,556                     |                             |                             |                             | 248,556             |
| Accounts payable                               | 105,082                     | \$ 77                       |                             |                             | 105,159             |
| Due to related organizations                   |                             | 3,338                       | \$ 358                      | \$ (3,696)                  |                     |
| Short term note payable                        | 30,000                      |                             |                             |                             | 30,000              |
| Accrued expenses                               | 235,777                     | 57                          | 550                         |                             | 236,384             |
| <b>Total current liabilities</b>               | <u>659,422</u>              | <u>3,472</u>                | <u>908</u>                  | <u>(3,696)</u>              | <u>660,106</u>      |
| <br>   |                             |                             |                             |                             |                     |
| <b>Tenant Security Deposits Held in Trust</b>  | <u>                    </u> | <u>1,792</u>                | <u>2,222</u>                | <u>                    </u> | <u>4,014</u>        |
| <br>   |                             |                             |                             |                             |                     |
| <b>Long-Term Debt, less current maturities</b> | <u>542,633</u>              | <u>                    </u> | <u>                    </u> | <u>                    </u> | <u>542,633</u>      |
| <br>   |                             |                             |                             |                             |                     |
| <b>Total liabilities</b>                       | <u>1,202,055</u>            | <u>5,264</u>                | <u>3,130</u>                | <u>(3,696)</u>              | <u>1,206,753</u>    |
| <br>   |                             |                             |                             |                             |                     |
| <b>Net Assets</b>                              |                             |                             |                             |                             |                     |
| Unrestricted                                   |                             |                             |                             |                             |                     |
| Undesignated                                   | 1,654,485                   | 673,470                     | 992,586                     |                             | 3,320,541           |
| Board designated                               | 100,000                     |                             |                             |                             | 100,000             |
|  | <u>1,754,485</u>            |                             |                             |                             | <u>3,420,541</u>    |
| Temporarily restricted                         | 1,000                       |                             |                             |                             | 1,000               |
|  | <u>1,755,485</u>            | <u>673,470</u>              | <u>992,586</u>              |                             | <u>3,421,541</u>    |
| <br>   |                             |                             |                             |                             |                     |
| <b>Total liabilities and net assets</b>        | <u>\$ 2,957,540</u>         | <u>\$ 678,734</u>           | <u>\$ 995,716</u>           | <u>\$ (3,696)</u>           | <u>\$ 4,628,294</u> |

DREAMS WITH WINGS, INC. AND AFFILIATES

CONSOLIDATING STATEMENT OF ACTIVITIES

Year Ended June 30, 2015

|  | Dreams With Wings, Inc. |                           |                  | Eliminations | Building<br>Dreams, Inc.<br>Unrestricted | Dream<br>Works, Inc.<br>Unrestricted | Consolidated     |                           |
|--|-------------------------|---------------------------|------------------|--------------|--|--------------------------------------|------------------|---------------------------|
|  | Unrestricted            | Temporarily<br>Restricted | Total            |              |  |                                      | Unrestricted     | Temporarily<br>Restricted |
| <b>Revenues and support</b>                    |                         |                           |                  |              |  |                                      |                  |                           |
| Service revenues                               | \$ 4,575,198            |                           | \$ 4,575,198     |              |  |                                      | \$ 4,575,198     |                           |
| Charitable gaming, net                         | 71,049                  |                           | 71,049           |              |  |                                      | 71,049           |                           |
| Contributions and grants                       | 283,252                 | \$ 69,320                 | 352,572          |              |  |                                      | 283,252          | \$ 69,320                 |
| Special events                                 | 71,092                  |                           | 71,092           |              |  |                                      | 71,092           |                           |
| Apartment rentals                              |                         |                           |                  |              | \$ 38,338                                |                                      | 97,570           |                           |
| Interest                                       | 67                      |                           | 67               |              | 25                                       |                                      | 96               |                           |
| Management fees                                | 8,863                   |                           | 8,863            |              |  |                                      |                  |                           |
| Other  | 7,503                   |                           | 7,503            |              |  |                                      |                  |                           |
|  | 5,017,024               | 69,320                    | 5,086,344        |              | 38,363                                   |                                      | 5,098,560        | 69,320                    |
| Net assets released from restrictions          | 139,628                 | (139,628)                 |                  |              |  |                                      | 139,628          | (139,628)                 |
| <b>Total revenues and support</b>              | <b>5,156,652</b>        | <b>(70,308)</b>           | <b>5,086,344</b> |              | <b>38,363</b>                            |                                      | <b>5,238,188</b> | <b>(70,308)</b>           |
| <b>Expenses</b>                                |                         |                           |                  |              |  |                                      |                  |                           |
| Program services                               | 4,484,279               |                           | 4,484,279        |              | 47,990                                   |                                      | 4,576,858        |                           |
| Administrative                                 | 533,904                 |                           | 533,904          |              | 15,448                                   |                                      | 554,677          |                           |
| Fund-raising                                   | 103,000                 |                           | 103,000          |              |  |                                      | 103,000          |                           |
| <b>Total expenses</b>                          | <b>5,121,183</b>        |                           | <b>5,121,183</b> |              | <b>63,438</b>                            |                                      | <b>5,234,535</b> |                           |
| <b>Increase (decrease) in total net assets</b> | <b>35,469</b>           | <b>(70,308)</b>           | <b>(34,839)</b>  |              | <b>(25,075)</b>                          |                                      | <b>3,653</b>     | <b>(70,308)</b>           |
| Net assets, beginning of year                  | 1,719,016               | 71,308                    | 1,790,324        |              | 1,017,661                                |                                      | 3,416,888        | 71,308                    |
| Net assets, end of year                        | \$ 1,754,485            | \$ 1,000                  | \$ 1,755,485     |              | \$ 992,586                               |                                      | \$ 3,420,541     | \$ 1,000                  |

