

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

Applicant/Program: Home for the Aged of the Little Sisters of the Poor


Executive Summary of Request:

The Little Sisters of the Poor extend care, compassion and respect to the elderly in helping them to maintain dignity and a feeling of well-being. They provide a safe haven for the poorest elderly in the Louisville area for the last 146 years.

The funds requested for this grant will be used to host a wine tasting event as a fund raiser on October 29, 2015. The event is open to the public and will include a tour of the home with live entertainment, hors d' oeuvres and wine tasting. The money will specifically be spent on printing, piano tuning, equipment rental and decorations. Money raised at the event will be used to provide items for the residents care. Please note, no religious participation by the residents is required to receive care at this facility.

Is this program/project a fundraiser?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is this applicant a faith based organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<u>10</u> District #	 Council Member Signature	<u>\$4,500.00</u> Amount	<u>9/21/15</u> Date
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Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

_____ Date _____
Appropriations Committee Chairman

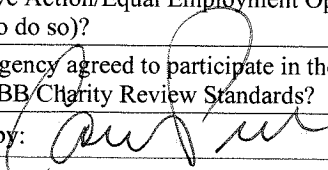
Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

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

Program Name and Request Amount: St. Joseph's Home for the Holidays Event

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: 	Date: 9/21/15



JUL 27 2015

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: **Home For The Aged of the Little Sisters of the Poor.org**
(as listed on: <http://www.sos.ky.gov/business/records>)

Main Office Street & Mailing Address: 15 Audubon Plaza Drive, Louisville, KY 40217

Website: www.littlesistersofthepoorlouisville.org

Applicant Contact:	Tina Contreras	Title:	Development Director
Phone:	502-636-2300 x-217	Email:	dvlouisville@littlesistersofthepoor.org
Financial Contact:	Nancy Reynolds	Title:	Business Manager
Phone:	502-636-2300 x-211	Email:	bslouisville@littlesistersofthepoor.org

Organization’s Representative who attended NDF Training:

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

Program Facility Location(s): 15 Audubon Plaza Drive, Louisville, KY 40217

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

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: St. Joseph’s Home for the Holidays Event

Total Request: (\$) 4,500.00 Total Metro Award (this program) in previous year: (\$) 0

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)

The Following are Required Attachments:

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

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	n/a	Amount: (\$)	0
Source:	n/a	Amount: (\$)	0
Source:	n/a	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

Applicant’s Initials hu



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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 146 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.



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SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Little Sisters of the Poor will be hosting a Wine Tasting Event on October 29, 2015, from 6pm to 8pm. This event is open to the public and will include a tour of the Home with live entertainment, heavy hors d' oeuvres, and a wine tasting. Proceeds from this event will benefit the elderly poor who attend the senior center, volunteer and live at St. Joseph's Home.

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

Funding will be spent on: Equipment Rental, Supplies, Decorations, Printing, and Advertising.



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

Proceeds from St. Joseph's Home for the Holiday's Wine Tasting will benefit the elderly poor who attend the senior center, volunteer and live at St. Joseph's Home.

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

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

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

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

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

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



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

Many of the Residents have outlived their family members or do not have the financial or social support to live on their own. Many come from unsafe environments, where they may not be receiving the proper nutrition and medical attention. Living at St. Joseph's Home provides that for them and much more. The activities are designed to foster interaction among the Residents which leads to lasting friendships. Unless they are ill, all the Residents eat together in a dining room where they are served three meals a day plus snacks. This is also community building. One of the indicators used by St. Joseph's Home is daily charting. Residents are asked a series of questions each day and their responses are recorded. Some of the questions are their desire to participate in activities, how they are feeling, how did they rest the night before etc. As Residents become acclimated to their new home it becomes apparent in their attitude, appetite, and interest in activity that they feel safe and well cared for.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

None - does not apply.



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SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
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			
I: Community Events & Festivals (Attach Detail List)	4,500.00	5,930.00	10,430.000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	4500.00	5,930.00	10,430.00
% of Program Budget	41 %	59 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	5,930.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	5,930.00

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

**Must equal or exceed total in column 2.



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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
Volunteers/Time	22.55hr x 150 = \$3382.50	The Non Profit Times
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

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

Agency Fiscal Year Start Date: **January 1**

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

If YES, please explain:



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SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Sr. Maureen Courtney</i>	Date:	7-22-15
Legal Signatory: (please print):	SR. MAUREEN COURTNEY	Title:	V.P. ADM
Phone:	Extension:	Email:	

Peers, Carrie G

From: Development Director - Louisville <dvlouisville@littlesistersofthepoor.org>
Sent: Tuesday, September 08, 2015 11:06 AM
To: Peers, Carrie G
Subject: Little Sisters of the Poor

Follow Up Flag: Follow up
Flag Status: Flagged

Carrie,

Please let me know if you need this in a formal letter or if this will satisfy the question of religious requirements and participation.

