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

DATE:	**January 24, 2014**

PRIMARY SPONSOR (District to contact with any questions):
Jim King

Name of Applicant:	**Home for the Aged of the Little Sisters of the Poor, Inc.**

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

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

10	Jim King	$3,000	1/25/14
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

Appropriations Committee Chairman ______ Date

Clerk's Office Only:

Request Amount: ______ Committee Amended Appropriation: ______

Original Appropriation: ______ Council Amended Appropriation: ______

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 2·10·14 TIME 12:16pm

Name of Applicant/Program:
Home of the Aged of the Little Sisters of the Poor, Inc.

Additional Disclosure and Signatures

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

District #	Council Member Signature	Amount	Date
16	[signature]	$500	1/29/14
22	Robin Q. Engel	$500	2/11/14

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Home for the Aged of the Little Sisters of the Poor

Program Name: St. Joes Restoration Campaign Request Amount: $5K	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	n/a
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	n/a
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	n/a
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	yes
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	n/a
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than $5,000 **to any one project/program within an organization** in this fiscal year.	no
Board Members: Is the entity's board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	yes
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a

Prepared by: [signature] **Date:** 1/30/14

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records/) Home For The Aged Of The Little Sisters Of The Poor, Inc.

Main Office Street & Mailing Address: 15 Audubon Plaza Drive

Website: www.littlesistersofthepoorlouisville.org

Application Contact: Sister Chantal Peyton	Title: President
Phone: 502-636-2300	Email: mslouisville@littlesistersofthepoor.org
Financial Contact: Nancy Reynolds	Title: Bookkeeper
Phone: 502-636-2300	Email: bslouisville@littlesistersofthepoor.org

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

Program Facility Location(s): Poplar Level

Council District(s): 10	Zip Code(s): 40217

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: St. Joseph's Home Restorative Care Program

Total Request: $5,000	Total Metro Award (this program) in previous year : $0

The following are required attachments:

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

Agency Fiscal Yr Start Date: January 1

For the current fiscal year ending June 30, list all funds 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: None	Amount: $0
Source: None	Amount: $0
Source: None	Amount: $0

Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No
Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No

SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory: Sr. Chantal Peyton	Date: 11-14-2013
Legal Signatory (please print): SISTER CHANTAL PEYTON	Title: PRESIDENT
Phone: 502-636-2300 Extension: 205	Email: mslouisville@littlesistersofthepoor.org

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Little Sisters extend care, compassion and respect to the elderly, in helping them to maintain dignity and a feeling of well-being. The Little Sisters welcome all elderly, age 65 years and older with limited financial means, regardless of race, national origin, religion, age or gender to become a Resident of St. Joseph's Home or to participate in the Senior Day Center

The sole purpose of the Little Sisters of the Poor is serving the needs of the elderly poor in the Louisville Metropolitan area. Quality care is provided to 77 residents (with an average age of 84 ½ years) who are without the means, family or social support to maintain independence in the community. The continuum of services permits a sense of security throughout their life. In Louisville, our services include a 50-bed nursing home with three levels of care, a 27-unit apartment building for the elderly and a Senior Day Center. The Senior Day Center is open to needy elderly in the community as well as those living at St. Joseph's Home.

Levels of care are:
Apartment Living – Offered to the needy elderly who are still able to live independently. Rent is based on income.
Personal Care – For the ambulatory senior who require/desire minimal assistance while still being able to perform basic tasks of daily personal care independently (dressing, bathing, etc.)
Nursing Care – (Assisted and Skilled Care), for those residents who need more extensive nursing care and assistance with their daily needs.

The Little Sisters not only provide a comfortable home and nutritious meals for impoverished seniors, they care for the whole person by offering: medical and nursing services, pastoral services, social services, an extensive activity program, Senior Day Center, beauty shop and barber shop services and as needed physical and occupational therapies.

SECTION 5 - PROGRAM NARRATIVE

A: Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☒ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

B: 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):

Restorative nursing is basically person-centered, whole-person nursing care; the kind of nursing that is practiced every time a Resident is cared for. The difference in a formalized restorative nursing program is that activities of daily living are considered therapeutic modalities. Nursing assistants are trained to instruct, encourage, guide, and assist residents to perform self-care skills with as much independence as possible. Quality of life is a natural outcome of restorative care. Functional decline, on the other hand, can lead to depression, withdrawal, social isolation, and complications of immobility, such as incontinence and pressure ulcers. Functional decline has been described as the "main determinant of quality of life, cost of care, and vital prognosis." (Baztan, 2009)
Restorative Program
a. Overview:
Restorative measurements are not a separate entity, but integrated into routine nursing care. Restorative Nursing is based on a belief of the dignity and worth of each individual, moving away from stereotyping or labeling a person by injury, age or diagnosis. Nurses, not physicians or therapists, order restorative nursing programs. Restorative nursing is not rehabilitation therapy. Rehab and restorative nursing complement each other but are not the same. Therapy is based on a medical model, while restorative nursing is based on the nursing model. Therapy is faster-paced, with a significant progress being made in a short amount of time. Restorative nursing focuses on maintaining function in a long-term ongoing process. Improvement is hoped for but not required. Restorative nursing bases treatment on restoring or compensating for skills lost through chronic disease, disuse, or other physiological factors. Most residents, by the nature of their needing nursing home care, are restorative nursing candidates. "Most residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding self-involvement in ADL's." (RAI Manual)
Currently, St. Joseph's Home has two (2) CNA's (Certified Nursing Assistants), trained in the Restorative Care. The goal of this program is to train all CNA's in restorative care as to avoid functional decline as long as possible and to provide necessary equipment.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):

The funding from Louisville Metro Council Neighborhood Development Fund would be applied to the training of current staff in the curriculum of Restorative Nursing for CNA's.

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

☐ The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:

- ✓ 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 be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

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

No, this is not a fund-raiser.

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 specifically.

St. Joseph's Home offers an internship to the first year students of Spencerian College under the direction of Nursing Instructor Carol Reed.

G: 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:

Primary objectives:

The goals of the Restorative Program are to return or maintain an individual to their highest practicable physical, mental and psychological functional level. By utilizing the skills and expertise of each discipline, an effective program will be implemented to assure that an individual will not deteriorate or diminish unless circumstances, such as a progressive deteriorating condition, make the decline unavoidable. This will allow for the best individual outcome allowing Residents to be as independent as possible for as long as possible. Currently, St. Joseph's Home has two (2) CNA's trained in Restorative Care. The goal of this program will be to train all CNA's in restorative care and to provide the necessary equipment so as to avoid functional decline in our Residents for as long as possible.

Measure the success:

Measurable objectives and interventions must be documented in the care plan and in the clinical record. Evidence of periodic evaluation by a licensed nurse must be present in the clinical record. Certified nursing assistants will be trained in the tasks and techniques that promote resident involvement in the activity. Activities are to be for individuals or in small groups of four or fewer to ensure individual attention and must be supervised by nursing staff. Restorative Nursing can be working in conjunction with formalized therapy, when preparing a resident for discharge from therapy services, or working independently when formalized services are not indicated. Success will be measured by the improved or stable strength and condition of the Residents and the decrease in slips and falls.

Difference after Program:

St. Joseph's currently has two restorative certified nursing assistants who are available for the 50 residents in the nursing home portion of the facility. After the training component is complete all of St. Joseph's certified nursing staff will be trained in the Restorative Nursing care, benefiting all of the Residents of the Home instead of those most at need. On a daily basis, staff will be able to consistently reinforce exercises, allowing Residents constant reinforcement in improving or maintaining skills to enhance their quality of life. Enabling all the Residents accesses to exercise equipment on a daily basis will increase their mobility, range of motion, and core strength. As this program progresses it will increases the Residents strength and studies have shown decrease the possibility of slips and falls.

SECTION 6 - PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. **Enter whole-dollar amounts.**

Program Expenses	Column 1 Proposed Metro Funds	Column 2* Non-Metro Funds	Column 3 Total Program Cost
A: Personnel Costs Including Benefits		40,000.	40,000.
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	5,000.00	4,000.	9,000.
I: Community Events & Festivals *(Attach Detailed List)*			
J: Machinery & Equipment		106,140.	106,140.
K: Capital Project			
L: Other Expenses (Attach Detail List)			
SUBTOTAL	5,000	150,140	155,140
% of Program Budget –	3.2 %	96.7 %	**100%**
Value of volunteer services and how computed:	**N/A**	0	0
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. *(Detail on Next Page)*	**N/A**		
Total Program Funds	5,000	150,140	155,140

***List funding sources in Column 2** (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	0

PROGRAM BUDGET SUMMARY (CONTINUED)

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
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

* 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)

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:

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

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.

Michael O'Connell - County Attorney - Board

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS OR FAITH-BASED ORGANIZATIONS

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:
Home for the Aged of the Little Sisters of the Poor, Inc.

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory: S. Maureen A. Courtney	Date: 1/24/14
Legal Signatory (please print): Sr Maureen Courtney	Title: Vice President
Phone: 636-2300 Extension: 204	Email: DVLOUISVILLE@LittleSistersofthepoor.org

Salary of three (3) highest paid staff

Director of Nursing $37.84 / hour

Asst. Director of Nursing $27.06 / hour

Human Resources Director $54,662.40 – salary

The Home has 53 full-time and 42 part-time employees

We have seven (7) Little Sister of the Poor, who operate the Home but do to their vow of poverty do not receive a paycheck.

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Home for the Aged of the Little Sisters of the Poor, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Exempt payee

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☑ Other (see instructions) ▶ Non-Profit

Address (number, street, and apt. or suite no.)
15 Audubon Plaza Dr

Requester's name and address (optional)

City, state, and ZIP code
Louisville KY 40217-1318

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
61 – 0487466

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Sr. Maureen Courtney Date ▶ 11/13/13

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

RECEIVED & FILED
ck #/60.00
... 20 8 30 AM '92
Sandra Perry

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC. OF LOUISVILLE, JEFFERSON COUNTY, KENTUCKY

ARTICLE I

The name of the corporation shall be THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

ARTICLE II

The period of existence of the corporation shall be perpetual.

ARTICLE III

The purposes of the corporation shall be exclusively charitable, religious and educational, including a furtherance of such purposes as (a) the establishment, maintenance and operation, either directly or in any other manner of an institution for the delivery of services to aged and impoverished persons, including providing them with a home and spiritual and physical care; and further, to aid and support the works of the religious Congregation of the Little Sisters of the Poor throughout the United States and the World, with particular attention to the Little Sisters of the Poor, Chicago Province, a religious institute of the Roman Catholic Church, for the advancement of the spiritual and religious welfare of its members in fulfilling their religious obligations; and for its corporate purposes to acquire real and personal property by gift, devise or bequest, or to purchase, use, maintain, sell or transfer same; and (b) any other purpose permitted under the authority of Chapter 273 of the Kentucky Revised Statutes; and (c) the exercise of any or all lawful powers necessary or convenient to effect any or all of the purposes for which the corporation is organized.

ARTICLE IV

(a) The corporation shall have one class of members. The members of this corporation shall be such members of the Little Sisters of the Poor who have taken the vows of said Congregation, and who, pursuant to the direction of the Congregation, have been designated by the Provincial of the Chicago Province as Mother Superior, the Assistant, Councillor and such other members of the Little Sisters of the Poor who are designated by the Chicago Province. No membership nor any rights arising therefrom may be transferred or assigned, nor shall it pass by descent or will. Membership shall be terminated by cessation of membership in the Congregation of the Little Sisters of the Poor, or by cessation of the member's tenure in the office through which she is a member, or if her designation as a member by the Provincial is withdrawn.

(b) The members of the corporation shall elect such number of directors at the annual meeting in the manner fixed by the By-Laws.

ARTICLE V

The corporation shall be managed and controlled by a board of directors, whose number shall be fixed by the By-Laws, but shall not be less than three.

ARTICLE VI

The principal office of the corporation shall be located at 15 Audubon Plaza Drive, City of Louisville, County of Jefferson, State of Kentucky 40217. The name and address of the registered agent of the corporation is: Mother Catherine Regina Cavanaugh, 15 Audubon Plaza Drive, Louisville, Kentucky 40217.

ARTICLE VII

(a) This corporation is organized without capital stock exclusively for charitable, religious and educational purposes. The corporation shall issue no stock nor shall any dividend or profit ever be declared or paid to any officer of director thereof.

(b) No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, officers, directors or other private persons, except that the corporation shall be authorized to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes.

(c) No substantial part of the activities of the corporation shall consist of carrying on propaganda or otherwise to influence legislation.

(d) The corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

(e) Notwithstanding any other provisions of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

BOOK 440 PAGE 871

(f) Notwithstanding any other provisions hereof, any Home for the Aged operated by the Little Sisters of the Poor within the Chicago Province shall (i) admit and treat individuals without regard to race, sex, national origin or religious belief, and (ii) respect, permit and not interfere with the religious beliefs of persons admitted or treated, nor be engaged in sectarian instruction (except for pastoral services of the kind permitted or provided by similar institutions generally).

ARTICLE VIII

On the dissolution of the corporation, the board of directors shall distribute the entire net assets remaining after the payment or satisfaction of any and all liabilities and obligations of the corporation, exclusively for the purposes of the corporation to the Little Sisters of the Poor, Chicago Province, Inc., or to such other Province or Corporation of the Little Sisters of the Poor, as the board od directors shall determine, provided such organization or organizations shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law), or if there be none, then such assets shall be distributed to such other organization or organizations organized and operated exclusively for charitable, religious and educational purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States Internal Revenue Law), as the board of directors shall determine.

ARTICLE IX

These Articles may be altered, amended or repealed and new Articles may be adopted by the members of the corporation, by affirmative vote of the majority of the number of members present at any meeting at which a quorum is in attendance.

WITNESS our signatures this 26 day of August, 1992.