**DREAMS WITH WINGS, INC. AND AFFILIATES**  
**CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES**  
 Year Ended June 30, 2015

|                                  | Dreems With Wings, Inc. |                        |                          |                      | Dreem Works, Inc. |                        |                |              | Building Dreems, Inc. |                  |                |           | Total       |              |
|----------------------------------|-------------------------|------------------------|--------------------------|----------------------|-------------------|------------------------|----------------|--------------|-----------------------|------------------|----------------|-----------|-------------|--------------|
|                                  | Residential             | Community Habilitation | Community Living Support | Support Coordination | Other Programs    | Total Program Services | Administrative | Fund-raising | Total                 | Program Services | Administrative | Total     |             | Eliminations |
| Salaries and wages               | \$ 1,146,785            | \$ 464,984             | \$ 735,752               | \$ 120,342           | \$ 233,212        | \$ 2,701,075           | \$ 270,331     | \$ 44,588    | \$ 3,015,994          | \$ 3,600         | \$ 3,600       | \$ 3,600  | \$ (7,200)  | \$ 2,701,075 |
| Employee benefits                | 110,500                 | 44,804                 | 70,895                   | 11,596               | 22,473            | 260,268                | 26,048         | 4,296        | 290,612               |                  |                |           |             | 260,268      |
| Payroll taxes                    | 96,189                  | 39,001                 | 61,712                   | 10,094               | 19,562            | 226,558                | 22,674         | 3,740        | 252,972               |                  |                |           |             | 226,558      |
| Accounting                       |                         |                        |                          |                      |                   | 9,600                  | 9,600          |              | 9,600                 | \$ 7,450         | \$ 7,450       | \$ 7,450  | \$ (8,863)  | 24,5         |
| Management fees                  |                         | 11,788                 |                          |                      | 33,298            | 45,086                 |                | 1,765        | 46,851                |                  |                |           |             | 45,086       |
| Activities                       |                         |                        |                          |                      |                   |                        |                | 246          | 22,830                |                  |                |           |             |              |
| Dues, subscriptions and licenses |                         |                        |                          |                      |                   |                        | 22,584         |              | 79,647                |                  |                |           |             | 79,647       |
| Food                             | 79,647                  |                        |                          |                      |                   |                        |                |              | 79,647                |                  |                |           |             |              |
| Insurance expense                | 41,298                  | 19,937                 |                          |                      |                   | 61,235                 | 9,969          |              | 71,204                | 5,276            | 3,399          | 3,399     |             | 69,910       |
| Miscellaneous client expenses    | 3,302                   |                        |                          |                      |                   | 3,302                  |                |              | 3,302                 |                  |                |           |             | 3,302        |
| Office supplies                  | 4,760                   | 13,871                 | 7,632                    |                      | 1,311             | 27,574                 | 13,105         |              | 40,679                | 27               | 133            | 133       |             | 27,574       |
| Postage and printing             |                         |                        |                          |                      |                   |                        | 2,659          | 771          | 3,430                 |                  |                |           |             | 2,659        |
| Professional fees                |                         |                        |                          |                      |                   |                        | 53,966         | 5,146        | 59,112                |                  |                |           |             | 53,966       |
| Purchased services               | 38,348                  |                        | 34,271                   |                      | 170,262           | 242,881                |                | 242,881      | 242,881               |                  |                |           |             | 242,881      |
| Rentals                          | 63,125                  | 500                    | 21,600                   |                      | 1,500             | 86,725                 |                |              | 86,725                |                  | 680            | 680       |             | 87,405       |
