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

Applicant/Program: Fern Creek/Highview United Ministries, Inc./Adult Day Center

Executive Summary of Request:
This request is for the cost of reupholstering to cover damaged material fabric on 16 chairs used daily by senior citizens who attend the FCHUM Adult Day Center Program. The chairs are over 10 years old, and the fabric heavily worn/torn and damaged from incontinence accidents. The funding allows for material fabric replacement with a heavy grade vinyl material that is easy to clean for sanitary reasons, and will last for years. The frame of the chairs are in good shape and need not be replaced. This request was considered to be of an urgent nature based on the torn and stained fabric requiring replacement in order to accommodate seating of senior citizens. The total amount of the funding request is $2,400.00 (16 chairs x $150.00 each) to be split three ways between District 22 Councilman Robin Engel, District 23 Councilman James Peden and District 24 Councilwoman Madonna Flood at $800.00 each.

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

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

District #	Council Member Signature	Amount	Date
22	Robin J. Engel	$800.00	4/23/15

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.
FCHUM employee, Stephanie Hodge, is a relative of Legislative Assistant Monica Hodge.

Approved by:

____
Appropriations Committee Chairman   Date

Clerk's Office Only:
Request Amount: ________________ Committee Amended Appropriation: ________________
Original Appropriation: ________________ Council Amended Appropriation:

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 4/30/15 TIME 10:14

Applicant/Program:
Fern Creek/Highview United Ministries, Inc./Adult Day Center

Additional Disclosure and Signatures

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

District #	Council Member Signature	Amount	Date
23	James Peden	$800.00	4/23/15
24	Madonna Flood	$800.00	4/23/15

Nvc.

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Fern Creek/Highview United Ministries, Inc./Adult Day Center	
Program Name: Adult Day Center Request Amount: $2,400	**Yes/No/NA**
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	Yes
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization's current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than $5,000 **to any one project/program within an organization** in this fiscal year.	No
Board Members: Is the entity's board member list (with term length/term limits) included?	Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	Yes
Rent Requests: Is a copy of signed lease included?	N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: Monica Hodge District 22 Date: 4/23/15	

c/o District 22 Councilman Robin Engel

x Robin J. Engel

APR 28 2015 PM 4:41

Engel, Robin

From: Engel, Robin
Sent: Wednesday, April 15, 2015 2:36 PM
To: Peden, James; Flood, Madonna
Cc: Torsky, John N; Derouen, Andrea; Stenberg, Beth
Subject: Re: Fern Creek/Highview United Ministries - Funding Request For Reupholstered Chairs For Elderly Senior Citizens.

Colleagues,

I have received a funding request from Rev. Ron Loughry, Executive Director of the Fern Creek/Highview United Ministries requesting us to support a capital project in the amount of $2,400.00 for upholstering 16 old chairs that serve the FCHUM Adult Center for senior citizens who sit in these chairs several hours each day. Well over ten years ago, the FCHUM Adult Day Center needed to replace the old furniture used in their living area. A local hotel doing a remodeling job provided an opportunity for Rev. Loughry to save money and purchase the 16 chairs needed at half price (two for one) which was an outstanding savings versus having to purchase brand new chairs. However, with daily wear and tear over the years, along with uncontrollable accidents by the elderly seniors, the chairs needed attention and the fabric replaced on an immediate basis in order to accommodate seating for the seniors. The funding being sought is for 16 chairs reupholstered at $150.00 each which is a huge cost savings. Pricing new chairs was cost prohibitive. Aside from needing new fabric, the chairs are still structurally in excellent shape and expected to last several more years.

I am asking you to join me in a three-way split of this amount which would be $800.00 from each of our respective Council offices to support this funding request. I am preparing the funding package which will not require an Ordinance. I will bring it to your office for your signature approval of this request once you reply.

Thanks, and I look forward to your support.

Regards,

District 22 Councilman Robin J. Engel
Louisville Metro Council
City Hall - 2nd Floor
601 W. Jefferson Street
Louisville, KY 40202
Phone: (502) 574-1122
Email: robin.engel@louisvilleky.gov

Helton, Jessamyn

From:	Peden, James
Sent:	Thursday, April 23, 2015 2:01 PM
To:	Helton, Jessamyn
Subject:	Fern Creek/Highview United Ministres NDF

Jess,

John Torsky has my permission to sign the FCHUM NDF paperwork.

Thank you,
James Peden

JAMES PEDEN

METRO COUNCILMAN, DISTRICT 23

601 W. JEFFERSON STREET

LOUISVILLE, KY 40202

(502) 574-1123

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: Fern Creek Highview United Ministries, INC
(as listed on: http://www.sos.ky.gov/business/records)

Main Office Street & Mailing Address:9300 Beulah Church Rd Louisville, KY 40291

Website:fchum.org

Applicant Contact:	Ron Loughry	**Title:**	Executive director
Phone:	502-762-9608	**Email:**	execdir@fchum.org
Financial Contact:	Lynn Humphrey	**Title:**	Administrative Assistant
Phone:	502-762-9608	**Email:**	adm@fchum.org

Organization's Representative who attended NDF Training: Lynn Humphrey

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

Program Facility Location(s):	9300 Beulah Church Rd		
Council District(s):	22,23,24	**Zip Code(s):**	All of them

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: ADC Chair re-upholstery capital project

Total Request: ($)	2400	**Total Metro Award (this program) in previous year: ($)**	15,000

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:

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

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:	Metro Council	Amount: ($)	48,000.00
Source:	External Grant	Amount: ($)	15,000.00
Source:		Amount: ($)	

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 ACH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of Fern Creek/Highview United Ministries(FCHUM) is to unite the community in providing vital social services programs and activities without regard to race, creed, martial status, gender, or disability. To mobilize the private and public resources of the area to aid persons in need. To refer persons in the area with the needs mentioned above to other agencies when needed. To encourage inter-agency cooperation whenever possible and as needed. To reach out to persons of all ages, to provide programs and services that improve the quality of life.