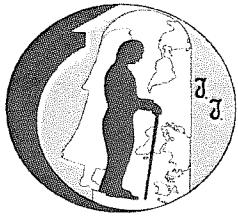
To address the question of whether there is an expectation or requirement of the Residents of St. Joseph's Home, operated by the Little Sisters of the Poor, to participate in any religious activities, services or if there is requirement to be an active member or in the process of becoming an a member of the Roman Catholic Church in order to live in, volunteer at or work at St. Joseph's Home the answer is no. The Little Sisters offer Mass every day and all are welcome to attend, but not required. The Little Sisters respect the privacy and individual religious freedoms and preferences of each of the Residents and encourage them to participate in her their own faiths both inside and outside of St. Joseph's Home.

Thank you,

Tina Contreras

Development Director
Little Sisters of the Poor
15 Audubon Plaza Drive
Louisville, KY 40217
502-636-2300 Ext 217
www.LittleSistersofthePoorLouisville.org

"If God is with us, it will be accomplished..." St. Jeanne Jugan



St. Joseph's Home for the Holidays Wine Tasting 2015 Budget

Item	Description	Cost	Non Metro	Metro
Event Printing	Programs, Invitation, Signage	\$3,155.00	\$890.00	\$2,265.00
Piano tuning	Tune Piano	\$235.00		\$235.00
Bev/Event License	License	\$140.00	\$140.00	
Equipment Rental	Tables, Chairs, Linens Etc.	\$1,500.00		\$1,500.00
Food	Food, Cutlerly & Untensils	2,500.00	\$2,500.00	
Decorations	Decorations	\$500.00		\$500.00
Beverages		\$800.00	\$800.00	
Postage	Mailing of invitations	\$1,100.00	\$1,100.00	
Mailing House	To process inviatiions	\$500.00	\$500.00	
Total		\$10,430.00	\$5,930.00	\$4,500.00

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

Department of the Treasury

Date: June 4, 2014

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

██████████

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 May 19, 2014, 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 2014*, 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 2014* 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,

A handwritten signature in cursive script that reads "Tamera Ripperda".

Tamera Ripperda
Director, Exempt Organizations

Tilbert, 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. *Bellarmino University*, 2001 Newburg Rd., 40205-0671. Tel: 502-272-8000; Fax: 502-272-8033. Web: www.bellarmino.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 Mattzi, 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 Kesse, 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 Tugart, 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. T. Brian 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@ecky.edu. Web: www.sccy.edu. Mr. Bill Huston, Pres.; Dr. Dan 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 Weibe, 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. Cronin, Prin.; Karen Alpiger, Asst. Prin.; Kristina Hortart, 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: psangall@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: kdolozier@sna-pantners.org. Web: www.sna-pantners.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. Davie 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, 49201.
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: jhsmd.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@jhsmd.org. Web: www.jhsmd.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: 502-635-2300; 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. Henrizzie, 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 Schwaer, C.P.; Frederick Sucher, C.P.; Bernard Weber, C.P.; David Colbour, C.P.; Robert Weiss, C.P.; Alfred Pooler, C.P.; Louis

**LITTLE SISTERS OF THE POOR
ST. JOSEPH'S HOME FOR THE AGED
2015 BUDGET**

REVENUES

Nursing Facility Services	\$2,310,000
Personal Care Services	\$259,000
Rent	\$139,000

TOTAL REVENUES: \$2,708,000

OPERATING EXPENSES

Administrative and General Expense	\$613,800
Dietary Expenses	\$625,900
Direct Nursing Care Expense	\$1,294,800
Direct Personal Care Expense	\$392,200
Employee Benefits	\$608,600
Housekeeping Expense	\$231,100
Laundry/Linen Expense	\$62,600
Pastoral Care Services/Supplies	\$65,200
Plant Operating and Maintenance	\$580,000
Property Expense and Depreciation	\$260,000
Senior Center Expense/Volunteer	\$40,000

TOTAL EXPENSES \$4,774,200

**DEFICIENCY OF REVENUES
OVER EXPENSES BEFORE
NON-OPERATING REVENUE**

(\$2,066,200)

NON-OPERATING REVENUE

Donated Commodities	\$133,960
Investment Income	\$26,000
Miscellaneous Income	\$9,508
Unrestricted Gifts and Bequests	\$709,600
Restricted Gifts	\$306,975
Fund Raising, Net of Expense	\$173,000
Donated Sisters' Services	\$202,500
Grant Income	\$75,000

TOTAL NON OPERATING REVENUE \$1,636,543

**EXCESS (DEFICIENCY) OF REVENUES
OVER EXPENSE**

(\$429,657)

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 Rose Marie Mayock – 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.