Sr. Catherine Regina Cavanaugh
SR. CATHERINE REGINA CAVANAUGH

Sr. Maureen Courtney
SR. MAUREEN COURTNEY

Sr. Clotilde Jardim
SR. CLOTILDE JARDIM

Sr. Ann Pope
SR. ANN POPE

Sr. Charles Dugan
SR. CHARLES DUGAN

Sr. Josephine Hoffman
SR. JOSEPHINE HOFFMAN

Sr. Bernard Hopkins
SR. BERNARD HOPKINS

Sr. Genevieve Fitzpatrick
SR. GENEVIEVE FITZPATRICK

Sr. Julie Thompson
SR. JULIE THOMPSON

Sr. Mary Magdalena Koeger
SR. MARY MAGDALENA KOEGER

Sr. Antionette Labelle
SR. ANTIONETTE LABELLE

Subscribed and sworn to before me this 26 day of August, 1992, by SR. CATHERINE REGINA CAVANAUGH, SR. MAUREEN COURTNEY, SR. CLOTILDE JARDIM, SR. ANN POPE, SR. CHARLES DUGAN, SR. JOSEPHINE HOFFMAN, SR. BERNARD HOPKINS, SR. GENEVIEVE FITZPATRICK, SR. JULIE THOMPSON, SR. MARY MAGDALENA KOEGER, and SR. ANTIONETTE LABELLE, being the members of THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

My Commission expires: April 13, 1994.

NOTARY PUBLIC, STATE-AT-LARGE, KENTUCKY

INSTRUMENT PREPARED BY:

A-106512

JOHN J. FORD
FORD, KLAPHEKE & MEYER
Attorneys-at-Law
900 Kentucky Home Life Building
Louisville, Kentucky 40202
(502) 584-2134

Document No: 1992106512
Lodged By: FORD
Recorded On: Aug 31, 1992 03:16:48 P.M.
Total Fees: $8.50
County Clerk: Rebecca Jackson
Deputy Clerk: SHERRIE

CONSENT

We, the undersigned, members of THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC., on motion unanimously carried, consent to and authorize amendment of the Articles of Incorporation.

Dated this 26 day of August, 1992.

Sr. Catherine Regina Cavanaugh
SR. CATHERINE REGINA CAVANAUGH

Sr. Maureen Courtney
SR. MAUREEN COURTNEY

Sr. Clotilde Jardim
SR. CLOTILDE JARDIM

Sr. Ann Pope
SR. ANN POPE

Sr. Charles Dugan
SR. CHARLES DUGAN

Sr. Josephine Hoffman
SR. JOSEPHINE HOFFMAN

Sr. Bernard Hopkins
SR. BERNARD HOPKINS

Sr. Genevieve Fitzpatrick
SR. GENEVIEVE FITZPATRICK

Sr. Julie Thompson
SR. JULIE THOMPSON

Sr. Mary Magdalena Koeger
SR. MARY MAGDALENA KOEGER

Sr. Antionette Labelle
SR. ANTIONETTE LABELLE

BY-LAWS OF
THE HOME FOR THE AGED OF
THE LITTLE SISTERS OF THE POOR, INC.

ARTICLE I
OFFICES

The corporation shall maintain in the State of Kentucky a registered office and a registered agent at such office, and may have other offices within or without the state.

ARTICLE II
CORPORATE PURPOSE

The purpose of the corporation shall be exclusively charitable, religious, benevolent and educational, including a furtherance of such purposes as (a) the establishment, maintenance and operation, either directly or in any other manner of an institution for the delivery of services to aged and impoverished persons, including providing them with a home and spiritual and physical care; and further, to aid and support the works of the religious Congregation of the Little Sisters of the Poor throughout the United States and the World, with particular attention to the Little Sisters of the Poor, Chicago Province, Inc., a branch of the Roman Catholic Church, for the advancement of the spiritual and religious welfare of its members in fulfilling their religious obligations; and for its corporate purposes to acquire real and personal property by gift, devise or bequest, or to purchase, use, maintain, sell or transfer same; and (b) any other purpose permitted under the authority of Chapter 273 of the Kentucky Revised Statutes; and (c) the exercise of any or all lawful powers necessary or convenient to effect any or all of the purposes for which the corporation is organized.

ARTICLE III
MEMBERS

SECTION 1. CLASSES OF MEMBERS. The members of this corporation shall be such members of the Little Sisters of the Poor who have taken the vows of said Congregation, and who, pursuant to the direction of the Congregation, have been designated by the Provincial of the Chicago Province as Mother Superior, the Assistant, Councillor and such other members of the Little Sisters of the Poor who are designated by the Chicago Province. No membership nor any rights arising therefrom may be transferred or assigned, nor shall they pass by descent or will. Membership shall be terminated by cessation or membership in the Congregation of the Little Sisters of the Poor, cessation of the member's tenure in the office through which she is a member, or if her designation as a member by the Provincial is withdrawn.

SECTION 2. VOTING RIGHTS. Each member shall be entitled to one vote on each matter submitted to a vote of the members.

SECTION 3. MEMBERSHIP CERTIFICATES. No membership certificates of the corporation shall be required.

ARTICLE IV
MEETINGS OF MEMBERS

SECTION 1. ANNUAL MEETINGS. An annual meeting of the members shall be held on the Second Saturday of April of each year for the purpose of electing directors and for the transaction of such other business as may come before the meeting.

SECTION 2. SPECIAL MEETING. Special meetings of the members may be called either by the president, the board of directors, or not less than one-third of the members having voting rights.

SECTION 3. PLACE OF MEETING. The board of directors may designate any place as the place of meeting for any annual meeting or for any special meeting called by the board of directors.

SECTION 4. NOTICE OF MEETINGS. Written notice stating the place, date and hour of any meeting of members shall be delivered to each member entitled to vote at such meeting not less than five nor more than forty days before the date of such meeting. In case of a special meeting or when required by statute or by these By-Laws, the purpose for which the meeting is called shall be stated in the notice.

SECTION 5. INFORMAL ACTION BY MEMBERS. Any action required to be taken at a meeting of the members of the corporation, or any other action which may be taken at a meeting of members, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the members entitled to vote with respect to the subject matter thereof.

SECTION 6. QUORUM. The members holding two-thirds of the votes which may be cast at any meeting shall constitute a quorum at such meeting. If a quorum is not present at any meeting of members, a majority of the members present may adjourn the meeting at any time without further notice. At an adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the original meeting;

withdrawal of members from any meeting shall not cause failure of a duly constituted quorum at that meeting.

ARTICLE V
BOARD OF DIRECTORS

SECTION 1. GENERAL POWERS. The affairs of the corporation shall be managed by its board of directors, subject to such restrictions as may from time to time be set by the members.

SECTION 2. NUMBER, TENURE AND QUALIFICATIONS. The number of directors shall be 3. Each director shall hold office until the next annual meeting of members and until her successor shall have been elected and qualified. Members shall have the authority to remove Directors by affirmative vote of the majority of the members present at any meeting at which a quorum is in attendance. Directors need not be residents of the State of Illinois.

SECTION 3. REGULAR MEETINGS. A regular annual meeting of the board of directors shall be held without other notice than these By-Laws, immediately after, and at the same place as, the annual meeting of members. The board of directors may provide by resolution the time and place for the holding or additional regular meetings of the board without other notice than such resolution.

SECTION 4. SPECIAL MEETINGS. Special meetings of the board of directors may be called by or at the request of the president or any two directors. The person or persons authorized to call special meetings of the board may fix any place as the place for holding any special meeting of board called by them.

SECTION 5. NOTICE. Notice of any special meeting of the board of directors shall be given at least two days previous thereto by written notice to each director at her address as shown by the records of the corporation. Notice of any special meeting of the board of directors may be waived in writing signed by the person or person entitled to the notice either before or after the time of the meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the board need be specified in the notice or waiver of notice of such meeting, unless specifically required by law or by these By-Laws.

SECTION 6. INFORMAL ACTION BY DIRECTORS. Any action required to be taken at a meeting of the directors of the corporation, or any other action which may be taken at a meeting of directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the directors entitled to vote with respect to the subject matter thereof.

SECTION 7. QUORUM. A majority of the board of directors shall constitute a quorum for the transaction of business at any meeting of the board, provided that if less than a majority of the directors is present at said meeting, a majority of the directors present may adjourn the meeting to another time without further notice.

SECTION 8. MANNER OF ACTING. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the board of directors, unless the act of a greater number is required by statute, these By-Laws, or the Articles of Incorporation.

SECTION 9. VACANCIES. Any vacancy occurring in the board of directors or any directorship to be filled by reason of an increase in the number of directors shall be filled by affirmative vote of the majority of the number of members present at any meeting at which a quorum is in attendance, unless the Articles of Incorporation, a statute, or these By-Laws provide that a vacancy or a directorship so created shall be filled in some other manner, in which case such provision shall control. A director elected to fill a vacancy shall be elected for the unexpired term of her predecessor in office.

ARTICLE VI
OFFICERS

SECTION 1. OFFICERS. The officers of the corporation shall be a President, one Vice-President, a Secretary and a Treasurer, along with such other officers as may be elected by the board of directors. Officers whose authority and duties are not prescribed in these By-Laws shall have the authority and perform the duties prescribed, from time to time, by the board of directors. Any two or more offices may be held by the same person, except the offices of President and Secretary. Unless directed otherwise by the members, The Mother Superior of the Home shall be elected President, the Assistant shall be elected Vice-President and the Councillor shall be elected Secretary/Treasurer.

SECTION 2. ELECTION AND TERM OF OFFICE. The officers of the corporation shall be elected annually by the board of directors at the regular annual meeting of the board of directors. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. Vacancies may be filled or new offices created and filled at any meeting of the board of directors. Each officer shall hold office until her successor shall have been duly elected and shall have qualified or until her death or resignation.

SECTION 3. PRESIDENT. The President shall be the principal executive officer of the corporation. Subject to the direction and control of the board of directors, she shall be in charge of the business and affairs of the corporation; she shall see that the resolutions and directives of the board of directors are carried into effect except in those instances in which that responsibility is assigned to some other person by the board of directors; and, in general, she shall discharge all duties incident to the office of President and such other duties as may be prescribed by the board of directors. She shall preside at all meetings of the members and of the board of directors. Except in those instances in which the authority to execute is expressly delegated to another officer or agent of the corporation or a different mode of execution is expressly prescribed by the board of directors or these By-Laws, she may execute for the corporation any contracts, deeds, mortgages, bonds, or other instruments which the board of directors has authorized to be executed, and she may accomplish such execution either under or without the seal of the corporation and either individually or with the Secretary, any Assistant Secretary, or any other officer thereunto authorized by the board of directors, according to the requirements of the form of the instrument.

SECTION 4. VICE PRESIDENT. The Vice-President shall assist the President in the discharge of her duties as the President may direct and shall perform such other duties as from time to time may be assigned to her by the President or by the board of directors. In the absence of the President or in the event of her inability or refusal to act, the Vice-President shall perform the duties of the President and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. Except in those instances in which the authority to execute is expressly delegated to another officer or agent of the corporation or a different mode of execution is expressly prescribed by the board of directors or these By-Laws, the Vice-President may execute for the corporation any contracts, deeds, mortgages, bonds or other instruments which the board of directors has authorized to be executed, and she may accomplish such execution either under or without the seal of the corporation and either individually or with the Secretary, any Assistant Secretary, or any other officer thereunto authorized by the board of directors, according to the requirements of the form of the instrument.

SECTION 5. TREASURER. The Treasurer shall be the principal accounting and financial officer of the corporation. She shall: (a) have charge of and be responsible for the maintenance of adequate books of account for the corporation; (b) have charge and custody of all funds and securities of the corporation, and be responsible therefore, and for the receipt of and disbursement thereof; and (c) perform all the duties incident to the office of Treasurer and such other duties as from time to time may be assigned to her by the President or the board of Directors.

SECTION 6. SECRETARY. The Secretary shall record the minutes of the meetings of the members and of the board of directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provision of these By-Laws or as required by law; be custodian of the corporate records and of the seal of the corporation; and perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to her by the President or by the board of directors.

ARTICLE VII
CONTRACTS, CHECKS, DEPOSITS AND FUNDS

SECTION 1. CONTRACTS. The board of directors may authorize any officer or officers, agent or agents of the corporation, in addition to the officers so authorized by these By-Laws to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation and such authority may be general or confined to specific instances.

SECTION 2. CHECKS, DRAFTS, ETC. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents of the corporation and in such manner as shall from time to time be determined by resolution of the board of directors. In the absence of such determination by the board of directors, such instruments shall be signed by the President of the corporation or such other officer that she may direct to do so.

SECTION 3. DEPOSITS. All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depositories as the board of directors may select.

SECTION 4. GIFTS. The President may accept and receipt for on behalf of the corporation any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the corporation.

ARTICLE VIII
FISCAL YEAR

The fiscal year of the corporation shall begin on January 1st of each year.

ARTICLE IX
SEAL

The corporate seal shall have inscribed thereon the name of the corporation and the words "Corporate Seal, Kentucky". The imprint of the corporate seal is shown in the following space:

ARTICLE X
WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the General Note For Profit Corporation Act of

Kentucky or under the provisions of the Articles of Incorporation or the By-Laws of the corporation, a waiver thereof in writing signed by the person or person entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XI
AMENDMENTS

SECTION 1. BY-LAWS. These By-Laws may be altered, amended or repealed and new By-Laws may be adopted either by: 1) the board of directors by affirmative vote of a majority of the number of directors present at any meeting at which a quorum is in attendance and with the approval of a majority of the members present at any meeting at which a quorum is in attendance or 2) the members of the corporation, by affirmative vote of the majority of the number of members present at any meeting at which a quorum is in attendance.

SECTION 2. IMPLIED AMENDMENTS TO BY-LAWS. Any action taken or authorized by the board of directors, which would be inconsistent with the By-Laws then in effect but is taken or authorized by affirmative vote of not less than the number of directors required to amend the By-Laws so that the By-Laws would be consistent with such action, shall be given the same effect as though the By-Laws had been temporarily amended or suspended so far, but only so far, as is necessary to permit the specific action so taken or authorized.