| Repairs and maintenance          | 57,027                  | 23,798                 | 4,543                    |                      | 19,251            | 104,619                | 22,199         |              | 126,818               | 6,006            | 3,063          | 3,063     |             | 113,688      |
| Special events                   |                         |                        |                          |                      |                   |                        |                | 42,448       | 42,448                |                  |                |           |             |              |
| Telephone                        |                         | 3,363                  | 49                       |                      | 212               | 3,624                  | 9,716          |              | 13,340                |                  |                |           |             |              |
| Training                         |                         | 325                    | 1,915                    |                      | 3,371             | 5,611                  | 2,469          |              | 8,080                 | 1,168            | 1,168          | 1,168     |             | 3,624        |
| Transportation and travel        | 3,968                   | 25,845                 | 7,582                    |                      | 23,836            | 61,231                 | 599            |              | 61,830                |                  |                |           |             | 5,611        |
| Utilities                        | 60,305                  | 7,790                  | 3,847                    |                      | 71,942            | 81,151                 | 9,209          |              | 15,271                | 8,857            | 8,857          | 8,857     |             | 61,231       |
| Miscellaneous                    | 60                      | 1,467                  | 1,239                    |                      | 8,300             | 23,979                 | 11,773         |              | 35,752                | 782              | 754            | 754       |             | 96,070       |
| Advertising                      |                         |                        |                          |                      |                   |                        | 1,203          |              | 1,203                 |                  |                |           |             | 23,979       |
| Provider tax                     | 79,630                  | 23,457                 | 31,655                   |                      | 6,191             | 140,933                |                |              | 140,933               |                  |                |           |             | 140,933      |
| Bad debts                        | 119,126                 | 1,385                  | 39,245                   |                      | 9,677             | 219,715                |                |              | 219,715               |                  |                |           |             | 219,715      |
| Uncollectible service fees       | 22,994                  | 267                    | 7,575                    |                      | 9,706             | 40,542                 |                |              | 40,542                |                  |                |           |             | 40,542       |
| Interest                         | 8,984                   |                        |                          |                      |                   | 8,984                  | 33,864         |              | 42,848                |                  |                |           |             | 8,984        |
| Depreciation                     | 26,830                  | 37,657                 | 4,261                    |                      |                   | 68,748                 | 11,936         |              | 80,684                | 21,636           | 28,391         | 28,391    |             | 118,775      |
|                                  | \$ 1,962,878            | \$ 720,239             | \$ 1,033,773             | \$ 166,200           | \$ 601,189        | \$ 4,484,279           | \$ 533,904     | \$ 103,000   | \$ 5,121,183          | \$ 51,789        | \$ 14,188      | \$ 65,977 | \$ (16,063) | \$ 4,576,858 |
|                                  |                         |                        |                          |                      |                   |                        |                |              |                       |                  |                |           |             | \$ 554       |
|                                  |                         |                        |                          |                      |                   |                        |                |              |                       |                  |                |           |             | \$ 4,576,858 |

# Dreams With Wings, Inc.

Board of Directors

All Members of the Board are citizens of the United States

(Terms are for one year with no limit to renewal)

## **Mitzi Wyrick, President (5/2007)**

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NO ORGANIZATIONAL AFFILIATION

## **Mimi Green (5/2012)**

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Sister of individual with intellectual disability

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BROTHER IS A CLIENT IN PROGRAM

## **David C. Harris, Secretary (5/2009)**

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NO ORGANIZATIONAL AFFILIATION

## **Susan W. Egger, Treasurer (5/2008)**

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NO ORGANIZATIONAL AFFILIATION