MEMBER

Mr. George "Dutch" Boehnlein

[REDACTED]
Louisville, KY 40204
Retired

[REDACTED]

MEMBER

Mr. Thomas Elliott
Old National Bank
333 E. Main Street Suite 100
Louisville, KY 40202

H: [REDACTED] 40207
W - 540-7333
tommy.elliott@oldnational.com

MEMBER

Ms. Harriet Lair
Fifth Third Bank
401 S. 4th Street
Louisville, KY 40202

H: [REDACTED] 0204
W - 562-5534
[REDACTED]m

MEMBER

Mrs. Rosemary Smith
[REDACTED]
Louisville, KY 40220

[REDACTED]
[REDACTED]

MEMBER

Mrs. Alexandra Spoelker
[REDACTED]
Louisville, KY 40205

[REDACTED]
Alex.spoelker@bbbsky.org

MEMBER

Mr. Alan Steiden
[REDACTED]
Louisville, KY 40222

W - 452-6312
[REDACTED]
asteiden@airsystems-llc.com

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.		D Employer identification number [REDACTED]
	Doing Business As		E Telephone number (502) 636-2300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,560,715.
	15 AUDUBON PLAZA DRIVE		
City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40217		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: SISTER CHANTAL PEYTON 15 AUDUBON PLAZA LOUISVILLE, KY 40217		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		L Year of formation: 1890 M State of legal domicile: KY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LITTLE SISTERS OF THE POOR CARE FOR THE ELDERLY POOR IN SPIRIT OF HUMBLE SERVICE RECEIVED FROM JEANNE JUGAN. THEY WELCOME THE ELDERLY AS WOULD JESUS CHRIST HIMSELF & SERVE THEM.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2013 (Part V, line 2a)	5	133.
	6 Total number of volunteers (estimate if necessary)	6	100.
Revenue	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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,187,295.	673,666.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,381,880.	2,456,904.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,575.	20,774.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,14,376.	332,924.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,894,126.	3,484,268.
	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)	0	0
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,126,737.	3,233,847.
	b Total fundraising expenses (Part IX, column (D), line 25) 918.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,607,074.	1,600,907.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,607,074.	1,600,907.
	19 Revenue less expenses. Subtract line 18 from line 12	4,733,811.	4,834,754.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-839,685.	-1,350,486.
	21 Total liabilities (Part X, line 26)	7,135,523.	10,024,719.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,675,983.	4,328,060.

Part II Signature Block

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

Sign Here	Signature of officer <i>Sister Maureen A. Courtney</i>	Date 8-15-14
	Type or print name and title Sister Maureen A. Courtney, V.P. and Administrator	

Paid Preparer Use Only	Print/Type preparer's name Kim Scifres	Preparer's signature <i>Kim Scifres CPA</i>	Date 8/13/14	Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name BKD, LLP	Firm's EIN [REDACTED]	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) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.

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

Employer identification number (EIN) or

[REDACTED]

Number, street, and room or suite no. If a P.O. box, see instructions.

15 AUDUBON PLAZA DRIVE

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

LOUISVILLE, KY 40217

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

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

• The books are in the care of ► BOOKKEEPER

Telephone No. ► 502 636.2300

FAX No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 2013 or
► tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 4,061,105. including grants of \$) (Revenue \$ 2,456,994.)

THE ORGANIZATION PROVIDED HEALTH CARE AND OTHER SERVICES FOR RESIDENTS OF THE NURSING HOME. DONATED SERVICES TOTALED \$140,000. DONATED COMMODITIES TOTALED \$87,072.

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 4,061,105.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, gaming winnings, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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.