FORD, KLAPHEKE & MEYER
ATTORNEYS AT LAW
900 KENTUCKY HOME LIFE BUILDING
LOUISVILLE, KENTUCKY 40202-3272

JOHN J. FORD
AUGUST A. KLAPHEKE
DONALD E. MEYER
P. KEVIN FORD
KATHERINE A. FORD
DAVID CARY FORD
CHRISTOPHER E. KLAPHEKE

AREA CODE 502
584-2134
583-8772
FAX 584-0381

CYRIL C. SEHLINGER
(1907-1966)

September 16, 1992

Mother Catherine Regina Cavanaugh
Home For The Aged Of The Little
Sisters of the Poor
15 Audubon Plaza Drive
Louisville, Kentucky 40217

Dear Mother Catherine:

The enclosed Articles of Amendment To The Articles Of Incorporation Of The Home For The Aged Of The Little Sisters Of The Poor, Inc. Of Louisville, Jefferson County, Kentucky should be put in your Corporate Record Book. You will note that it has stamped at the top of it Book 440, Page 870, that is the Corporate Record Books of Jefferson County of the County Court Clerk's Office where this document has been recorded as is required by our laws of the Commonwealth of Kentucky.

I am sending this document in substitution of the previous one that I brought to you while Mother Provincial was in town, because this document has the stamp of the County Court Clerk on it whereas the other one did not.

I believe on the information that you had originally forwarded to me that the office of your Mother Provincial wants a copy of this document as well as seeing that the Mother Provincial's corporate counsel in Chicago has a copy as well.

With best personal regards, I remain,

Very truly yours,

FORD, KLAPHEKE & MEYER

JOHN J. FORD

JJF/cj

Enclosure

Little Sisters of the Poor, St. Joseph Home, Louisville, KY **Restorative Care Program**

Equipment	**Function**	**Qty**	**Total Cost**
NuStep T5xr recumbent cross trainers	Fitness, wellness and rehabilitation	3	$18,000
Omnicycle Elite	Upper/lower extremity exercise	1	$8,000
Bariatric Electric Mat		1	$3,200
Exercise Ball 12in		6	$80.00
Weighted Ball 2.2lbs		12	$150.00
HotPacs	Replacement Pads	14	$250.00
Cold Pac Machine W/Jel Pacs		1	$675.00
Foot Stools	Wheelchair - rest	2	$35.00
Wii Games Systems & Games	Encludes extra wands and games	2	$550.00
Therapy Project (Whirlpool Baths)		4	$65,000
Pureed Food Molds		1set	$200.00
Kindle's	Residents to read - Large print	6	$1,800.00
Computer - Staff	Superivisor - RN's	2	$3,000.00
Gait Belts	Resident support belts	20	$700.00
I Pads	Nursing staff	4	$2,000.00
Bolsters	Supports	6 sets	$2,000.00
Exercise Equipment	Strength building		$500.00
Salaries			
Restorative RN & Trainer		1	$40,000.00
Training			
Restorative Care CNA		30	$9,000.00
Total Project			**$155,140**

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

Department of the Treasury

Date: June 27, 2012

Person to Contact:
Roger Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 26, 2012, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2012*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2012* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Cindy Thomas

Cindy Thomas
Manager, Exempt Organizations
Determinations

LITTLE SISTERS OF THE POOR
ST. JOSEPH'S HOME FOR THE AGED
PROPOSED BUDGET 2013

REVENUES	
Nursing Facility Services	$2,186,538.00
Personal Care Services	$264,000.00
TOTAL REVENUES:	$2,450,538.00
OPERATING EXPENSES	
Administrative and General Expense	$565,928.00
Dietary Expenses	$575,285.00
Direct Nursing Care Expense	$1,135,512.00
Direct Personal Care Expense	$451,485.00
Employee Benefits	$594,476.00
Housekeeping Expense	$204,746.00
Laundry/Linen Expense	$63,073.00
Pastoral Care Services/Supplies	$43,490.00
Plant Operating and Maintenance	$482,483.00
Property Expense and Depreciation	$247,000.00
Senior Center Expense/Volunteer	$41,364.00
TOTAL EXPENSES	$4,404,842.00
DEFICIENCY OF REVENUES OVER EXPENSES BEFORE NON-OPERATING REVENUE	($1,954,304.00)
NON-OPERATING REVENUE	
Donated Commodities	$68,516.00
Investment Income	$10,844.00
Miscellaneous Income	$40,000.00
Unrestricted Gifts and Bequests	$970,330.00
Restricted Gifts	$23,150.00
Fund Raising, Net of Expense	$166,661.00
Donated Sisters' Services	$202,000.00
Grant Income	$75,000.00
TOTAL NON OPERATING REVENUE	$1,556,501.00
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSE	($397,803.00)

LITTLE SISTERS OF THE POOR
ST. JOSEPH'S HOME FOR THE AGED
15 AUDUBON PLAZA DRIVE
LOUISVILLE, KY 40217

PRINCIPAL OFFICERS AND DIRECTORS

Sister Chantal Peyton – President
Sister Maureen Courtney – Vice President
Sister Grace Nemitz – Secretary/Treasurer

PROVINCIAL SUPERIOR

Sister Maria Christine Lynch
Provincial of Chicago Province

SUPERIOR GENERAL

Mother Celine de la Vistation
St. Pern, France

LAY ADVISORY BOARD

The Little Sisters of the Poor appreciate the advice received from members of the Lay Advisory Board who help them with their expertise in many areas and in development contacts

BOARD CHAIRMAN	**Mr. Michael O'Connell** Parker & O'Connell The Starks Building, Suite 930 455 S. 4th Street Louisville, KY 40202	H: 209 Pleasantview Avenue 40206 W-584-7196 H - 893-0766 Home: mikeoconnell@insightbb.com Mike.O'Connell@louisvilleky.gov
MEMBER	**Mr. George "Dutch" Boehnlein** 1216 Summit Avenue Louisville, KY 40204	W - 574-0903 H - 458-8076 george.boehnlein@louisville.ky.gov
MEMBER	**Mr. Thomas Elliott** Old National Bank 333 E. Main Street Suite 100 Louisville, KY 40202	H: 324 Browns Lane 40207 W - 540-7333 tommy.elliott@oldnational.com

MEMBER	**Mr. Emil Graeser** 370 Belvar Avenue Louisville, KY 40206	H -894-0540 W - 584-3391 emilg2@bellsouth.net
MEMBER	**Ms. Harriet Lair** Fifth Third Bank 401 S. 4th Street Louisville, KY 40202	H: 1532 Castlewood Avenue 40204 W - 562-5534 H - 461-6838 harriet.lair@53.com
MEMBER	**Mrs. Rosemary Smith** Catholic Education Foundation 401 E. Main Sreet Ste 806 Louisville, KY 40202-2937	H: 4421 Lynnbrook Drive 40220 W-585-2747 H - 451-6678 rsmith@ceflou.org
MEMBER	**Mrs. Alexandra Spoelker** 2319 Tyler Lane Louisville, KY 40205	W - 753-3745 H - 454-0412 Alex.spoelker@bbbsky.org
MEMBER	**Mr. Alan Steiden** 812 Bedfordshire Road Louisville, KY 40222	W - 452-6312 H - 326-3843 asteiden@airsystems-llc.com

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 15 AUDUBON PLAZA DRIVE | Room/suite

City, town or post office, state, and ZIP code LOUISVILLE, KY 40217

D Employer identification number 61-0487466

E Telephone number (502) 636-2300

G Gross receipts $ 3,996,334.

F Name and address of principal officer: SISTER CHANTAL PEYTON 15 AUDUBON PLAZA LOUISVILLE, KY 40217

H(a) Is this a group return for affiliates? ☐ Yes [X] No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶ 0928

K Form of organization: [X] Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation: 1880 | M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE LITTLE SISTERS OF THE POOR CARE FOR THE ELDERLY POOR IN THE SPIRIT OF HUMBLE SERVICE RECEIVED FROM JEANNE JUGAN. THEY WELCOME THE ELDERLY AS WOULD JESUS CHRIST HIMSELF AND SERVE THEM WITH LOVE AND RESPECT.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	3.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	234.
6	Total number of volunteers (estimate if necessary)	6	100.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	2,679,196.	1,187,295.
9	Program service revenue (Part VIII, line 2g)	818,176.	2,381,880.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,260.	10,575.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,552.	314,376.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,659,184.	3,894,126.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,401,478.	3,126,737.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,825.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,161,235.	1,607,074.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,562,713.	4,733,811.
19	Revenue less expenses. Subtract line 18 from line 12	-903,529.	-839,685.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,426,826.	7,135,523.
21	Total liabilities (Part X, line 26)	3,186,264.	3,675,983.
22	Net assets or fund balances. Subtract line 21 from line 20	4,240,562.	3,459,540.

Part II Signature Block

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

Sign Here ▶ Sr Chantal Peyton — Signature of officer | 11-9-13 Date

▶ SISTER CHANTAL PEYTON PRESIDENT — Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	KIM SCIFRES	Kim Scifres, CPA	10/30/13		P01316095
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 400 E. MAIN ST. STE 200 PO BOX 1196 BOWLING GREEN, KY 42102-1196			Phone no. 270-781-0111	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☐

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses $ 4,000,118. including grants of $) (Revenue $ 2,381,880.)

THE ORGANIZATION PROVIDED HEALTH CARE AND OTHER SERVICES FOR RESIDENTS OF THE NURSING HOME. DONATED SERVICES TOTALED $153,625. DONATED COMMODITIES TOTALED $66,520.

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 ▶ 4,000,118.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23		X
24 a	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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	234		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 to any question in this Part VI . . . [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 3			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3			
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?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		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?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ BOOKKEEPER 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SR. CHANTAL PEYTON PRESIDENT	40.00			X				0	0	0
(2) SR MAUREEN COURTNEY VICE PRESIDENT	40.00			X				0	0	0
(3) SR. ROSE MARIE MAYOCK SECRETARY/TREASURER	40.00			X				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-total ▶	0	0	0
c Total from continuation sheets to Part VII, Section A ▶	0	0	0
d Total (add lines 1b and 1c) ▶	0	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,187,295.				
	g Noncash contributions included in lines 1a-1f: $ 66,520.						
	h Total. Add lines 1a-1f ▶			1,187,295.			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICE REVENUE	623000		2,381,880.	2,381,880.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			2,381,880.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			10,575.			10,575.
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross rents	159,593.					
	b Less: rental expenses	53,703.					
	c Rental income or (loss)	105,890.					
	d Net rental income or (loss) ▶			105,890.			105,890.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 . . . a		95,895.				
	b Less: direct expenses . . . b		22,045.				
	c Net income or (loss) from fundraising events ▶			73,850.			73,849.
	9a Gross income from gaming activities. See Part IV, line 19 . . . a		114,417.				
	b Less: direct expenses . . . b		26,460.				
	c Net income or (loss) from gaming activities ▶			87,957.			87,958.
	10a Gross sales of inventory, less returns and allowances . . . a						
	b Less: cost of goods sold . . . b						
	c Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue	Business Code					
	11a OTHER RESIDENT INCOME	812300		5,195.			5,195.
	b MISCELLANEOUS	900099		41,484.			41,484.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			46,679.			
	12 Total revenue. See instructions ▶			3,894,126.	2,381,880.		324,951.

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 to any question in this Part IX . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	27,000.		27,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,584,843.	2,330,338.	254,505.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	341,340.	306,503.	34,837.	
10 Payroll taxes	173,554.	155,841.	17,713.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	661.	595.	66.	
c Accounting	25,225.	20,180.	5,045.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,540.	4,086.	454.	
12 Advertising and promotion	0			
13 Office expenses	60,826.	48,661.	12,165.	
14 Information technology	52,398.	41,918.	10,480.	
15 Royalties	0			
16 Occupancy	0			
17 Travel	1,826.		1,826.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	53,000.	31,800.	21,200.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	433,125.	259,875.	173,250.	
23 Insurance	103,462.	82,770.	20,692.	
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 OPERATION OF PLANT	396,233.	277,363.	118,870.	
b IL (PERS CARE) & NURSING	390,185.	390,185.		
c BAD DEBTS	-28,781.	-28,781.		
d HOUSEKEEPING & PASTORAL	112,549.	78,784.	33,765.	
e All other expenses	1,825.			1,825.
25 **Total functional expenses.** Add lines 1 through 24e	4,733,811.	4,000,118.	731,868.	1,825.
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)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . [ ]

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	990.	1	600.
	2	Savings and temporary cash investments	305,885.	2	693,766.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	584,174.	4	168,463.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	138,239.	9	39,420.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 18,452,183.			
	b	Less: accumulated depreciation — 10b: 12,412,949.	6,397,538.	10c	6,039,234.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	194,040.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,426,826.	16	7,135,523.
Liabilities	17	Accounts payable and accrued expenses	1,436,264.	17	1,825,983.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	1,750,000.	22	1,850,000.
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	3,186,264.	26	3,675,983.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,240,562.	27	3,459,540.
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,240,562.	33	3,459,540.
	34	Total liabilities and net assets/fund balances	7,426,826.	34	7,135,523.

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,894,126.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,733,811.
3	Revenue less expenses. Subtract line 2 from line 1	3	-839,685.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,240,562.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	153,625.
7	Investment expenses	7	0
8	Prior period adjustments	8	-94,962.
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	3,459,540.

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		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?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III-Functionally integrated d [ ] Type III-Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,139,878.	4,286,988.	2,483,643.	2,602,789.	1,187,295.	13,700,593.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,139,878.	4,286,988.	2,483,643.	2,602,789.	1,187,295.	13,700,593.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4.						13,700,593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,139,878.	4,286,988.	2,483,643.	2,602,789.	1,187,295.	13,700,593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,070.	15,580.	8,690.	2,260.	10,575.	59,175.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 **Total support.** Add lines 7 through 10						13,759,768.