## **Valerie Owens Combs (10/2015)**

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President & CEO  
[valerie@negreenandassociates.com](mailto:valerie@negreenandassociates.com)  
NO ORGANIZATIONAL AFFILIATION

## **Diane Haag, Attorney**

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Diane Haag Law

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NO ORGANIZATIONAL AFFILIATION

## **Michael Boone (5/2007)**

2601 Bushwood Road  
Louisville, KY 40223  
Home: 502-426-6436  
Business: 502-515-3700 (ext. 106)  
Business Owner  
Boone & Associates  
1302 Clear Springs Trace  
Louisville, KY 40223  
[meboone@michaelboone.com](mailto:meboone@michaelboone.com)  
NO ORGANIZATIONAL AFFILIATION

## **Christina Miller (8/2016)**

148 Pope Street  
Louisville, KY 40206  
[christinam@sjkids.org](mailto:christinam@sjkids.org)  
Cell: 502-322-6743  
St. Joseph Children's Home

## **Debby Sexton (5/2013)**

1916 Woodbourne Avenue  
Louisville, KY 40205  
Business: 502-359-8264  
UPS Procurement Services  
[dlsexton@ups.com](mailto:dlsexton@ups.com)  
NO ORGANIZATIONAL AFFILIATION

## **Jenifer Frommeyer, Executive Director (6/2000)**

1886 Rutherford Avenue  
Louisville, KY 40205  
Cell: 502-640-3318  
Business: 502-459-4647  
Dreams With Wings Inc.  
DOB: 06/11/1959  
[j.frommeyer@dreamswithwings.org](mailto:j.frommeyer@dreamswithwings.org)

## **Emeritus (Non-Voting Member)**

### **Jane Naiser, Treasurer**

10110 Cave Creek Road  
Louisville, KY 40223  
[naiserj@insightbb.com](mailto:naiserj@insightbb.com)  
Home: 502-339-6562  
DAUGHTER IS A CLIENT IN PROGRAM



Metro Parks Reservation Form

Name Dreams With Wings Inc.

Address 1579 Bardstown Rd

City Louisville State Ky Zip 40205

Home Telephone \_\_\_\_\_ Work Telephone 459-4647

Email Address cbunton@dreamswithwings.org

Facility Requested Douglass Community Center Bldg. 1

Organization/ Department \_\_\_\_\_

Event \_\_\_\_\_

Date: 10/25 - 10/28 Time: Start 9:00am End 8:30pm

Admittance Provided By \_\_\_\_\_

Set-up Requested \_\_\_\_\_

Describe your intended use for this rental or permit:

Carve pumpkins for stroll

I certify that I am using this facility for the intended use stated above. I understand that use of this facility for activities other than those expressly stated above or property damage during use may result in additional fees for which I will be responsible.

CONDITIONS OF USE:

- 1. Alcoholic beverages are PROHIBITED.
  - 2. The holder of the PERMIT shall not allow any illegal activity on the premises during the use of the area.
  - 3. Violation of Conditions (1) and (2) above shall be cause for immediate revocation of the PERMIT, without refund for used time.
  - 4. The holder of the permit must have PERMIT in his/her possession at all times during the use of the premises OR the premises will be available to the public on a first-come, first-serve basis.
  - 5. The PERMIT is issued to the above named Organization/Individual only and is non-refundable without prior permission of the department.
  - 6. The PERMIT is valid only during the hours and on the day and dates set forth above.
  - 7. A copy of driver's license or State ID is required.
- WE HOPE YOUR EVENT IS A SAFE AND SUCCESSFUL ONE AND WE ASK THAT YOU PICK UP AND DEPOSIT REFUSE IN THE CONTAINERS PROVIDED FOR THE ACTIVITY.

The undersigned holder of this permit (Organization/Individual) hereby releases Louisville and Jefferson County Parks Department from any and all obligation, claims, or responsibilities arising from the use by the holder of this permit of the premises and activity covered by said permit, and further indemnifies and binds itself to hold the Louisville and Jefferson County Parks Department, City of Louisville and Jefferson County, Individual/Organization harmless from any obligation, claim or cause of action which might arise, be made, or brought against Louisville and Jefferson County Parks Department by any party arising from the use of the holder of this permit of the premises and activity covered by said permit.