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

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

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

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

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

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)				
	1f	All other contributions, gifts, grants, and similar amounts not included above	673,666.			
	g	Noncash contributions included in lines 1a-1f: \$	87,072.			
h	Total. Add lines 1a-1f	760,738.				
Program Service Revenue			Business Code			
	2a	NET PATIENT SERVICE REVENUE	623000	2,456,904.	2,456,904.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		2,456,904.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,574.		17,574.
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
			(i) Real	(ii) Personal		
	6a	Gross rents	171,783.			
	b	Less: rental expenses	38,542.			
	c	Rental income or (loss)	133,241.			
	d	Net rental income or (loss)		133,241.		
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory		3,200.		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)		3,200.		
	d	Net gain or (loss)		3,200.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	136,649.		
	b	Less: direct expenses	b	20,395.		
c	Net income or (loss) from fundraising events		116,254.			
9a	Gross income from gaming activities. See Part IV, line 19	a	96,805.			
b	Less: direct expenses	b	17,510.			
c	Net income or (loss) from gaming activities		79,295.			
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	912300	7,893.			7,893.
b	MISCELLANEOUS	990099	-3,099.			-3,099.
c						
d	All other revenue					
e	Total. Add lines 11a-11d		4,794.			
12	Total revenue. See instructions		3,434,268.	2,456,904.		22,306.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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)	2,650,129.	2,374,137.	275,992.	
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	366,468.	329,066.	37,402.	
10 Payroll taxes	190,250.	170,833.	19,417.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	28,460.	22,768.	5,692.	
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.)	165.	149.	16.	
12 Advertising and promotion	0			
13 Office expenses	69,984.	55,987.	13,997.	
14 Information technology	48,672.	38,938.	9,734.	
15 Royalties	0			
16 Occupancy	0			
17 Travel	317.		317.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	69,267.	40,960.	27,307.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	401,228.	240,737.	160,491.	
23 Insurance	97,749.	78,199.	19,550.	
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	468,797.	328,158.	140,639.	
b IL (PERS CARE) & NURSING	297,806.	297,806.		
c BAD DEBTS	-7,549.	-7,549.		
d HOUSEKEEPING & PASTORAL	117,258.	82,081.	35,177.	
e All other expenses	9,753.	8,835.		918.
25 Total functional expenses. Add lines 1 through 24e	4,834,754.	4,061,105.	772,731.	918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	600.	1	600.
	2	Savings and temporary cash investments	693,766.	2	583,701.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	168,463.	4	181,747.
	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	39,420.	9	19,547.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,594,640.		
	b	Less: accumulated depreciation	10b 12,803,121.	10c 6,039,234.	5,791,519.
	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	194,040.	15	3,447,605.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,135,523.	16	10,024,719.	
Liabilities	17	Accounts payable and accrued expenses	1,925,983.	17	1,778,060.
	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	1,850,000.	22	2,550,000.
	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	3,675,983.	26	4,328,060.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,459,540.	27	5,696,659.
	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 <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,459,540.	33	5,696,659.	
34	Total liabilities and net assets/fund balances	7,135,523.	34	10,024,719.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,484,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,834,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,350,486.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,459,540.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	140,000.
7	Investment expenses	7	0
8	Prior period adjustments	8	3,154,392.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	293,213.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,696,659.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,286,988.	2,483,643.	2,602,789.	1,167,295.	673,666.	11,234,381.
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	4,286,988.	2,483,643.	2,602,789.	1,167,295.	673,666.	11,234,381.
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.						11,234,381.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,286,988.	2,483,643.	2,602,789.	1,167,295.	673,666.	11,234,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,580.	8,890.	2,250.	176,168.	188,357.	386,055.
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.)	196,250.	193,471.	192,412.	256,991.	227,588.	1,076,712.
11 Total support. Add lines 7 through 10						12,697,148.
12 Gross receipts from related activities, etc. (see instructions)					12	7,292,395.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.48 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.57 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

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

Employer identification number

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

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.

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Row 1: Description of property. Rows 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other. Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONTRIBUTIONS RECEIVABLE	
(2) BENEFICIAL INTEREST IN TRUST	3,447,605.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	
	3,447,605.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,658,973.
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	140,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	140,000.
3	Subtract line 2e from line 1		3	3,518,973.
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	-34,705.	
c	Add lines 4a and 4b		4c	-34,705.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,484,268.

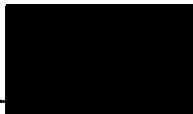
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,869,459.
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	34,705.	
e	Add lines 2a through 2d		2e	34,705.
3	Subtract line 2e from line 1		3	4,834,754.
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	4,834,754.

Part XIII Supplemental Information.

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

SEE PAGE 5



Part XIII Supplemental Information (continued)

SCH D, PART XI, LINE 4B

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

GAMING/FUNDRAISING EXPENSES NETTED AGAINST INCOME PER RETURN	\$ (37,905)
GAIN/LOSS ON DISPOSAL OF EQUIPMENT	3,200

	\$ (34,705)

SCH D, PART XII, LINE 2D

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

GAMING/FUNDRAISING EXPENSES NETTED AGAINST INCOME PER RETURN	\$37,905
GAIN/LOSS ON DISPOSAL OF EQUIPMENT	(3,200)

	\$34,705

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Employer identification number

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

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

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

- 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events
		TURTLE DERBY (event type)	HOLIDAY FEST. (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1	26,378.	36,583.	72,304.	135,265.
	2				
	3	26,378.	36,583.	72,304.	135,265.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	9,103.	8,861.	10,847.	28,811.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				106,454.

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			106,005.	106,005.	
	2			9,200.	9,200.	
Direct Expenses	3					
	4					
	5			8,310.	8,310.	
	6	Yes _____ % No _____ %	Yes _____ % No _____ %	<input checked="" type="checkbox"/> Yes 75.0000% No _____ %		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				17,510.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				88,495.

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

- 15 a 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 ▶ \$ 194,949.

Part IV Supplemental Information. 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)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						2,550,000.						

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.

Schedule L (Form 990 or 990-EZ) 2013



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

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

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

SCHEDULE L, PART II

ATTACHMENT 1

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	
LSP CHICAGO PROVINCE		CONSTRUCTION OF HOME	X		200,000.	200,000.	X	X			X	
LSP CHICAGO PROVINCE		CONSTRUCTION OF HOME	X		500,000.	500,000.	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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public
Inspection

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

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 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		\$7,072.	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
30 a 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
32 a 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.				

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



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

2013

Open to Public
Inspection

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

Employer identification number

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.

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 COMPETITIVE BID OR COMPARABLE VALUATION EXISTS AND THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

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

COMPENSATION FOR THE BOARD MEMBERS, CEOS AND EMPLOYEES ARE BASED ON

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



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.