12 Gross receipts from related activities, etc. (see instructions) . . . 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . 14 99.57 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . 15 99.69 %

16a **33 1/3 % support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☒

b **33 1/3 % support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2012.** 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 - 2011.** 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 **Supplemental Information.** Complete this part to 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).

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.**

OMB No. 1545-0047

2012

Name of the organization	Employer identification number
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.	61-0487466

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of $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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHERINE CLARE ESTATE 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217-1318	$ 260,133.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	ELLEN HABICH ESTATE 2305 HURSTBOURNE VILLAGE DRIVE LOUISVILLE, KY 40299	$ 96,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	VIRGINIA THARPE CHARITABLE TRUST 8216 GREENWICH COURT FORT WAYNE, IN 46835-8321	$ 71,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	SCHMIDT - MESSMER PERPETUAL CHAR TRUST 416 W. JEFFERSON STREET LOUISVILLE, KY 40202-3202	$ 61,673.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	CURTIS W. MILES IRR CHAR TRUST 4350 BROWNSBORO ROAD SUITE 210 LOUISVILLE, KY 40207-1667	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	RUTH RATTERMAN ESTATE 2612 BELKNAP BEACH ROAD PROSPECT, KY 40059-8010	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARY MACKIN ESTATE 222 E. WITHERSPOON SUITE 401 LOUISVILLE, KY 40202-6313	$ 21,933.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	GE FOUNDATION 3135 EASTON TURNPIKE FAIFIELD, CT 06828-0002	$ 20,831.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	MARJORIE J. BELLINI ESTATE 1900 E. 9TH STREET CLEVELAND, OH 44114-3404	$ 20,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	IRENE EMINGTON 15 AUDUBON PLAZA DRIVE #1221 LOUISVILLE, KY 40217-1318	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	THE COMMUNITY FOUNDATION OF LOUISVILLE 325 W. MAIN ST. SUITE 1110 LOUISVILLE, KY 40202-4251	$ 18,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	AUXILARY LTTLE SISTERS OF THE POOR 1711 ASHFIELD LANE LOUISVILLE, KY 40220-1577	$ 17,633.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MARY ANN ICE 17 AUDUBON PLAZA DRIVE APT 304 LOUISVILLE, KY 40217-1382	$ 10,019.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	DR. FRANK ALVEY ESTATE 2664 KINGS HIGHWAY LOUISVILLE, KY 40205-2668	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	O.H. IRVINE ESTATE 1900 E. 9TH STREET 13TH FLOOR CLEVELAND, OH 44114-3404	$ 9,925.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	FRED B. & OPAL S. WOOSLEY FOUNDATION 500 WEST JEFFERSON STREET SUITE 700 LOUISVILLE, KY 40202-2823	$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	STEVEN CERNICH 508 TIFFANY LANE LOUISVILLE, KY 40207-1426	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	JOAN DAUNHAUER 3303 MOUNT SHASTA WAY LOUISVILLE, KY 40241-6213	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EDWARD KUPPER 1809 DERWOOD AVE LOUISVILLE, KY 40205-1006	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20	JOHN ECKERLE 2137 TYLER LANE LOUISVILLE, KY 40205-2953	$ 5,042.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21	STEPHEN GILDNER 4224 LAKE UNDERHILL ROAD APT. C ORLANDO, FL 32803-7002	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22	ANNE HOECK 809 ALDEN ROAD LOUISVILLE, KY 40207-3616	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

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

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

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

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

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

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

Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number: 61-0487466

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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) Revenues 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 Revenues 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? . . . . . ☐ 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. 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		66,636.		66,636.
b Buildings		15,749,135.	10,219,971.	5,529,164.
c Leasehold improvements		68,794.	40,045.	28,749.
d Equipment		1,510,401.	1,301,771.	208,630.
e Other		1,057,217.	851,162.	206,055.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,039,234.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

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

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements			1	4,083,262.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	153,625.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	153,625.
3	Subtract line **2e** from line **1**			3	3,929,637.
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	-35,511.		
c	Add lines **4a** and **4b**			4c	-35,511.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,894,126.

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

1	Total expenses and losses per audited financial statements			1	4,769,322.
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	35,511.		
e	Add lines **2a** through **2d**			2e	35,511.
3	Subtract line **2e** from line **1**			3	4,733,811.
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	4,733,811.

Part XIII Supplemental Information

Complete this part to 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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

RECONCILIATION OF AUDIT REPORT - REVENUES

SCH D, PART XII, LINE 4B

OTHER ITEMS INCLUDED ON FORM 990 PART VII BUT NOT ON LINE 1:

GAMING/FUNDRAISING EXPENSES NETTED AGAINST INCOME PER RETURN $(35,511)

RECONCILIATION TO AUDIT REPORT - EXPENSES

SCH D, PART XIII, LINE 2D

OTHER ITEAM INCLUDED ON LINE 1 BUT NOT ON FORM 990 PART IX:

GAMING/FUNDRAISING EXPENSES NETTED AGAINST INCOME PER RETURN $35,511

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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.
Employer identification number: 61-0487466

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

2a 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? Yes	No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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 DINNER/AUCTION (event type)	(b) Event #2 DINNER/CRAFT S (event type)	(c) Other events 2. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	17,939.	21,975.	55,981.	95,895.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,939.	21,975.	55,981.	95,895.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,859.	5,161.	11,025.	22,045.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(22,045.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				73,850.

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			114,417.	114,417.
Direct Expenses	2 Cash prizes			19,140.	19,140.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			7,320.	7,320.
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☒ Yes 75.0000% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(26,460.)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				87,957.

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

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10 a 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 operate 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 operated in:

a The organization's facility	**13a**	100.0000 %
b An outside facility	**13b**	%

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

Name ▶ MARY ANN MORGAN

Address ▶ 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217

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 ▶ MARY ANN MORGAN

Gaming manager compensation ▶ $ _______________

Description of services provided ▶ IN CHARGE OF OPERATION OF RAFFLES

☐ 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 ▶ $ 87,958.

Part IV **Supplemental Information.** Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open To Public Inspection

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
ATTACHMENT 1												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . ▶ $						1,850,000.						

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
LSP CHICAGO PROVINCE		CONSTRUCTION OF HOME	X		2,000,000.	1,750,000.		X	X		X	
LSP CHICAGO PROVINCE		CONSTRUCTION OF HOME	X		100,000.	100,000.		X	X		X	

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		66,520.	FMV OF GOODS RECEIVE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_______________)				
26 Other ▶(_______________)				
27 Other ▶(_______________)				
28 Other ▶(_______________)				

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

PROCESS TO REVIEW FROM 990

FORM 990, PART VI, SECTION B, LINE 11

BEFORE SUBMISSION TO THE IRS, THE PREPARER PROVIDES EACH MEMBER OF THE BOARD OF DIRECTORS AND THE DEVELOPMENT OFFICE DIRECTOR A FINAL DRAFT OF THE RETURN, REVIEWS THE ORGANIZATION'S ACTIVITIES AND INFORMS THEM OF TAX LAWS PERTAINING TO LITTLE SISTERS OF THE POOR. THE PROCESS ENSURES LITTLE SISTERS OF THE POOR MEET ALL NECESSARY REQUIREMENTS.

MONITORING THE CONFLICT OF INTEREST POLICY

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

DIRECTORS, OFFICERS, AND ALL EMPLOYEES WHO INFLUENCE THE ACTIONS OF LITTLE SISTERS OF THE POOR ARE COVERED UNDER THIS POLICY. CONFLICT OF INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT WITH ANY PERSONS OR FIRMS INVOLVED WITH LITTLE SISTERS OF THE POOR. TRANSACTIONS WITH PARTIES WITH WHOM CONFLICTING INTEREST EXIST MAY BE UNDERTAKEN ONLY IF THE CONFLICT IS DISCLOSED, THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, A COMPETETIVE BID OR COMPARABLE VALUATION EXISTS AND THE BOARD OR A DULY CONSTITUTED COMMITEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

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

COMPENSATION FOR THE BOARD MEMBERS, CEOS AND EMPLOYEES ARE BASED ON REASONABLE COMPENSATION THAT WOULD BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE OFFICERS, DIRECTORS, AND TRUSTEES ARE MEMBERS OF THE CONGREGATION OF LITTLE SISTERS OF THE POOR AND TAKE A VOW OF POVERTY RENDERING THEM INELIGIBLE FOR COMPENSATION BENEFITS.

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

UPON APPOINTMENT, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS CAN BE REVIEWED ON SITE OR BY REQUEST IN WRITING, THE INFORMATION WILL BE DISTRIBUTED ACCORDINGLY.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE LITTLE SISTERS OF THE POOR OPERATE THE HOME FOR THE AGED WHICH PROVIDES NURSING AND RESIDENTIAL CARE FOR THE ELDERLY IN NEED. THE HOME IS PART OF THE INTERNATIONAL CONGREGATION OF THE LITTLE SISTERS OF THE POOR, WHICH WAS FOUNDED IN FRANCE IN 1839 AND SERVES THE ELDERLY IN 31 COUNTRIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION

Name of the organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number 61-0487466

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALPER SERVICES 60 W. SUPERIOR STREET CHICAGO, IL 60654	CONSULTING	113,003.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

Employer identification number: 61-0487466

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) LITTLE SISTERS OF THE POOR - ST JOSEPH'S 80 WEST NORTHWST HIGHWAY PALATINE, IL 60067-6582	CARE FOR NEED	IL	501(C)(3)	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

JSA
2E1307 1.000
5544FW K917 V 12-7F 1137347

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

		Line	Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

Auditor's Report and Financial Statements

December 31, 2012

BKD LLP

CPAs & Advisors

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

December 31, 2012

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BKD LLP
CPAs & Advisors

600 N. Hurstbourne Parkway, Suite 350 // P.O. Box 22127 // Louisville, KY 40252-0127
502.581.0435 // fax 502.581.0723 // bkd.com

Independent Auditor's Report on Financial Statements and Supplementary Information

Board of Directors
St. Joseph's Home for the Aged of the Little Sisters
of the Poor of Louisville, Kentucky, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home), which comprise the balance sheet as of December 31, 2012, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Home as of December 31, 2012, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of balance sheet information by operations and schedule of statement of operations and changes in net assets information by operations, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

BKD, LLP

Louisville, Kentucky
October 23, 2013

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

Balance Sheet

December 31, 2012

Assets

Current Assets	
Cash	$ 460,312
Patient accounts receivable, net of allowances of $8,100	168,455
Contributions receivable	194,040
Prepaid expenses and other current assets	39,428
Total current assets	862,235
Assets Limited As To Use – Board Designated	234,054
Property and Equipment, At Cost	
Land and land improvements	192,543
Buildings	16,749,239
Equipment	1,510,401
	18,452,183
Less accumulated depreciation	12,412,949
	6,039,234
Total assets	$ 7,135,523

Liabilities and Net Assets

Current Liabilities	
Accounts payable	$ 318,119
Accrued expenses	1,507,864
Total current liabilities	1,825,983
Long-Term Debt	1,850,000
Total liabilities	3,675,983
Net Assets	
Unrestricted	3,459,540
Total liabilities and net assets	$ 7,135,523

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.
Statement of Operations and Changes in Net Assets
Year Ended December 31, 2012

Unrestricted Revenues, Gains and Other Support	
Net patient service revenue	$ 2,381,880
Rental revenue	105,890
Contributions	1,171,105
Contributed services	153,625
Special events	197,318
Other revenue	62,869
Total unrestricted revenues, gains and other support	4,072,687
Expenses and Losses	
Salaries and wages	2,683,318
Employee benefits	606,901
Purchased services and professional fees	331,766
Supplies	118,823
Interest expense	53,000
Depreciation and amortization	430,127
Provision for uncollectible accounts	(28,781)
Special events	35,511
Other	538,657
Total expenses and losses	4,769,322
Operating Loss	(696,635)
Other Income	
Interest income	10,575
Total other income	10,575
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets	(686,060)
Net Assets, Beginning of Year	4,145,600
Net Assets, End of Year	$ 3,459,540

See Notes to Financial Statements

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

Statement of Cash Flows

Year Ended December 31, 2012

Operating Activities	
Change in net assets	$ (686,060)
Items not requiring cash	
Depreciation and amortization	430,127
Provision for uncollectible accounts	(28,781)
Changes in	
Patient accounts receivable	55,933
Contribution receivable	(194,040)
Accounts payable and accrued expenses	407,187
Other assets	374,947
Net cash provided by operating activities	359,313
Investing Activities	
Purchases of investments	(564,054)
Proceeds from dispositions of investments	330,000
Purchase of property and equipment	(71,821)
Net cash used in investing activities	(305,875)
Financing Activities	
Proceeds from issuance of long-term debt	100,000
Net cash provided by financing activities	100,000
Increase in Cash	153,438
Cash, Beginning of Year	306,874
Cash, End of Year	$ 460,312

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

Notes to Financial Statements

December 31, 2012

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home) primarily earns revenues by providing nursing care services and an apartment living facility to low income, elderly residents in Louisville, Kentucky.

Use of Estimates

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

Assets Limited as to Use

Assets limited as to use include assets set aside by the board of directors for future capital improvements over which the board retains control and may, at its discretion, subsequently use for other purposes. Assets limited as to use consist of cash at December 31, 2012.

Patient Accounts Receivable

The Home reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Home provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the Home bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Property and Equipment

Property and equipment are stated at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

Long-Lived Asset Impairment

The Home evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the year ended December 31, 2012.

Net Patient Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Rental Revenue

Rental revenue related to apartment leasing is recognized on the straight-line basis over the term of the agreement. Any amounts received in advance are recorded as unearned revenue.

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Conditional gifts depend on the occurrence of a specified future and uncertain event to bind the potential donor and are recognized as assets and revenue when the conditions are substantially met and the gift becomes unconditional.