# of Participants 300 # of Hours 10 # of Rooms 1 Rental Fee \$200

Security Required?  Yes  No (If yes, please complete the Security Company Information Form.)

Sponsor Signature: Carlynn Bunton Date 9/20/16

Facility Supervisor: Jay M. Blank Date 9/20/16

Metro Parks Manager: \_\_\_\_\_ Date \_\_\_\_\_

Metro Parks Administrator: \_\_\_\_\_ Date \_\_\_\_\_





## **Agreement for Dreams with Wings for Jack O Lantern Stroll October 28, 2016 At Louisville Slugger Field**

**Brief Description of Event:** Trick or Treating on the concourse. Over 2,000 pumpkins lit on the field for viewing. Arts and crafts. Live Music, Family fun event.

**Estimated attendance:** 2,000

**Date of Event:** October 28<sup>th</sup>, 2014 6:00-9:00

**The following services will be provided:**

***These will be included in Rent Cost***

- Louisville Slugger Field Event Manager assigned to the event
- Normal Utilities of the stadium
- Cleaning during the event and after the event in the stadium
- Tables/Chairs (need the help of Dreams with Wings volunteers to help set-up and tear down)
- Yellow Ambulance
- Usage of Videoboard for slide show of sponsors
- Can set-up majority of items on Thursday DURING business hours (9am- 4:30 PM)

**Food and Drink**

- Concessions will be made available. Must work with Centerplate to determine how many and what items you need.

**Miscellaneous Requirements:**

- Cooperation in enforcing & maintaining the following stadium rental policy: Helium Balloons Stickers, Bumper Stickers, Tape, anything with an adhesive backing are prohibited from being used or distributed in the stadium. Adhesive devices and the locations of where they will be used, hanging signs must be approved by stadium management prior to the event, so that if they are not allowed that the lessee has an opportunity to present a better plan to stadium management or come up with another solution. Stickers such as nametags for dinners will be permitted. Any lessee/renter/ vendor/radio station/etc. that that does not follow the rules will have their products confiscated and returned to them after the event. Anything that does not get taken away from the lessee and ends up in the customers hands and then ends up somewhere on the grounds of the facility do to the negligence of the lessee and the lessee's

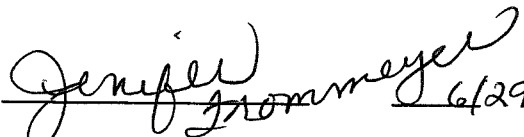
patrons will be charged \$10 per device to remove, clean and repair the area. Helium balloons that need to be taken down will require a minimum \$400 lift rental cost and a \$75 an hour manpower charge for operator.

- Weather and safety of the patrons will be called by the event manager and Louisville Slugger Field Management. We will work in cooperation with the Dreams with Wings organizers to squeeze in a successful event if weather does affect the event on that day. If the event is on the field, we will discuss other options with you in planning meetings that you may or may not do.
- Louisville Baseball Club will receive a \$1,000,000 general liability insurance policy that holds Dreams with Wings. Louisville Baseball Club, Centerplate Concessions and The City of Louisville must be listed as an additional insured.

**Note:** This agreement may not cover every aspect or need that may arise during the planning of this event. Changes or extra needs will be addressed separately and agreed upon by both Louisville Baseball Club & Dreams with Wings.

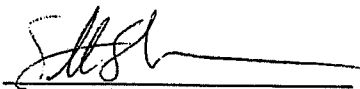
**Expense Total: \$1,000**

*Deposit of \$500 will be due 30 days following the signing of this contract.*

  
\_\_\_\_\_  
Date 6/29/16

Dreams with Wings

Date

  
\_\_\_\_\_  
Date 6/29/2016

Scott Shoemaker  
Louisville Baseball Club  
Vice President of Operations

Date



0496528.09

ARTICLES OF INCORPORATION

OF

DREAMS WITH WINGS, INC.

John Y. Brown III  
Secretary of State  
Revised Statutes  
06/21/2000 10:05 AM  
[Phone: (NA)]

The undersigned incorporator hereby establishes a corporation pursuant to Kentucky

Revised Statutes Chapter 273.

ARTICLE I

The name of the corporation shall be: DREAMS WITH WINGS, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The corporation shall not issue any capital stock, and no part of the income or profit of the corporation shall inure to the benefit of or be distributable to its members, directors, or officers, or any other private individual.