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRUSTS \$293,213

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 1939 AND SERVES THE ELDERLY IN 31 COUNTRIES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number

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

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

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

(a) 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 60 WEST NORTHWEST HIGHWAY PALATINE, IL 60067	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.



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

(a) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 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" on Form 990, Part IV, line 34, 35b, or 36.

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

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

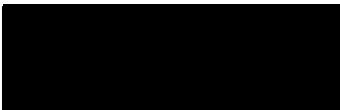
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



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).

RECEIVED & FILED

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

Ch 7/60
AUG 28 8 33 AM '92

ROE SADDICE
CLERK OF STATE
COMMONWEALTH OF KENTUCKY
BY Sandra Perry

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

(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 of 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.

S. Catherine Regina Cavanaugh
SR. CATHERINE REGINA CAVANAUGH

S. Maureen Courtney
SR. MAUREEN COURTNEY

Sr. Clotilde Jardim
SR. CLOTILDE JARDIM

Sr. Ann Pope
SR. ANN POPE

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

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: June 4, 2002

Person to Contact:
Myrna Huber #31-07276
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2002 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2002 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 1055, 2106, and 2522 of the Code.



Office of the General Counsel

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337


IMPORTANT GROUP RULING INFORMATION

June 19, 2002

FOR THE INFORMATION OF: Most Reverend Archbishops and Bishops, Diocesan Attorneys and Fiscal Managers, and State Conference Directors

SUBJECT: 2002 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)



Enclosed is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops¹ on June 4, 2002 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2002 edition of the Official Catholic Directory ("OCD")². As explained in greater detail below, this ruling is important for establishing:

- (1) the exemption of such organizations from:
 - (a) federal income tax;
 - (b) federal unemployment tax (but see ¶5 of "Explanation" below); and
- (2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2002 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD³. The language of these rulings has remained relatively unchanged, except to reflect intervening modifications in the Internal Revenue Code ("Code"). The 2002 Group Ruling is consistent with the 2001 ruling.

¹ The name of the United States Catholic Conference was changed to the United States Conference of Catholic Bishops, effective July 1, 2001.

² A copy of the Group Ruling may also be found on the USCC website at www.usccb.org/ogc.

³ Catholic organizations with independent IRS exemption determination letters are listed in the 2002 OCD with an asterisk (*), which is explained at page A-11 and indicates that such organizations are not covered by the Group Ruling.

employee who is paid \$100 or more in a calendar year.^{4/} Services performed by diocesan priests in the exercise of their ministry are not considered "employment" for FICA (Social Security) purposes,^{5/} and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.^{6/} Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.^{7/}

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. *There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.* Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.^{8/} Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches^{9/}; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious

⁴ Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to a void payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.

⁵ I.R.C. § 3121(b)(8)(A).

⁶ I.R.C. § 1402(a)(8).

⁷ Rev. Rul. 77-290, 1977-2 C.B. 26.

⁸ The penalty for failure to file the Form 990 is \$20 for each day the failure continues, up to a maximum of \$10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of \$1 million are subject to penalties of \$100 per day, up to a maximum of \$50,000. I.R.C. § 6652(c)(1)(A).

⁹ I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). Effective December 20, 1995, the internal support test formerly contained in Rev. Proc. 86-23, 1986-1 C.B. 564, is the sole test for determining whether an organization qualifies as an integrated auxiliary of a church. To qualify, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

- (1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and
- (2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

all schools listed in the OCD. *Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.*

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** *Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.* In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. If you have any questions in this regard, please refer them to your attorney. (See OGC Memo dated February 29, 2000, which is available at www.usccb.org/ogc.)

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. *This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.¹⁵* We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

If you have questions concerning the Group Ruling or this memorandum, please contact Deirdre Dessingue at 202-541-3300 or by e-mail at ddessingue@usccb.org.

¹⁵ IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.

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: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit	
	<input type="checkbox"/> Exempt payee	
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												
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Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

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

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 ▶ <i>S. M... Courtney</i>	Date ▶ <i>7-22-15</i>
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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:

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

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.

**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, 2013 and 2012

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

December 31, 2013 and 2012

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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 sheets as of December 31, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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, 2013 and 2012, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 4 to the financial statements, the 2012 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

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 operation and schedule of statement of operations information by operation, 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
August 8, 2014