Contributed Services

Contributions of services are recognized as revenue at their estimated fair values only when the services received create or enhance nonfinancial assets or require specialized skill possessed by the individuals providing the service and the service would typically need to be purchased if not donated. Contribution revenue for the year ended December 31, 2012, recognized from contributed services consisted of:

General and administrative activities	$	82,000
Health care services		71,625
	$	153,625

Professional Liability Claims

The Home recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 7.

Income Taxes

The Home has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Home is subject to federal income tax on any unrelated business taxable income. The Home files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Home is no longer subject to U.S. federal examinations by tax authorities for years before 2008.

Note 2: Net Patient Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates.

These payment arrangements include revenues from Medicare and Medicaid. The amounts of our service revenues are determined by a number of factors, including the number of licensed beds and occupancy rates of our Home, the acuity levels of patients and the rates of reimbursement among payers.

Approximately 88 percent of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the year ended December 31, 2012. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and changes. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Home has also entered into payment agreements with certain managed care organizations and other third-party payers.

Note 3: Concentration of Credit Risk

Accounts Receivable

The Home grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2012, was:

Medicare	10%
Medicaid	84%
Other third-party payers and patients	6%
	100%

Bank Balances

The Home considers all liquid investments with original maturities of three months or less to be cash equivalents.

At December 31, 2012, the Home's cash accounts did not exceed federally insured limits. The cash included in assets limited as to use are not subject to Federal Deposit Insurance Corporation (FDIC) insurance.

Pursuant to legislation enacted in 2010, the FDIC fully insures all noninterest-bearing transaction accounts beginning December 31, 2010, through December 31, 2012, at all FDIC-insured institutions. This legislation expired on December 31, 2012. Beginning January 1, 2013, noninterest-bearing transaction accounts are subject to the $250,000 limit on FDIC insurance per covered entity.

Note 4: Long-Term Debt

The Home has an uncollateralized note payable in the amount of $1,750,000 due September 12, 2015, with Little Sisters of the Poor Chicago Province, Inc. (Province) which is an organization related to the Home. The note payable includes interest at 3 percent that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of $100,000 due November 2, 2017, with the Province. The note payable includes interest at 3 percent that is due at the maturity of the note.

Note 5: Functional Expenses

The Home provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

Health care services	$ 3,996,893
General and administrative	735,093
Fundraising	37,336
	$ 4,769,322

Note 6: Pension Plan

The Home participates in the Christian Brothers Employee Retirement Plan, a multiemployer-defined benefit pension plan that covers substantially all of its employees. The Home contributed approximately $80,000 to the plan in 2012 that was included in employee benefits as pension expense in 2012 in the statement of operations and changes in net assets.

The Home participates in the Christian Brothers Retirement Savings Plan, a defined contribution pension plan covering substantially all employees. There was no pension expense associated with this plan for the year ended December 31, 2012.

Note 7: Medical Malpractice Costs

The Home purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Home's claim experience, no such accrual has been made. It is reasonably possible this estimate could change materially in the near term.

Note 8: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Notes 1 and 7.

Contributions

Approximately 39 percent of all contributions were received from one donor in 2012.

Litigation

In the normal course of business, the Home is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Home's commercial insurance, *i.e.*, allegations regarding employment practices or performance of contracts. The Home evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Note 9: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The Commonwealth of Kentucky has currently indicated it will participate in the expansion of the Medicaid program.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Home's net patient service revenue. Additionally, it is possible the Home will experience payment delays and other operational challenges during PPACA's implementation.

Note 10: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplementary Information

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

Schedule of Balance Sheet Information by Operation

December 31, 2012

	Nursing Home	Apartments	Eliminations	Total
Assets				
Current Assets				
Cash and cash equivalents	$ 433,262	$ 27,050	$ -	$ 460,312
Patient accounts receivable, net of allowance	168,455	-	-	168,455
Contributions receivable	194,040	-	-	194,040
Prepaid expenses and other current assets	37,418	2,010	-	39,428
Due from apartments	130,233	-	(130,233)	-
Total current assets	963,408	29,060	(130,233)	862,235
Assets Limited As To Use – Board Designated	234,054	-	-	234,054
Property and Equipment, At Cost				
Land and land improvements	169,540	23,003	-	192,543
Buildings	11,672,825	5,076,414	-	16,749,239
Equipment	1,396,429	113,972	-	1,510,401
	13,238,794	5,213,389	-	18,452,183
Less accumulated depreciation	9,554,468	2,858,481	-	12,412,949
	3,684,326	2,354,908	-	6,039,234
Total assets	$ 4,881,788	$ 2,383,968	$ (130,233)	$ 7,135,523
Liabilities and Net Assets				
Current Liabilities				
Accounts payable	$ 318,119	$ -	$ -	318,119
Accrued expenses	1,507,864	-	-	1,507,864
Due to nursing home	-	130,233	(130,233)	-
Total current liabilities	1,825,983	130,233	(130,233)	1,825,983
Long-Term Debt	1,850,000	-	-	1,850,000
Total liabilities	3,675,983	130,233	(130,233)	3,675,983
Net Assets				
Unrestricted	1,205,805	2,253,735	-	3,459,540
Total liabilities and net assets	$ 4,881,788	$ 2,383,968	$ (130,233)	$ 7,135,523

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.
Schedule of Statement of Operations and Changes in Net Assets by Operation
Year Ended December 31, 2012

	Nursing Home	Apartments	Eliminations	Total
Operating Revenues				
Net patient service revenue	$ 2,381,880	$ -	$ -	$ 2,381,880
Rental revenue	-	105,890	-	105,890
Contributions	1,171,105	-	-	1,171,105
Contributed services	153,625	-	-	153,625
Special events	197,318	-	-	197,318
Other revenue	62,869	-	-	62,869
Total operating revenues	3,966,797	105,890	-	4,072,687
Operating Expenses				
Salaries and wages	2,642,235	41,083	-	2,683,318
Employee benefits	599,803	7,098	-	606,901
Purchased services and professional fees	319,834	11,932	-	331,766
Supplies	114,491	4,332	-	118,823
Interest expense	53,000	-	-	53,000
Depreciation and amortization	293,168	136,959	-	430,127
Provision for uncollectible accounts	(29,528)	747	-	(28,781)
Special events	35,511	-	-	35,511
Other	488,917	49,740	-	538,657
Total operating expenses	4,517,431	251,891	-	4,769,322
Operating Loss	(550,634)	(146,001)	-	(696,635)
Other Income				
Interest income	10,529	46	-	10,575
Total other income	10,529	46	-	10,575
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets	(540,105)	(145,955)	-	(686,060)
Net Assets, Beginning of Year	1,745,910	2,399,690	-	4,145,600
Net Assets, End of Year	$ 1,205,805	$ 2,253,735	$ -	$ 3,459,540

Tolbert, Michael A., St. Thomas More, Louisville
Tomes, David R., St. Boniface, Louisville
Turner, James R., St. Martin de Porres; St. Augustine, Louisville
Turner, Scott R., St. Thomas; St. Monica, Bardstown
Vessels, Michael J., St. John the Baptist, Rineyville; St. Brigid, Vine Grove
Villalobos, Francisco J., St. Bartholomew, Louisville
Waldon, F. Eugene, Our Lady of Lourdes, Louisville
Wall, Joseph, (Retired)
Walsh, Richard J., St. Joseph, Bardstown
Ward, Ken, St. Martha, Louisville
Whelan, John R., St. Martin of Tours, Flaherty
Wiechert, Joseph C., St. Gregory, Samuels
Wright, Joseph P., Dir., Permanent Diaconate Office, Dir., Permanent Diaconate Office, Holy Family, Louisville; St. Therese, Louisville
Young, R. James, (On Leave)
Zoldak, Richard P., St. Martin of Tours, Louisville

INSTITUTIONS LOCATED IN THE ARCHDIOCESE

[A] COLLEGES AND UNIVERSITIES

LOUISVILLE. *Bellarmine University*, 2001 Newburg Rd., 40205-0671. Tel: 502-272-8000; Fax: 502-272-8033. Web: www.bellarmine.edu. John Stemmer, Librarian. Priests 4; Sisters 1; Students 3,090.
Administration Officers: Most Rev. Joseph E. Kurtz, D.D., Archbishop of Louisville, Chancellor; Revs. Clyde F. Crews; George A. Kilcourse; Isaac McDaniel; Adam Bunnell, O.F.M.Conv.; Dr. Michael Mattei, Dean Continuing & Professional Studies; Dr. Dan Bauer, Dean of the Rubel School of Business; Dr. Susan Davis, Dean of the Lansing School of Nursing; Mr. Glenn Kosse, Vice Pres. Devel. & Alumni Rels.; Dr. Joseph J. McGowan, Pres.; Dr. Cindy Gnadinger, Asst. Vice Pres. Academic Affairs; Dr. Fred W. Rhodes, Vice Pres. Student Affairs; Mr. Tim Sturgeon, Dean of Admissions; Dr. Doris Tegart, Provost; Dr. Melanie Prejean Sullivan, Dir. Campus Ministry; Mr. Sean Ryan, Vice Pres. Enrollment Mgmt.; Mr. Robert L. Zimlich, Vice Pres., Admin. & Finance; Mr. Hunt Helm, Vice Pres. Communications & Public affairs; John Stemmer, Dir., Library.

**Spalding University*, 845 S. 3rd St, 40203. Tel: 502-585-9911; Fax: 502-585-7158. Web: www.spalding.edu. Tori Murden McClure, Pres.; Dr. Randy Strickland, Provost; Dr. Beverly Keepers, Dean College of Education; Dr. John James, Dean College of Social Sciences & Humanities; Dr. Richard Hudson, Dean Student Devel. & Campus Life; Bobbie Rafferty, Senior Dir. Advancement & Philanthropy; Joanne Berryman, Dean College of Health & Natural Sciences; Mark Hohman, CFO; Chris Hart, Dean Enrollment Mgmt.; Rick Barney, Exec. Dir. Mktg. & Public Rels.; Ezra Krumhansl, Exec. Dir. Information Technology; Melissa Lowe, Exec. Dir. Human Resources. Sisters 1; Lay Teachers 92; Students 2,069.

ST. CATHARINE. *St. Catharine College*, 2735 Bardstown Rd., 40061. Tel: 859-336-5082; Fax: 859-336-5031. Email: ckays@sccky.edu. Web: www.sccky.edu. Mr. Bill Huston, Pres.; Dr. Don Giles, Vice Pres. & Academic Dean; Roger L. Marcum, Exec. Vice Pres.; Rev. Benedict J. Brown, Chap.; Ilona Burdette, Librarian. Dominican Sisters of Peace Priests 1; Sisters 10; Lay Teachers 45; Students 1,083.

[B] HIGH SCHOOLS, ARCHDIOCESAN

LOUISVILLE. *St. Francis DeSales High School*, 425 Kenwood Dr., 40214. Tel: 502-368-6519; Fax: 502-366-6172. Web: www.desaleshighschool.com. Mr. Douglas Strothman, Pres.; Mrs. Mary Lee McCoy, Prin. Lay Teachers 30; Students 330.

Holy Cross High School, 5144 Dixie Hwy., 40216. Tel: 502-447-4363; Fax: 502-448-1062. Email: holycross@holycrosshs.com. Web: www.holycrosshs.com. Mr. Tim Weihe, Pres.; Ms. Danielle Wiegandt, Prin. Sisters 1; Lay Teachers 22; Students 250.

Trinity High School, 4011 Shelbyville Rd., 40207. Tel: 502-895-9427; Fax: 502-895-6837. Web: trinityrocks.com; www.thsrock.net. Dr. Robert J. Mullen, Pres.; Mr. Daniel J. Zoeller, Prin.; Rev. David H. Zettel, Chap. (Retired); Ms. Charlotte Miller, Librarian. Priests 1; Sisters 1; Lay Teachers 93; Students 1,310.

BARDSTOWN. *Bethlehem High School* 40004. Tel: 502-348-8594; Fax: 502-349-1247. Email: BHS@bethlehemhigh.org. Web: www.bethlehemhigh.org. Tom Hamilton, Prin.; Mrs. Susan Simpson, Librarian. Sisters of Charity of Nazareth. Sisters 1; Lay Teachers 24; Students 317.

[C] HIGH SCHOOLS, PRIVATE

LOUISVILLE. *Academy of Our Lady of Mercy*, 5801 Fegenbush Ln., 40228. Tel: 502-671-2010; Fax: 502-491-0661. Email: mjohnson@mercyacademy.com. Web: www.mercyacademy.com. Mr. Michael C. Johnson, Pres.; Julie H. Crone, Prin.; Karen Alpiger, Asst. Prin.; Kristina Hortert, Librarian. Sisters of Mercy 2; Lay Teachers 55; Students 612.

Assumption High School, 2170 Tyler Ln., 40205. Tel: 502-458-9551; Fax: 502-454-8411. Web: www.ahsrockets.org. Elaine Salvo, Pres.; Rebecca Henle, Prin.; Erica Lasley, Librarian. Sisters of Mercy. Sisters 1; Lay Teachers 84; Students 866.

Presentation Academy, 861 S. 4th St., 40203. Tel: 502-583-5935; Fax: 502-583-1342. Email: mbruder@presentationacademy.org. Web: www.presentationacademy.org. Sr. Christine Beckett, S.C.N., Pres.; Barbara Wine, Prin.; Terry Roberts, Librarian. Sisters 2; Lay Teachers 33; Students 267.

Sacred Heart Academy, 3175 Lexington Rd., 40206. Tel: 502-897-6097; Fax: 502-893-0120. Email: officesha@sacredheartschools.org. Web: www.sacredheartschools.org/academy. Dr. Beverly McAuliffe, Prin.; Linda Lenahan, Librarian. Ursuline Sisters. Sisters 2; Lay Teachers 76; Students 816.

St. Xavier High School, Xaverian Brothers, 1609 Poplar Level Rd., 40217. Tel: 502-637-4712; Fax: 502-634-2171. Email: psangalli@saintx.com. Web: www.saintx.com. Dr. Perry E. Sangalli, Pres.; Frank Espinosa, Prin.; Mrs. Elaine Steinberg, Librarian. Lay Teachers 122; Students 1,390.