ARTICLE IV

1. The corporation is organized exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.

2. The corporation shall have any and all general powers authorized to non-stock, non-profit corporations by KRS Chap. 273, and specifically KRS 273.171, provided, notwithstanding any other provisions of these Articles, or of said statutes, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its valid Regulations as they now exist or may hereafter be amended. No activities shall be conducted which are not in furtherance of the corporation's exempt (within the meaning of Internal Revenue Code Section 501(c)(3) and related sections) purposes, other than as an insubstantial part of its activities.

Upon the termination, dissolution or winding up of the corporation in any manner, its assets, if any, remaining after payment (or provision for payment) of all liabilities of the corporation, shall be distributed to one or more organizations, as the board of directors may determine, having exclusively charitable, religious, scientific or educational purposes or only for other exempt purposes as described in Section 501(c)(3) of the Internal Revenue Code, or corresponding provisions of any subsequent Federal tax law.

#### ARTICLE VII

The initial board of directors shall consist of seven (7) persons who shall hold office until the first annual election of directors or for such other period as may be specified in the by-laws. Thereafter, the number of directors shall be as fixed by the by-laws and they shall be elected or appointed in the manner and for the terms provided in the by-laws. The number of directors may be increased or decreased from time to time by amendment to the by-laws, but no decrease in number shall have the effect of shortening the term of any incumbent director. Subject to the provisions of Kentucky Revised Statutes 273.248, no director shall be liable to the corporation for monetary damages for breach of her or his duties as a director.

The names and mailing addresses of the persons who are to serve as the initial directors are:

Mary Scheen  
1118 Garden Creek Circle  
Louisville, Kentucky 40223

Jane Naiser  
747 Greenridge Lane  
Louisville, Kentucky 40207

Jane Emke  
334 South Peterson Avenue  
Louisville Kentucky 40206

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation as incorporator this 22<sup>nd</sup> day of May, 2000.

*Jennifer C. Frommeyer*

Jennifer Frommeyer, Incorporator and also  
Initial Registered Agent

The foregoing instrument was prepared by:

*David W. Gray*

David W. Gray  
FOLEY BRYANT & HOLLOWAY  
718 West Main Street  
Louisville, Kentucky 40202

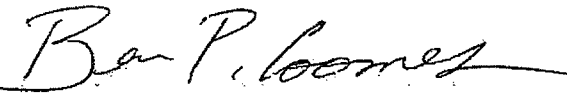
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Lodged By: GRAY  
Recorded On: 06/23/2000 01:01:27  
Total Fees: 13.00  
Transfer Tax: .00  
County Clerk: Bobbie Holsclaw-JEFF CO KY  
Deputy Clerk: TERHIG

**END OF DOCUMENT**

State of Kentucky  
County of Jefferson

The foregoing instrument was acknowledged before me by Jenifer C. Frommeyer, as  
President of Dreams With Wings, Inc. on this the 11<sup>th</sup> of May, 2001.

  
\_\_\_\_\_  
Notary Public, State At Large

Prepared By: 

Ben Coomes  
P. O. Box 247  
New Castle, KY 40050


State of Kentucky  
County of Jefferson

BOOK 0575 PAGE 0869

The foregoing instrument was acknowledged before me by Jenifer C. Frommeyer, as President of Dreams With Wings, Inc. on this the 11<sup>th</sup> of May, 2001.

  
Notary Public, State At Large

Prepared By:



Ben Coomes  
P. O. Box 247  
New Castle, KY 40050

Document No.: DN2001079574  
Lodged By: dreams with wings  
Recorded On: 05/18/2001 02:51:36  
Total Fees: 9.00  
Transfer Tax:  
County Clerk: Bobbie Holman-Jones  
Deputy Clerk: KELMAL

END OF DOCUMENT



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

DEPARTMENT OF THE TREASURY

Date: NOV 17 2004

Employer Identification Number:

DIN:

17053290718004

Contact Person:

ERIC J BERTELSEN

ID# 31323

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a)(2)

DREAMS WITH WINGS INC  
1579 BARDSTOWN RD  
LOUISVILLE, KY 40205-0000

Dear Applicant:

Our letter dated DECEMBER 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

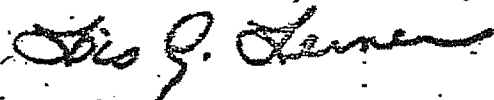
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