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

Balance Sheets

December 31, 2013 and 2012

	2013	2012 (Restated - Note 4)
Current Assets		
Cash	\$ 216,141	\$ 460,312
Patient accounts receivable, net of allowance; 2013 – \$17,500, 2012 – \$8,100	183,227	168,455
Contributions receivable	-	194,040
Prepaid expenses and other current assets	18,067	39,428
Total current assets	<u>417,435</u>	<u>862,235</u>
Assets Limited As To Use – Board Designated – Cash	<u>368,160</u>	<u>234,054</u>
Property and Equipment, At Cost		
Land and land improvements	192,543	192,543
Buildings	16,825,824	16,749,239
Equipment	1,576,273	1,510,401
	<u>18,594,640</u>	<u>18,452,183</u>
Less accumulated depreciation	12,803,121	12,412,949
	<u>5,791,519</u>	<u>6,039,234</u>
Other Assets		
Beneficial interest in trusts	<u>3,447,605</u>	<u>3,154,392</u>
Total assets	<u>\$ 10,024,719</u>	<u>\$ 10,289,915</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 181,353	\$ 318,119
Accrued expenses	1,596,707	1,507,864
Total current liabilities	1,778,060	1,825,983
Long-Term Debt	<u>2,550,000</u>	<u>1,850,000</u>
Total liabilities	<u>4,328,060</u>	<u>3,675,983</u>
Net Assets		
Unrestricted	2,249,054	3,459,540
Permanently restricted	3,447,605	3,154,392
Total net assets	<u>5,696,659</u>	<u>6,613,932</u>
Total liabilities and net assets	<u>\$ 10,024,719</u>	<u>\$ 10,289,915</u>

See Notes to Financial Statements

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

**Statements of Operations and Changes in Net Assets
Years Ended December 31, 2013 and 2012**

	2013	2012 (Restated - Note 4)
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	\$ 2,456,904	\$ 2,381,880
Rental revenue	133,241	105,890
Contributions	672,666	1,171,105
Contributed services	140,000	153,625
Special events	232,854	197,318
Other revenue	5,734	62,869
	<u>3,641,399</u>	<u>4,072,687</u>
Expenses and Losses		
Salaries and wages	2,678,778	2,683,318
Employee benefits	640,271	606,901
Purchased services and professional fees	332,181	331,766
Supplies	141,296	118,823
Interest expense	68,267	53,000
Depreciation and amortization	401,228	430,127
Provision for uncollectible accounts	(7,549)	(28,781)
Special events	37,905	35,511
Gain on sale of property and equipment	(3,200)	-
Other	580,282	538,657
	<u>4,869,459</u>	<u>4,769,322</u>
Operating Loss	<u>(1,228,060)</u>	<u>(696,635)</u>
Other Income		
Interest income	17,574	10,575
	<u>17,574</u>	<u>10,575</u>
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets	<u>(1,210,486)</u>	<u>(686,060)</u>
Permanently Restricted Net Assets		
Change in beneficial interest in trusts	293,213	204,021
Change in Net Assets	<u>(917,273)</u>	<u>(482,039)</u>
Net Assets, Beginning of Year, as Previously Reported	6,613,932	4,145,600
Adjustment Applicable to Prior Years	-	2,950,371
Net Assets, Beginning of Year, as Restated	<u>6,613,932</u>	<u>7,095,971</u>
Net Assets, End of Year	<u>\$ 5,696,659</u>	<u>\$ 6,613,932</u>

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

**Statements of Cash Flows
Years Ended December 31, 2013 and 2012**

	2013	2012 (Restated - Note 4)
Operating Activities		
Change in net assets	\$ (917,273)	\$ (482,039)
Items not requiring cash		
Depreciation and amortization	401,228	430,127
Provision for uncollectible accounts	(7,549)	(28,781)
Gain on sale of equipment	(3,200)	-
Change in beneficial interest in trusts	(293,213)	(204,021)
Changes in		
Patient accounts receivable	(7,223)	55,933
Contribution receivable	194,040	(194,040)
Accounts payable and accrued expenses	(47,923)	407,187
Prepaid expenses and other current assets	21,361	374,947
	<u>(659,752)</u>	<u>359,313</u>
Investing Activities		
Purchases of investments	(211,345)	(564,054)
Proceeds from dispositions of investments	77,239	330,000
Purchase of property and equipment	(153,513)	(71,821)
Proceeds from sale of equipment	3,200	-
	<u>(284,419)</u>	<u>(305,875)</u>
Financing Activities		
Proceeds from issuance of long-term debt	700,000	100,000
	<u>700,000</u>	<u>100,000</u>
Increase (Decrease) in Cash	(244,171)	153,438
Cash, Beginning of Year	<u>460,312</u>	<u>306,874</u>
Cash, End of Year	<u>\$ 216,141</u>	<u>\$ 460,312</u>

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

Notes to Financial Statements

December 31, 2013 and 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, 2013 and 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.

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

Notes to Financial Statements

December 31, 2013 and 2012

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 years ended December 31, 2013 and 2012.

Permanently Restricted Net Assets

Permanently restricted net assets have been restricted by donors to be maintained by the Home in perpetuity.

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

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

Notes to Financial Statements

December 31, 2013 and 2012

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 years ended December 31 recognized from contributed services consisted of:

	<u>2013</u>	<u>2012</u>
General and administrative activities	\$ 82,000	\$ 82,000
Health care services	<u>58,000</u>	<u>71,625</u>
	<u>\$ 140,000</u>	<u>\$ 153,625</u>

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 8.

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 2009.

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

Notes to Financial Statements

December 31, 2013 and 2012

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 85 percent and 88 percent of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2013 and 2012, respectively. 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 was:

	2013	2012
Medicare	17%	10%
Medicaid	80%	84%
Other third-party payers and patients	3%	6%
	<u>100%</u>	<u>100%</u>

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

Notes to Financial Statements

December 31, 2013 and 2012

Bank Balances

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

At December 31, 2013, 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.