[D] ELEMENTARY SCHOOLS, PRIVATE

LOUISVILLE. **Holy Angels Academy, Inc.*, (Grades K-12), 12201 Old Henry Rd., 40223. Tel: 502-254-9440; Fax: 502-254-9907. Joseph M. Norton, Headmaster and Prin., Grade School; Michael A. Monaghan, Prin., High School; Rev. Robert M. Gregor, C.P.M., Chap. Priests 1; Lay Teachers 12; Students 100.

Sacred Heart Model School, (Grades K-8), 3107 Lexington Rd., 40206. Tel: 502-896-3931; Fax: 502-896-3932. Email: mbowling@sacredheartschools.org. Web: www.sacredheartschools.org. Dr. Mary Beth Bowling, Prin.; Mrs. Carol Kraemer, Librarian. Sisters 1; Lay Teachers 36; Students 360.

Sacred Heart Preschool, 3105 Lexington Rd., 40206. Tel: 502-896-3941; Fax: 502-896-3966. Web: www.sacredheartschools.org. Vicki Furlow, Dir. Lay Teachers 40; Students 256.

[E] REGIONAL SCHOOLS

LOUISVILLE. *St. Andrew Academy*, (Grades PreK-8), 7724 Columbine Dr., 40258. Tel: 502-935-4578; Fax: 502-933-2204. Email: office@standrewacademy.com. Jennifer Barz, Prin.; Cathy Wright, Literacy Coord. Lay Teachers 11; Students 212.

John Paul II Academy, (Grades PreK-8), 3525 Goldsmith Ln., 40220. Tel: 502-452-1712; Fax: 502-451-2462. Lynn Wilt, Prin.; Nancy Heady, Librarian. Lay Teachers 25; Students 277.

St. Nicholas Academy, (Grades K-8), 5501 New Cut Rd., 40214. Tel: 502-368-8506; Fax: 502-380-5453. Email: kdelozier@sna-panthers.org. Web: www.sna-panthers.org. Kathy DeLozier, Prin. Lay Teachers 27; Total Enrollment 416.

Notre Dame Academy, (Grades PreK-8), 1927 Lewiston Dr., 40216. Tel: 502-447-3155; Fax: 502-447-5515. Email: b.scherr@ndasaints.org. Web: ndasaints.org. Bernice Scherr, Prin.; Mrs. Daivie Kay, Librarian. Sisters 1; Lay Teachers 26; Students 447.

PROSPECT. *St. Mary Academy*, (Grades PreK-8), 11311 Saint Mary Ln., 40059. Tel: 502-315-2555; Fax: 502-326-3655. Ms. Julie Tobbe, Prin. Lay Teachers 33; Students 540.

[F] SPECIAL SCHOOLS

LOUISVILLE. *St. Joseph Child Development Center*, 2823 Frankfort Ave., 40206. Tel: 502-893-0241; Fax: 502-896-2394. Web: www.sjkids.org. Leanna Mays, Admin. Students 150; Teachers 32.

**Nativity Academy*, 529 E. Liberty St., 40202. Tel: 502-855-3300; Fax: 502-562-2192. Carol Nord, Exec. Dir.; Meghan Weyland, Prin. (Grades 6-8) Students 54; Staff 17.

Pitt Academy, 6010 Preston Hwy., 40219. Tel: 502-966-6979; Fax: 502-962-8878. Email: sdowney@pitt.com. Web: www.pitt.com. Sherry Downey, Prin. Lay Teachers 12; Students 65.

Sacred Heart School for the Arts, 3105 Lexington Rd., 40206. Tel: 502-897-1816; Fax: 502-896-3927. Email: dthurmond@sacredheartschools.org. Web: www.sacredheartschools.org. David X. Thurmond, Dir. Students 400.

[G] ORPHANAGES AND INFANT HOMES

LOUISVILLE. *St. Joseph Catholic Orphan Society*, 2823 Frankfort Ave., 40206. Tel: 502-893-0241; Fax: 502-896-2394. Web: www.sjkids.org. Paul Hirn, Pres. Bd. of Directors.

St. Thomas Orphan Society, Inc., P.O. Box 1073, 40201.

St. Vincent's Orphan Society, Inc., P.O. Box 1073, 40201.

[H] GENERAL HOSPITALS

LOUISVILLE. *SS. Mary and Elizabeth Hospital*, 1850 Bluegrass Ave., 40215. Tel: 502-361-6000; Fax: 502-361-6799. Web: jhsmh.org. James Parobek, Pres. & CEO. Catholic Health Initiatives. Sisters 4; Bed Capacity 298; Patients Assisted Annually 170,000.

BARDSTOWN. *Flaget Healthcare, Inc. dba Flaget Memorial Hospital* 4305 New Shepherdsville Rd., 40004. Tel: 502-350-5000; Fax: 502-350-5039. Email: info@flaget.com. Web: www.flaget.com. Sue Downs, Pres. Catholic Health Initiatives., Attended from St. Joseph Church. Sisters 2; Bed Capacity 52; Bassinets 8; Patients Assisted Annually 93,350.

[I] SPECIAL HOSPITALS

LOUISVILLE. *Our Lady of Peace*, 2020 Newburg Rd., 40205. Tel: 502-451-3330; Fax: 502-479-4140. Email: rebecca.kistler@jhsmh.org. Web: www.jhsmh.org. Jennifer Nolan, Pres. & CEO. Catholic Health Initiatives., Hospital for Psychiatric Illness. Sisters 1; Bed Capacity 396; Patients Assisted Annually 5,907.

[J] PROTECTIVE INSTITUTIONS

LOUISVILLE. *Boys' Haven*, 2301 Goldsmith Ln., 40218. Tel: 502-458-1171; Fax: 502-451-2161. Email: jhadley@boyshaven.org. Web: www.boyshaven.org. Jeff Hadley, CEO. For dependent, neglected, or abused boys and girls, 12 to 23 years of age. Total Assisted 765.

St. Joseph Children's Home, 2823 Frankfort Ave., 40206. Tel: 502-893-0241; Fax: 502-212-1290. Web: www.sjkids.org. Pamela Cotton, L.C.W., M.S.S.W., Exec. Dir. Children 40.

[K] NURSING HOMES

LOUISVILLE. *St. Joseph Home for the Aged*, 15 Audubon Plaza Dr., 40217. Tel: 502-636-2300; Fax: 502-636-2239. Web: www.littlesistersofthepoor.org. Sr. Isabel Londono-Gomez, Pres.
Home for the Aged of the Little Sisters of the Poor Sisters 10; Bed Capacity 77.

Nazareth Home, Inc., 2000 Newburg Rd., 40205. Tel: 502-459-9681; Fax: 502-456-9077. Email: mhaynes@nazhome.org. Web: nazhome.org. Mary Haynes, CEO & Admin.; Bridget Bunning, Dir. Pastoral Care; Deacon Lawrence Biven, Chap. Sisters of Charity of Nazareth. Staff Sisters 2; Residents 168; Personal Care 33; Total Staff 259.

[L] MONASTERIES AND RESIDENCES OF PRIESTS AND BROTHERS

LOUISVILLE. *Bishop David Apartments*, 5146 Dixie Hwy., 40216. Tel: 502-449-2159. Revs. Albert L. Wilson, Dir. (Retired); John B. Gephart (Retired); Donald P. Ryan (Retired); Gerald L. Timmel (Retired). Priests 4.

St. Francis of Assisi Friary, 2225 Lower Hunters Trace, 40216. Tel: 502-447-5566. Revs. Christian Moore, O.F.M.Conv.; Paul Schloemer, O.F.M.Conv.; Bros. Larry Eberhardt, O.F.M.Conv.; John Mauer, O.F.M.Conv.; Dennis Moses, O.F.M.Conv.

St. Louis Bertrand Priory, 1104 S. Sixth St., 40203. Tel: 502-583-4448; Fax: 502-589-0056. Very Rev. William P. Garrott, O.P., Prior; Revs. George G. Christian, O.P.; William Dominic Fields, O.P.; Elias A. Henritzy, O.P.; James B. Muller, O.P.; Emmanuel Bertrand, O.P. Priests: see St. Louis Bertrand Parish Priests 6.

Sacred Heart Retreat, 1924 Newburg Rd., 40205. Tel: 502-451-2330; Fax: 502-451-0192. Web: www.passionist.org. Rev. John Schork, C.P., Local Supr. (Corporate Title: Congregation of the Passion, Sacred Heart Community) Priests 13; Brothers 2. In Res. Revs. Leon Grantz, C.P.; Philip Schaefer, C.P.; Emmet Linden, C.P.; Joseph Mitchell, C.P.; Albert Schwer, C.P.; Frederick Sucher, C.P.; Bernard Weber, C.P.; David Colhour, C.P.; Robert Weiss, C.P.; Alfred Pooler, C.P.; Louis

Louisville Metro Council Neighborhood Development Fund Narrative

I. Organizational Summary

a. Mission

The Little Sisters extend care, compassion and respect to the elderly, in helping them to maintain dignity and a feeling of well-being. The Little Sisters welcome all elderly, age 65 years and older with limited financial means, regardless of race, national origin, religion, age or gender to become a Resident of St. Joseph's Home or to participate in the Senior Day Center

b. History

In 1868, the Little Sisters established the first U.S. Homes. Father Earnest Lelievre, a priest who dedicated his life to this young Congregation, sailed to America in May, 1868. A mere 8 months later, the first Home of the Little Sisters was opened in Louisville, Kentucky. This Home at 622 South 10th Street was in operation from 1869 through 1977. The Home was finally closed due to severe structural problems. The Little Sisters were sorely missed in the Louisville community and with an outpouring of love, a group formed to raise funds to build a new Home and bring the Little Sisters back. The current Home was built in 1991 and the Little Sisters returned to Louisville.

c. Current programs and/or activities

The sole purpose of the Little Sisters of the Poor is serving the needs of the elderly poor in the Louisville Metropolitan area. Quality care is provided to 77 residents (with an average age of 84 ½ years) who are without the means, family or social support to maintain independence in the community. The continuum of services permits a sense of security throughout their life. In Louisville, our services include a 50-bed nursing home with three levels of care, a 27-unit apartment building for the elderly and a Senior Day Center. The Senior Day Center is open to needy elderly in the community as well as those living at St. Joseph's Home.

Levels of care are:

Apartment Living – Offered to the needy elderly who are still able to live independently. Rent is based on income.

Personal Care – For the ambulatory senior who desire minimal assistance while still being able to perform basic tasks of daily personal care independently (dressing, bathing, etc.)

Nursing Care – (Assisted and Skilled Care), for those residents who need more extensive nursing care and assistance with their daily needs.

The Little Sisters not only provide a comfortable home and nutritious meals for impoverished seniors, they care for the whole person by offering: medical and nursing services, pastoral services, social services, an extensive activity program, Senior Day Center, beauty shop and barber shop services and as needed physical and occupational therapies.

d. Accomplishments

St Joseph's Home has provided a safe haven for over 6000 of the poorest elderly in the Louisville area in the last 144 years. Although, St. Joseph's Home is open to all regardless of race, religion, gender or nationality, as Little Sisters of the Poor, the Sisters take vows of Chastity, Poverty, and Obedience as do many of the religious orders. The Little Sisters of the Poor take a fourth vow of Hospitality which guides their profound respect for life. It is through this respect, that the Little Sisters take turns as to never leave a Resident and their family, offering them comfort and prayer on the Resident's final days as they journey toward eternal life.

II. Purpose of Grant

Restorative nursing is basically person-centered, whole-person nursing care; the kind of nursing that is practiced every time a Resident is cared for. The difference in a formalized restorative nursing program is that activities of daily living are considered therapeutic modalities. Nursing assistants are trained to instruct, encourage, guide, and assist residents to perform self-care skills with as much independence as possible. Quality of life is a natural outcome of restorative care.

Functional decline, on the other hand, can lead to depression, withdrawal, social isolation, and complications of immobility, such as incontinence and pressure ulcers. Functional decline has been described as the "main determinant of quality of life, cost of care, and vital prognosis" (Baztan, 2009).

Restorative Program

a. Overview:

Restorative Nursing is not a new concept the techniques have been taught in nursing school and CNA training programs for decades. Restorative measurements are not a separate entity, but integrated into routine nursing care. Restorative Nursing is based on a belief of the dignity and worth of each individual, moving away from stereotyping or labeling a person by injury, age or diagnosis. Nurses, not physicians or therapists, order restorative nursing programs. Restorative nursing is not rehabilitation therapy. Rehab and restorative nursing complement each other but are not the same. Therapy is based on a medical model, while restorative nursing is based on the nursing model. Therapy is faster-paced, with a significant progress being made in a short amount of time. Restorative nursing focuses on maintaining function in a long-term ongoing process. Improvement is hoped for but not required. Restorative nursing bases treatment on restoring or compensating for skills lost through chronic disease, disuse, or other physiological factors. Most residents, by the nature of their needing nursing home care, are restorative nursing candidates. "Most residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding self-involvement in ADL's." (RAI Manual). Unlike therapy criteria, the resident does not have to show a potential for significant improvement, although that is always to be a goal if possible. Preventing decline alone is a sufficient justification for a restorative nursing program.

b. Goals:

The goals of the Restorative Program are to return or maintain an individual to their highest practicable physical, mental and psychological functional level. By utilizing the skills and expertise of each discipline an effective program will be implemented to assure and an individual will not deteriorate or diminish unless circumstances, such as a progressive deteriorating condition, makes the decline unavoidable. This will allow for the best individual outcome allowing Residents to be as independent as possible for as long as possible.

c. Criteria:

Measurable objectives and interventions must be documented in the care plan and in the clinical record. Evidence of periodic evaluation by a licensed nurse must be present in the clinical record. Certified nursing assistants must be trained in the tasks and techniques that promote resident involvement in the activity. Activities are to be for individuals or in small groups of four or fewer to ensure individual attention and must be supervised by nursing staff. Restorative Nursing can be working in conjunction with formalized therapy, when preparing a resident for discharge from therapy services, or working independently when formalized services are not indicated.