Dreams with Wings, Inc  
**Profit & Loss**  
 July 2014 through June 2015

Jul '14 - Jun 15

Ordinary Income/Expense

Income

|   |              |
|---|--------------|
| 4001000 · Medicaid Income                 | 3,802,158.27 |
| 4101000 · Private Pay Income              | 183,038.65   |
| 4201010 · Seven Counties Services Income  | 5,112.50     |
| 4301010 · Supported Employment            | 51,628.06    |
| 4321010 · Charity Care                    | -42,409.64   |
| 4351010 · Client Liabilities              | 77,763.18    |
| 4401000 · A D Sum Day Camp- Applica Fees  | 6,150.00     |
| 4401010 · Summer Camp Fees DSL Pvt Pay    | 38,345.00    |
| 4401020 · Camp Fees DSL -Michele P        | 68,219.63    |
| 4401030 · AD Camp Early/Late Drop Off Fee | 110.00       |
| 4501000 · DIM Summer Day Camp Application | 6,450.00     |
| 4501010 · Summer Day Camp-Autism Pvt Pay  | 22,077.50    |
| 4501020 · DIM Camp Fees-Michele P         | 124,642.50   |
| 4602010 · Client Vacation                 | 19,334.95    |
| 4602020 · Dream Team Cafe Income          | 339.00       |
| 4602050 · Service Charges Refund          | 128.00       |
| 4802010 · Management Fee Income           | 8,862.88     |
| 4802020 · Interest Income                 | 66.82        |
| 4802050 · Sale of Fixed Assets            | 175.00       |

Total income

4,372,192.30

Gross Profit

4,372,192.30

Expense

|   |              |
|---|--------------|
| 6008000 · Behavior Supports             | 311,181.63   |
| 6108000 · Community Hab./Day Program    | 547,277.49   |
| 6208000 · Supported Employment Expense  | 140,761.19   |
| 6308000 · Support Coordination Expense  | 156,776.31   |
| 6408000 · Supported Living Expenses     | 690,010.40   |
| 6458000 · Bauer Avenue                  | 147.20       |
| 6508000 · Staffed Residence Expense     | 1,689,225.66 |
| 6608200 · Family Home Provider Expenses | 43,868.20    |
| 6708000 · Other Program Costs           | 280,784.06   |
| 6808000 · DSL Day Camp                  | 78,686.16    |
| 6858000 · Autism Camp                   | 94,548.75    |
| 6908000 · Administrative                | 763,647.88   |
| 8001300 · Grant Expenses                | 2,445.00     |

Total Expense

4,799,359.93

Net Ordinary Income

-427,167.63

Other Income/Expense

Other Income

|  |            |
|--|------------|
| 7001010 · Fundraising Income             | 410,004.30 |
| 7001310 · Comprehensive Cap Campaign Inc | 77,619.95  |

Total Other Income

487,624.25

Other Expense

|                       |           |
|-----------------------|-----------|
| 8001040 · Fundraising | 57,744.26 |
|-----------------------|-----------|

Total Other Expense

57,744.26

Net Other Income

429,879.99

Net Income

2,712.36



Empowering Children & Adults with Intellectual Disabilities,  
Developmental Disabilities and Autism

2016 Jack O' Lantern Stroll  
Dreams With Wings Inc.  
Event Staff Roster

Names and positions are listed in descending order based on highest to lowest level of pay. Cost breakdown, pg, 6, Sec. 5.

|                    |   |
|--------------------|---|
| Jenifer Frommeyer  | Executive Director                        |
| Pat Neblett        | Accounting                                |
| Carolyn Bunton     | Dir. Of Enrichment Svcs.                  |
| Jackie Woolum      | Dir. Of Residential Services              |
| Brooke Watts       | Dir. Of Case Management                   |
| Bridget Stukenborg | Dir. Of Training                          |
| Jessica Elliott    | Dir. Of Quality Assurance                 |
| Kelley Kennedy     | Dir. Of Community Living Services         |
| Jennifer Morgan    | Administrative Asst.                      |
| Brian Watts        | Vehicle Fleet Mgr.                        |
| Theresa Hughes     | House Manager/Direct Support Professional |
| Ricky Payton       | Direct Support Professional               |