Note 4: Beneficial Interest in Trusts and Restatement of Prior Years' Financial Statements

The Home is the beneficiary under perpetual and remainder trusts administered by outside parties. Under the terms of the perpetual trusts, the Home has the irrevocable right to receive income earned on the trust assets in perpetuity but never receives the assets held in trust. Under the terms of the remainder trust, the specified beneficiaries receive distributions of the trust's net income during their lives, and upon the deaths of all beneficiaries, the Home receives the remainder of the trust's assets. As each beneficiary expires, the Home receives that beneficiary's right to receive net income distributions. The estimated value of the expected future cash flows is \$3,447,605 and \$3,154,392 which represents the fair value of the trust assets at December 31, 2013 and 2012, respectively. The income from these trusts for 2013 and 2012 was \$80,274 and \$95,974, respectively.

The Home did not properly account for its beneficial interest in trusts in accordance with ASC 958-30, *Split Interest Agreements*. ASC 958-30 requires the Home record the beneficial interest in trusts if the Home is the beneficiary of a split interest agreement held by a third party and has an unconditional right to receive all or a portion of the specified cash flows from the assets held pursuant to that agreement. In accordance with ASC 958-30, the Home has measured its beneficial interest at fair value.

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

Notes to Financial Statements

December 31, 2013 and 2012

The following financial statement line items for 2012 were affected by the correction:

	As Restated	As Previously Reported	Effect of Change
Balance Sheet			
Beneficial interest in trusts	\$ 3,154,392	\$ -	\$ 3,154,392
Total assets	\$ 10,289,915	\$ 7,135,523	\$ 3,154,392
Permanently restricted net assets	\$ 3,154,392	\$ -	\$ 3,154,392
Total net assets	\$ 6,613,932	\$ 3,459,540	\$ 3,154,392
Total liabilities and net assets	\$ 10,289,915	\$ 7,135,523	\$ 3,154,392
Statement of Operations and Changes in Net Assets			
Change in beneficial interest in trusts	\$ 204,021	\$ -	\$ 204,021
Change in net assets	\$ (482,039)	\$ (686,060)	\$ 204,021
Net assets, beginning of the year	\$ 7,095,971	\$ 4,145,600	\$ 2,950,371
Statement of Cash Flows			
Change in net assets	\$ (482,039)	\$ (686,060)	\$ 204,021
Changes in beneficial interest in trusts	\$ (204,021)	\$ -	\$ (204,021)

Note 5: 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.

The Home has an uncollateralized note payable in the amount of \$200,000 due March 21, 2018, with the Province. 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 \$500,000 due June 17, 2018, with the Province. The note payable includes interest at 3 percent that is due at the maturity of the note.

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

Notes to Financial Statements

December 31, 2013 and 2012

Note 6: Functional Expenses

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

	<u>2013</u>	<u>2012</u>
Health care services	\$ 4,057,904	\$ 3,996,893
General and administrative	772,732	735,093
Fundraising	<u>38,823</u>	<u>37,336</u>
	<u>\$ 4,869,459</u>	<u>\$ 4,769,322</u>

Note 7: 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 \$65,000 and \$80,000 to the plan in 2013 and 2012, respectively, which was included in employee benefits as pension expense in 2013 and 2012 in the statements 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 years ended December 31, 2013 and 2012.

Note 8: 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.

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

Notes to Financial Statements

December 31, 2013 and 2012

Note 9: 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 8.

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 10: 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.

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

Notes to Financial Statements

December 31, 2013 and 2012

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 11: 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, 2013

Assets	Nursing Home	Apartments	Eliminations	Total
Current Assets				
Cash	\$ 202,450	\$ 13,691	\$ -	\$ 216,141
Patient accounts receivable, net of allowance	183,227	-	-	183,227
Contributions receivable	-	-	-	-
Prepaid expenses and other current assets	17,913	154	-	18,067
Due from apartments	116,233	-	(116,233)	-
Total current assets	<u>519,823</u>	<u>13,845</u>	<u>(116,233)</u>	<u>417,435</u>
Assets Limited As To Use – Board Designated –				
Cash	<u>368,160</u>	<u>-</u>	<u>-</u>	<u>368,160</u>
Property and Equipment, At Cost				
Land and land improvements	169,540	23,003	-	192,543
Buildings	11,749,410	5,076,414	-	16,825,824
Equipment	1,462,301	113,972	-	1,576,273
	<u>13,381,251</u>	<u>5,213,389</u>	<u>-</u>	<u>18,594,640</u>
Less accumulated depreciation	9,807,982	2,995,139	-	12,803,121
	<u>3,573,269</u>	<u>2,218,250</u>	<u>-</u>	<u>5,791,519</u>
Other Assets				
Beneficial interest in trusts	3,447,605	-	-	3,447,605
Total assets	<u>\$ 7,908,857</u>	<u>\$ 2,232,095</u>	<u>\$ (116,233)</u>	<u>\$ 10,024,719</u>
Liabilities and Net Assets				
Current Liabilities				
Accounts payable	\$ 181,244	\$ 109	\$ -	\$ 181,353
Accrued expenses	1,596,707	-	-	1,596,707
Due to nursing home	-	116,233	(116,233)	-
Total current liabilities	<u>1,777,951</u>	<u>116,342</u>	<u>(116,233)</u>	<u>1,778,060</u>
Long-Term Debt				
Total liabilities	<u>2,550,000</u>	<u>-</u>	<u>-</u>	<u>2,550,000</u>
	<u>4,327,951</u>	<u>116,342</u>	<u>(116,233)</u>	<u>4,328,060</u>
Net Assets				
Unrestricted	133,301	2,115,753	-	2,249,054
Permanently restricted	3,447,605	-	-	3,447,605
Total net assets	<u>3,580,906</u>	<u>2,115,753</u>	<u>-</u>	<u>5,696,659</u>
Total liabilities and net assets	<u>\$ 7,908,857</u>	<u>\$ 2,232,095</u>	<u>\$ (116,233)</u>	<u>\$ 10,024,719</u>