Types of Restorative Programs Elements:

- **Range of Motion (Passive)** – resident takes no part in the activity-moving the body part around a fixed point or joint thru the resident's available ROM (range of motion). Using equipment such as NuStep Recumbent Cross Trainer, which allows gradual transition from passive participation to active participation. All activities must be planned, scheduled and documented.
- **Range of Motion (Active)** – exercises are performed by a resident with cueing and under the supervision of the nursing staff. All activities must be planned, scheduled and documented.
- **Splint or Brace Assistance** – can be of two types: 1) Staff provides verbal and physical guidance and direction that teaches the resident how to apply, manipulate and care for the brace/splint. 2) Staff have a scheduled program of applying and removing a splint/brace,

observing the resident's skin and circulation under the device and correct position of the limb. All activities must be planned, scheduled and documented.

- **Bed Mobility** – activity used to improve or maintain the resident's self-performance in moving to and from a lying position, turning from side to side and positioning self in bed.
- **Transfer** – activity to improve or maintain the resident's self-performance in moving between surfaces either with or without assistive devices.
- **Walking** – activity to improve or maintain self-performance in walking with or without assistive devices.
- **Dressing or Grooming** – activity used to improve or maintain the resident's self-performance in dressing/undressing, bathing and washing, and other person hygiene tasks.
- **Eating or Swallowing** – activity used to improve or maintain self-performance in feeding one's self food and fluids, or activities used to improve or maintain resident's ability to ingest nutrition and hydration by mouth.
- **Communication** – activity used to improve or maintain self-performance in newly acquired functional communication skills or assisting in using residual communications and adaptive services.
- **Amputation/Prosthesis Care** – activity used to improve or maintain in putting on and removing prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body.
- **Schedule toileting program and/or bladder retaining program** – This usually placed on the ADL flow sheet and documented on each time the schedule is completed and the resident's response to the modality. The exact description of the plan must be documented including frequency, reason and response.
- **Other** – any other activities used to improve or maintain the resident's self-performance in functioning. (e.g., teach self-care for diabetic management, self-administration of medications, ostomy care, cardiac rehabilitation. These must be planned, scheduled and documented. All plan of care objectives must be evaluated periodically by a licensed nurse.

d. Benefits of Restorative Programing

Restorative nursing techniques can help prevent falls and fractures by keeping people's bones and muscles as strong as possible

It gives resident's motivation and a sense of well-being.

*A Care2LearnEnterprise White Paper – Barbara Acello, MS, RN

** The Long Term Care Nursing Coalition of Mississippi

III. Sustainability

As is the history of St. Joseph's Home to be good stewards of the gifts they receive from the community. A large component of this program will be the initial purchase of equipment and training of staff. Once the initial phase is complete, CE training, new hire training will be absorbed in the increased services revenue from Medicaid.

BKD LLP
CPAs & Advisors

600 N. Hurstbourne Parkway, Suite 350 // P.O. Box 22127 // Louisville, KY 40252-0127
502.581.0435 // fax 502.581.0723 // bkd.com

Board of Directors and Management
St. Joseph's Home for the Aged of the Little Sisters
of the Poor of Louisville, Kentucky, Inc.
Louisville, Kentucky

As part of our audit of the financial statements of St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home) as of and for the year ended December 31, 2012, we wish to communicate the following to you.

Audit Scope and Results

Auditor's Responsibility Under Auditing Standards Generally Accepted in the United States of America

An audit performed in accordance with auditing standards generally accepted in the United States of America is designed to obtain reasonable, rather than absolute, assurance about the financial statements. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our engagement letter more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our engagement letter more specifically describes your responsibilities.

Qualitative Aspects of Significant Accounting Policies and Practices

Significant Accounting Policies

The Home's significant accounting policies are described in Note 1 of the audited financial statements.

Alternative Accounting Treatments

We had discussions with management regarding alternative accounting treatments within accounting principles generally accepted in the United States of America for policies and practices for material items, including recognition, measurement and disclosure considerations related to the accounting for specific transactions as well as general accounting policies, as follows:

- No matters are reportable.

Management Judgments and Accounting Estimates

Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. The following area involves significant estimates for which we are prepared to discuss management's estimation process and our procedures for testing the reasonableness of this estimate:

- Allowance for uncollectible accounts

Financial Statement Disclosures

The following areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures:

- No matters are reportable.

Audit Adjustments

During the course of any audit, an auditor may propose adjustments to financial statement amounts. Management evaluates our proposals and records those adjustments which, in its judgment, are required to prevent the financial statements from being materially misstated. Some adjustments proposed were not recorded because their aggregate effect is not currently material; however, they involve areas in which adjustments in the future could be material, individually or in the aggregate.

Areas in which adjustments were proposed include:

Proposed Audit Adjustments Recorded

- No matters are reportable.

Proposed Audit Adjustments Not Recorded

- Attached is a summary of uncorrected misstatements we aggregated during the current engagement and pertaining to the latest period presented that were determined by management to be immaterial, both individually and in the aggregate, to the financial statements as a whole.

Auditor's Judgments About the Quality of the Home's Accounting Principles

During the course of the audit, we made the following observations regarding the Home's application of accounting principles:

- No matters are reportable.

Significant Issues Discussed With Management

Prior to Retention

During our discussion with management prior to our engagement, the following issues regarding application of accounting principles or auditing standards were discussed:

- No matters are reportable.

During the Audit Process

During the audit process, the following issues were discussed or were the subject of correspondence with management:

- No matters are reportable.

Difficulties Encountered in Performing the Audit

Our audit requires cooperative effort between management and the audit team. During our audit, we found significant difficulties in working effectively on the following matters:

- No matters are reportable.

Other Material Written Communication

Listed below is the only other material written communication between management and BKD related to the audit:

- Management representation letter (attached)

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements of the Home as of and for the year ended December 31, 2012, in accordance with auditing standards generally accepted in the United States of America, we considered the Home's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Home's internal control. Accordingly, we do not express an opinion on the effectiveness of the Home's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all deficiencies, significant deficiencies or material weaknesses have been identified.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements of the Home's financial statements on a timely basis. A deficiency in design exists when a control necessary to meet a control objective is missing or an existing control is not properly designed so that, even if the control operates as designed, a control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Home's financial statements will not be prevented or detected and corrected on a timely basis.

A significant deficiency is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

We observed the following matters we consider to be deficiencies.

Deficiencies

Unrecorded Audit Adjustments

Unrecorded audit adjustments relating to patient trust accounts, accounts payable and the allowance for doubtful accounts were proposed to management but not recorded due to their overall immateriality, both individually and in the aggregate, to the financial statements taken as a whole. We recommend management consider these proposed adjustments throughout the year for recording on its interim financial statements.

Financial Statement Preparation and Disclosures

The preparation of the Home's financial statements and related note disclosures in accordance with accounting principles generally accepted in the United States of America was outsourced during the year-end audit. Preparation of financial statements is complicated, which requires management to be knowledgeable of a considerable number of accounting standards that are constantly changing. Given the level of complexities associated with this process, we do not believe management has complete knowledge of the most current standards affecting the Home to prepare the financial statements, including all applicable note disclosures (similar in format to those presented in the annual audit report), in accordance with accounting principles generally accepted in the United States of America. Additionally, we noted management does not currently have access to current disclosure checklists to ensure propriety and completeness of the financial statement notes.

For management to become fully educated with all applicable standards would take a considerable amount of time, require continuous hands-on experience preparing annual financial statements and note disclosures to remain current. Because of this, many organizations continue to outsource this annual financial statement preparation.

We recommend management consider the costs versus benefits of increasing its knowledge of all standards applicable to the Home's various accounting situations.

Review of Journal Entries

Currently, there is no review of nonstandard journal entries being prepared by the business office manager. We recommend the president or administrator review significant nonstandard journal entries made on a monthly basis as a control procedure to help ensure the financial integrity of the monthly and year-end financial statements. This would also help ensure another individual is adequately informed about, and involved in, decisions affecting the financial statements.

Other Matters

Although not considered material weaknesses, significant deficiencies or deficiencies in internal control over financial reporting, we observed the following matters and offer these comments and suggestions with respect to matters which came to our attention during the course of the audit of the financial statements. Our audit procedures are designed primarily to enable us to form an opinion on the financial statements and, therefore, may not bring to light all weaknesses in policies and procedures that may exist. However, these matters are offered as constructive suggestions for the consideration of management as part of the ongoing process of modifying and improving financial and administrative practices and procedures. We can discuss these matters further at your convenience and may provide implementation assistance for changes or improvements.

Potential Changes to the Method of Accounting for Leases Under U.S. Generally Accepted Accounting Principles (U.S. GAAP)

The FASB and IASB (Boards) have completed their redeliberations on the leases project and are in the process of drafting the revised exposure draft (ED). The revised ED will achieve its key objective of requiring all leases (other than short-term leases) to be recognized on the balance sheet. The proposal establishes a "dual-model" income statement recognition approach in which leases are accounted for under either (1) the interest and amortization (I&A) approach (accelerated expense recognition) or (2) the single lease expense (SLE) approach (straight-line expense recognition).

Determining which approach to apply will depend on the level of consumption of the underlying asset during the lease period. As a practical expedient, a presumption can be made that leases of property, *i.e.*, land or building, should result in a straight-line recognition pattern and leases of nonproperty, *e.g.*, equipment and vehicles, should result in a front-loaded (financing) recognition pattern.

The final standard will likely be issued in 2014, with an effective date no earlier than 2017.

Many of the proposed changes will require more monitoring and recordkeeping. Organizations should evaluate the potential impacts of the proposal on their financial statements, particularly with regard to financial ratios, results and related matters. These changes may have unexpected impacts on debt covenants or other contracts with lenders, vendors, employees, regulators, etc., that may require revision to maintain the original intent.

The above information remains subject to additional clarification and/or modification up to the point that a final standard is issued.

Affordable Care Act

The effects of the *Affordable Care Act* (Act) are far-reaching and complex and will have an impact on substantially all employers. Several of the provisions will phase in by January 2014 with the remaining major provisions phased in by 2018. The biggest provision affecting employers is the Employer Shared Responsibility payment or the "pay or play" rules. Beginning in 2015, a large employer (generally employers with 50 or more full-time equivalent employees) that does not offer qualifying health insurance coverage as required under the Act, will be required to pay a penalty if any full-time employee certifies to the employer as having purchased health insurance through a state exchange and a tax credit or cost-sharing reduction is allowed or paid to the employee. To make sure you are in compliance with the Act, we suggest you work with your insurance advisor, attorney and BKD to:

- Determine what your health insurance compliance requirements are under the Act
    - Review the regulations of the Act and compare the requirements to your current health insurance plan
    - Consider new benchmarks for health insurance in your industry
    - Determine what the acceptable level of health insurance coverage is for your employees
    - Determine what the required employer contributions will be
- Determine what options are available under the Act and which is best for your business model
    - Analyze financial implications of the Act to your financial statements
    - Perform cost projections to evaluate costs and benefits of continuing to sponsor the plan or terminating it
    - Develop a multiyear strategy for plan design and employer and employee contributions
    - Develop an implementation plan and monitoring procedures

While these provisions do not take effect until 2014 or later, the evaluation should start now to determine the best options for the Home and the related reporting requirements.

Formal Risk Management Policy

There is no formal risk management policy to identify potential business risks relevant to financial reports and estimate the significance of those risks and the impact to the financial statements. The risk management policy should also include a formalized policy to identify, evaluate and report potential professional liability claims to the insurance provider.

* * * * * *

This communication is intended solely for the information and use of management, the governing board and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

BKD, LLP

Louisville, Kentucky
October 23, 2013

Little Sisters of the Poor

St. Joseph's Home
15 Audubon Plaza Drive
Louisville, KY 40217
(502) 636-2300
www.littlesistersofthepoorlouisville.org

October 23, 2013

BKD, LLP
Certified Public Accountants
600 N. Hurstbourne Parkway, Suite 350
Louisville, KY 40252-0127

We are providing this letter in connection with your audit of our financial statements as of and for the year ended December 31, 2012. We confirm that we are responsible for the fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America. We are also responsible for adopting sound accounting policies, establishing and maintaining effective internal control over financial reporting, operations and compliance, and preventing and detecting fraud.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, the following:

1. We have fulfilled our responsibilities, as set out in the terms of our engagement letter dated March 25, 2013, for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America.

2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

3. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

4. We have reviewed and approved a draft of the financial statements and related notes referred to above, which you prepared in connection with your audit of our financial statements. We acknowledge that we are responsible for the fair presentation of the financial statements and related notes.

5. We have provided you with:

   (a) Access to all information of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters.

   (b) Additional information that you have requested from us for the purpose of the audit.

   (c) Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

   (d) All minutes of meetings of the governing body held through the date of this letter.

   (e) All significant contracts and grants.

   (f) All peer review organizations, fiscal intermediary and third-party payer reports and information.

6. All transactions have been recorded in the accounting records and are reflected in the financial statements.

7. We have informed you of all current risks of a material amount that are not adequately prevented or detected by the Home's procedures with respect to:

   (a) Misappropriation of assets.

   (b) Misrepresented or misstated assets or liabilities.

8. We believe the effects of the uncorrected financial statement misstatements summarized in the attached schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

9. We have no knowledge of any known or suspected:

   (a) Fraudulent financial reporting or misappropriation of assets involving management or employees who have significant roles in internal control.

   (b) Fraudulent financial reporting or misappropriation of assets involving others that could have a material effect on the financial statements.

   (c) Communications from regulatory agencies, governmental representatives, employees or others concerning investigations or allegations of noncompliance with laws and regulations, deficiencies in financial reporting practices or other matters that could have a material adverse effect on the financial statements.