**St. Joseph's Home for the Aged of the Little
Sisters of the Poor of Louisville, Kentucky, Inc.
Schedule of Statement of Operations Information by Operation
Year Ended December 31, 2013**

	Nursing Home	Apartments	Eliminations	Total
Operating Revenues				
Net patient service revenue	\$ 2,456,904	\$ -	\$ -	\$ 2,456,904
Rental revenue	-	133,241	-	133,241
Contributions	672,666	-	-	672,666
Contributed services	140,000	-	-	140,000
Special events	232,854	-	-	232,854
Other revenue	5,734	-	-	5,734
Total operating revenues	3,508,158	133,241	-	3,641,399
Operating Expenses				
Salaries and wages	2,633,056	45,722	-	2,678,778
Employee benefits	632,584	7,687	-	640,271
Purchased services and professional fees	318,111	14,070	-	332,181
Supplies	134,614	6,682	-	141,296
Interest expense	68,267	-	-	68,267
Depreciation and amortization	264,570	136,658	-	401,228
Provision for uncollectible accounts	(7,102)	(447)	-	(7,549)
Special events	37,905	-	-	37,905
Gain on sale of property and equipment	(3,200)	-	-	(3,200)
Other	519,415	60,867	-	580,282
Total operating expenses	4,598,220	271,239	-	4,869,459
Operating Loss	(1,090,062)	(137,998)	-	(1,228,060)
Other Income				
Interest income	17,558	16	-	17,574
Total other income	17,558	16	-	17,574
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets	\$ (1,072,504)	\$ (137,982)	\$ -	\$ (1,210,486)

**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:
Sr. Maureen Courtney

Date: 7-22-15

Legal Signatory (please print):
Sr. Maureen Courtney

Title: Administrator

Phone: 502-636-2300 Extension: 204

Email: Adlouisville@Little Sistersofthepoor.org

Salary of three (3) highest paid staff

Director of Nursing \$38.71 / hour

Asst. Director of Nursing \$27.91 / hour

Development Director \$27.67 /hour

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

We have Twelve (12) Little Sister of the Poor, who operate the Home but do to their vow of poverty do not receive a paycheck.

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	6/9/2015
Principal Office	15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217
Registered Agent	SR. CHANTAL PEYTON 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217

Current Officers

President	<u>SR. CHANTAL PEYTON</u>
Vice President	<u>SR. MAUREEN COURTNEY</u>
Secretary	<u>SR. ROSE MARIE MAYOCK</u>
Treasurer	<u>SR. ROSE MARIE MAYOCK</u>
Treasurer	<u>SR. ROSE MARIE MAYOCK</u>
Director	<u>SR. CHANTAL PEYTON</u>
Director	<u>SR. MAUREEN COURTNEY</u>
Director	<u>SR. ROSE MARIE MAYOCK</u>

Individuals / Entities listed at time of formation

Director	<u>JEANNE MARIE TURFINN</u>
Director	<u>MADELEINE TERNI</u>
Director	<u>ANNE FLANIGAN</u>
Director	<u>EUGENEIE PAUMAND</u>
Director	<u>EMENANCE GRAUDIN</u>
Incorporator	<u>JEANNE MARIE TURFINN</u>
Incorporator	<u>MADELEINE TERNI</u>
Incorporator	<u>ANNE FLANIGAN</u>
Incorporator	<u>EUGENEIE PAUMAND</u>
Incorporator	<u>EMENANCE GRAUDIN</u>

Images available online

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

Annual Report	6/9/2015	1 page	tiff	PDF
Annual Report	5/22/2014	1 page	tiff	PDF
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	6/9/2015 8:56:15 AM	6/9/2015	
Annual report	5/22/2014 11:47:45 AM	5/22/2014	
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	<u>ST. JOSEPH'S HOME FOR THE AGED</u>
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
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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