15. We have informed you of all pending or completed investigations by regulatory authorities of which we are aware. There are no known circumstances that could jeopardize the Home's participation in the Medicare or other governmental health care programs.

16. Adequate provisions and allowances have been accrued for any material losses from:

    (a) Uncollectible receivables.

    (b) Medicare/Medicaid and other third-party payer contractual, audit or other adjustments.

    (c) Purchase commitments in excess of normal requirements or above prevailing market prices.

17. Except as disclosed in the financial statements, the Home has:

    (a) Satisfactory title to all recorded assets, and they are not subject to any liens, pledges or other encumbrances.

    (b) Complied with all aspects of contractual agreements, for which noncompliance would materially affect the financial statements.

18. With respect to the Home's possible exposure to past or future medical malpractice assertions:

    (a) We have disclosed to you all incidents known to us that could possibly give rise to an assertion of malpractice.

    (b) All known incidents have been reported to the appropriate medical malpractice insurer and are appropriately considered in our malpractice liability accrual.

    (c) There is no known lapse in coverage, including any lapse subsequent to the fiscal year-end, that would result in any known incidents being uninsured.

    (d) Management does not expect any claims to exceed malpractice insurance limits.

    (e) We believe our accruals for malpractice claims are sufficient for all known and probable potential claims.

19. With respect to any nonattest services you have provided us during the year, including the preparation of a draft of the financial statements and related notes, Medicare and Medicaid cost report filings and Internal Revenue Service Form 990:

(a) We have designated a qualified management-level individual to be responsible and accountable for overseeing the nonattest services.

(b) We have established and monitored the performance of the nonattest services to ensure that they meet our objectives.

(c) We have made any and all decisions involving management functions with respect to the nonattest services and accept full responsibility for such decisions.

(d) We have evaluated the adequacy of the services performed and any findings that resulted.

20. We are an organization exempt from income tax under Section 501(c) of the Internal Revenue Code and a similar provision of state law and, except as disclosed in the financial statements, there are no activities that would jeopardize our tax-exempt status or subject us to income tax on unrelated business income or excise tax on prohibited transactions and events.

21. The financial statements disclose all significant estimates and material concentrations known to us. Significant estimates are estimates at the balance sheet date which could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets for which events <u>could</u> occur which would significantly disrupt normal finances within the next year. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

22. The fair values of financial and nonfinancial assets and liabilities, if any, recognized in the financial statements or disclosed in the notes thereto are reasonable estimates based on the methods and assumptions used. The methods and significant assumptions used result in measurements of fair value appropriate for financial statement recognition and disclosure purposes and have been applied consistently from period to period, taking into account any changes in circumstances. The significant assumptions appropriately reflect market participant assumptions.

23. We have not been designated as a potentially responsible party (PRP or equivalent status) by the Environmental Protection Agency (EPA) or other cognizant regulatory agency with authority to enforce environmental laws and regulations.

24. Billings to third-party payers comply in all material respects with applicable coding guidelines, laws and regulations. Billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies, if required; and properly rendered.

25. With regard to cost reports filed with Medicare, Medicaid or other third parties:

(a) All required reports have been properly filed.

(b) Management is responsible for the accuracy and propriety of those reports.

(c) All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payers.

(d) The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.

(e) All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.

(f) Recorded allowances for third-party settlements are necessary and are based on historical experience or new or ambiguous regulations that may be subject to differing interpretations.

26. With regard to supplementary information:

(a) We acknowledge our responsibility for the presentation of the supplementary information in accordance with the applicable criteria.

(b) We believe the supplementary information is fairly presented, both in form and content, in accordance with the applicable criteria.

(c) We believe the significant assumptions or interpretations underlying the measurement and/or presentation of the supplementary information are reasonable and appropriate.

(d) If the supplementary information is not presented with the audited financial statements, we acknowledge we will make the audited financial statements readily available to intended users of the supplementary information no later than the date such information and the related auditor's report are issued.

Mother Chantal Mary Peyton
Mother Chantal Mary Peyton
President

Sr. Maureen Courtney
Sr. Maureen Courtney
Administrator

Nancy E Reynolds
Nancy Reynolds
Business Office Manager

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.
ATTACHMENT

This analysis and the attached "Schedule of Uncorrected Misstatements (Adjustments Passed)" reflects the effects on the financial statements if the uncorrected misstatements identified were corrected.

QUANTITATIVE ANALYSIS

	Before Misstatements	Misstatements	Subsequent to Misstatements	% Change
Current Assets	862,235	2,616	864,851	0.30%
Non-Current Assets	6,273,288		6,273,288	
Current Liabilities	(1,825,983)	(34,375)	(1,860,358)	1.88%
Non-Current Liabilities	(1,850,000)		(1,850,000)	
Current Ratio	0.472		0.465	-1.48%
Total Assets	7,135,523	2,616	7,138,139	0.04%
Net Assets	(3,459,540)	31,759	(3,427,781)	-0.92%
Total Revenues	(4,083,262)		(4,083,262)	
Expenses	4,769,322	10,103	4,779,425	0.21%
Change in Net Assets	686,060	10,103	696,163	1.47%

Client: St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.

SCHEDULE OF UNCORRECTED MISSTATEMENTS (ADJUSTMENTS PASSED)

Period Ending: December 31, 2012

Description	Financial Statement Line Item	Factual (F), Judgmental (J), or Projected (P)	Assets Current DR (CR)	Assets Non-Current DR (CR)	Liabilities Current DR (CR)	Liabilities Non-Current DR (CR)	(X) Non Tax	Total Revenues DR (CR)	Expenses DR (CR)	Net Assets (Beg. of year) DR (CR)	Net Effect on Following Year hange in Net Asse DR (CR)	Net Effect on Following Year Net Assets DR (CR)
To Record Resident Trust Accounts		F	21,699		(21,699)							
	Cash		21,699									
	Accounts payable				(21,699)							
To correct accruals noted in the 2012 search for unrecorded liabilities		F			(12,676)				12,676		(12,676)	12,676
	Supplies and other								7,113		(7,113)	7,113
	Salaries and benefits								5,563		(5,563)	5,563
	Accounts payable				(7,113)							
	Accrued expenses				(5,563)							
To correct accruals noted in the 2011 search for unrecorded liabilities		F							(34,084)	34,084		
	Unrestricted net assets									34,084		
	Salaries and benefits								(31,425)			
	Supplies and other								(2,659)			
To record additional allowance for doubtful accounts based upon subsequent receipts		J	(19,083)						19,083			
	Accounts receivable		(19,083)									
	Provision for uncollectible accounts								19,083			
To adjust sister stipend and insurance payment for January 2012 paid in December 2011		F							12,428	(12,428)		
	Salaries and benefits								12,428			
	Unrestricted net assets									(12,428)		
Taxable passed adjustments									10,103	21,656	(12,676)	12,676
Times (1 - estimated tax rate of 00%)								100%	100%	100%		
Taxable passed adjustments net of tax impact									10,103	21,656		
Nontaxable passed adjustments			2,616		(34,375)							
Total passed adjustments, net of tax impact (if any)			2,616		(34,375)				10,103	21,656		

Impact on Change in Net Assets	10,103
Impact on Net Assets	31,759

BKD
AWP335
3-2013

HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

General Information

Organization Number	0110354
Name	HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Organization Date	1/1/1880
Last Annual Report	6/13/2013
Principal Office	15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217
Registered Agent	SR. CHANTAL PEYTON 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217

Current Officers

President	SR. CHANTAL PEYTON
Vice President	SR. MAUREEN COURTNEY
Secretary	SR. ROSE MARIE MAYOCK
Treasurer	SR. ROSE MARIE MAYOCK
Treasurer	SR. ROSE MARIE MAYOCK
Director	SR. CHANTAL PEYTON
Director	SR. MAUREEN COURTNEY

Individuals / Entities listed at time of formation

Director	JEANNE MARIE TURFINN
Director	MADELEINE TERNI
Director	ANNE FLANIGAN
Director	EUGENEIE PAUMAND
Director	EMENANCE GRAUDIN
Incorporator	JEANNE MARIE TURFINN
Incorporator	MADELEINE TERNI
Incorporator	ANNE FLANIGAN
Incorporator	EUGENEIE PAUMAND
Incorporator	EMENANCE GRAUDIN

Images available online

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

Annual Report	6/13/2013	1 page	tiff	PDF

Registered Agent name/address change	5/30/2012	1 page	tiff	PDF
Annual Report	5/17/2012	1 page	tiff	PDF
Certificate of Assumed Name	2/28/2012	1 page	tiff	PDF
Annual Report	2/23/2011	1 page	tiff	PDF
Annual Report	4/6/2010	1 page	tiff	PDF
Annual Report	5/11/2009	1 page	PDF	
Registered Agent name/address change	12/10/2008	1 page	tiff	PDF
Annual Report	3/10/2008	1 page	tiff	PDF
Annual Report	3/14/2007	1 page	tiff	PDF
Annual Report	3/3/2006	1 page	tiff	PDF
Statement of Change	3/3/2006	1 page	tiff	PDF
Annual Report	4/19/2005	1 page	tiff	PDF
Annual Report	6/23/2003	1 page	tiff	PDF
Annual Report	4/30/2002	1 page	tiff	PDF
Annual Report	8/28/2001	1 page	tiff	PDF
Statement of Change	5/30/2001	1 page	tiff	PDF
Annual Report	6/21/2000	1 page	tiff	PDF
Annual Report	5/26/1999	1 page	tiff	PDF
Statement of Change	4/14/1998	1 page	tiff	PDF
Annual Report	4/2/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	3/21/1994	1 page	tiff	PDF
Annual Report	3/18/1993	1 page	tiff	PDF
Amendment	8/28/1992	6 pages	tiff	PDF
Statement of Change	8/28/1992	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF

Assumed Names

ST. JOSEPH'S HOME FOR THE AGED	Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/13/2013 8:45:47 AM	6/13/2013	
Registered agent address change	5/30/2012 1:12:50 PM	5/30/2012	
Annual report	5/17/2012 10:49:37 AM	5/17/2012	
Added assumed name	2/28/2012 9:37:11 AM	2/28/2012	ST. JOSEPH'S HOME FOR THE AGED
Annual report	2/23/2011 7:57:57 AM	2/23/2011	

Annual report	4/6/2010 3:22:00 PM	4/6/2010
Annual report	5/11/2009 1:42:41 PM	5/11/2009 1:42:41 PM
Registered agent address change	12/10/2008 1:39:29 PM	12/10/2008
Annual report	3/10/2008 10:42:17 AM	3/10/2008
Annual report	3/14/2007 12:20:01 PM	3/14/2007
Registered agent address change	3/3/2006 9:45:40 AM	3/3/2006
Annual report	3/3/2006 9:40:32 AM	3/3/2006
Annual report	6/18/2001 2:20:14 PM	6/18/2001
Registered agent address change	5/30/2001 11:25:50 AM	5/30/2001
Registered agent address change	4/14/1998	4/14/1998
Amendment - Change purpose	8/28/1992	8/28/1992

Microfilmed Images

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

Annual Report	4/4/2005	1 page
Annual Report	6/21/2004	1 page
Annual Report	6/23/2003	1 page
Annual Report	4/30/2002	1 page
Annual Report	8/28/2001	1 page
Statement of Change	5/30/2001	1 page
Annual Report	6/21/2000	1 page
Annual Report	5/26/1999	1 page
Statement of Change	4/14/1998	1 page
Annual Report	4/2/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	3/21/1994	1 page
Annual Report	3/18/1993	1 page
Statement of Change	8/28/1992	1 page
Amendment	8/28/1992	5 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Articles of Incorporation	5/13/1984	9 pages
Statement of Change	10/9/1978	2 pages
Annual Report	8/30/1978	3 pages
Statement of Change	8/30/1978	2 pages

Smith, Chanelle Emily

From:	Engel, Robin
Sent:	Tuesday, February 11, 2014 1:05 PM
To:	Smith, Chanelle Emily
Subject:	FW: Little Sisters of the Poor

Chanelle,

Please note that I have given signature authority to my Legislative Assistant, Monica Hodge, to approve on my behalf NDF requests.

Regards,
Robin

-----Original Message-----
From: Hodge, Monica
Sent: Tuesday, February 11, 2014 12:17 PM
To: Peers, Carrie G
Cc: Smith, Chanelle Emily
Subject: RE: Little Sisters of the Poor

Carrie,

Yes, I have signature authority from CM Engel. I'll stop in to see Chanelle and sign the paperwork.

Thanks,

Monica W. Hodge
Legislative Assistant To
District 22 Councilman Robin Engel
Louisville Metro Council
City Hall - 2nd Floor
601 W. Jefferson St.
Louisville, KY 40202
(502) 574-3467
monica.hodge@louisvilleky.gov

-----Original Message-----
From: Peers, Carrie G
Sent: Tuesday, February 11, 2014 12:13 PM
To: Hodge, Monica
Cc: Smith, Chanelle Emily
Subject: RE: Little Sisters of the Poor

This has already been sent to the Clerk's Office. Would he/you be able to sign it there?

From: Engel, Robin
Sent: Monday, February 03, 2014 11:09 AM
To: King, Jim; Peers, Carrie G
Subject: RE: Little Sisters of the Poor

On Behalf of District 22 Councilman Robin Engel . . .

President King/Carrie,

Yes, Councilman Engel has approved $500.00 from our District 22 Neighborhood Development Funds to support this community program, and would like to be added on as a co-sponsor.

Thank you.

Monica Hodge for District 22 Councilman Robin Engel

From: Peers, Carrie G
Sent: Monday, January 27, 2014 2:02 PM
To: Hodge, Monica
Subject: Little Sisters of the Poor

Here it is. If you need anything else, please let me know.

Thanks,

Carrie Peers
Legislative Assistant
District 10
Jim King, President
Louisville Metro Council
601 W. Jefferson Street
Louisville, KY 40202
(502) 574-1189
carrie.peers@louisvilleky.gov<mailto:carrie.peers@louisvilleky.gov>