The FCHUM Adult Day Center(ADC) is community-wide service that assists frail, elderly people and physically disabled adults to remain living in their homes, or with their family, for as long as possible. This ADC offers full time nursing service and daily activities programming. The FCHUM ADC promotes quality of life for frail older adults; prevents premature loss of functional ability, cognitive capacity, and emotional expressiveness; fosters new friendships and supports through socialization; enables caregivers to continue care in their home. The ADC provides a needed alternative in the delivery of long-term care service for the elderly, and it exists to produce dynamic results for both participants and their families.

The FCUM ADC is a licensed not-for-profit health facility for frail, impaired, or recuperating senior adults and welcomes participants of all races and religions. It is supported with funds from the FCHUM member churches, grants, donations and fees. The ADC accepts both private pay participants and those who need financial assistance. Funding under state and federal programs is utilized when available. Hours of operation are Monday-Friday, 8-5. Daily activities include, but are not limited to, a structured program of activities designed to balance physical and cognitive stimulation, such as daily interactive new program, daily exercises, daily cultural programming, entertainment, inter-generational programs, pet visits, horticultural therapy, etc. A daily hot, nutritious lunch is provided in conjunction with the Metro Nutrition program, In addition, a light breakfast, and an afternoon a snack is served.

Applicant's Initials MUH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE
A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planningminutes, designs, event permits, proposals for services/goods, etc.): This project begins in the late autumn of 2014 and will be completed in early January of 2015. The project for which we are seeking funds, clearly demonstrates how successful FCHUM is at making the best use of available community resources through collaboration and outreach. Well over a decade ago, our ADC needed to replace old living room furniture. A local hotel, during a remodeling, donated hundreds of chairs to another charity to sell in their thrift store. Becoming aware of this, I approached that organization with our need and they allowed us to purchase the 16 needed chairs at half price, or two for one if you like. This was an extraordinary find. These chairs have served well, but, being cloth covered, the chairs have experienced much wear and tear over the years, including damage from incontinence accidents. It was time to make some kind of change. Pricing absolutely new chairs, we found the cost prohibitive. However, through our connections with local business we connected with a local fabric and reupholstering company Thrifty Fabrics (Shepperson Reupholstering). Checking out their fabric inventory we found a marine grade vinyl material that would work perfectly for our need. The owner decided to donate the material and just charge us for labor. Therefore, we are able to cover and refurbish 16 living room chairs at just the cost of $150.00 per chair. 16 chairs at $150.00 each for a total of $2,400.00. Pricing for new chairs would have been at least twice if not closer to three times that cost. These chairs are still structurally in excellent shape; with the reupholstering we anticipate their lasting at least another ten years.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funding being sought is $150 x 16 = $2,400. See note in section 4, A for clarification.

Applicant's Initials MCH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

☐ 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.

Applicant's Initials MCH

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:

Operating since 1990, the FCHUM ADC has been effective in carrying out its goals of preventing premature institutionalization of frail older adults and maximizing participant quality of life through census analysis, assessment of daily living activities, reduced isolation, decreased caregiver stress, retention of caregiver employment, and connection with community resources. Program activities related to these goals include a daily structured activity, daily nutritional provisions, safe environment, daily exercise program and an ongoing nursing services. Outcomes include maintenance of highest functioning level for longest possible time, the receipt of daily nutritional needs, socialization, receipt of heath assessments and monthly health summaries and periodic reassessments and retention or enhancement of range of motion, balance, motor and mobility skills. Process for collecting data includes attendance logs, meal logs, health charts and participant files.

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.

As a licensed ADC, FCHUM works with KIPDA, Medicaid Waiver, home health agencies, Metro Office of Aging & Disabilities, Metro Nutrition, KAAD, TRIAD, etc. The ADC also utilizes various funding sources, including in-kind donations of program and food supplies, and donated space, and fund-raising support from various civic and community groups, such as Fern Creek Women's Club, schools, Fern Creek Lion's, Knights of Columbus, St. Ignatius Men's Group, etc., beyond the 23 member churches representing 12 denominations. Just a few examples include: a licensed massage therapist who provides monthly massage therapy on a voluntary basis; a small pet store business that helps provide pet therapy, as does a program called WAGS; and the FCWC (Fern Creek Women's Club) provides supplies, funding, and volunteers for special programs

Applicant's Initials MCH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	**Proposed Metro Funds**	**Non-Metro Funds**	**Total Funds**
A: Personnel Costs Including Benefits	63,000	227,000	290,000
B: Rent/Utilities		25,066	25,066
C: Office Supplies		6,500	6,500
D: Telephone		3,000	3,000
E: In-town Travel			
F: Client Assistance (Attach Detailed List)		18,000	18,000
G: Professional Service Contracts		25,000	25,000
H: Program Materials		43,500	43,500
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment	2,400		2,400
L: Other Expenses (Attach Detail List)			
****TOTAL PROGRAM/PROJECT FUNDS***	65,400	348,066	413,466
% of Program Budget	16%	%84	**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)	181,966
Fees Collected from Program Participants	166,100.00
Other (please specify)	
Total Revenue for Columns 2 Expenses **	348,066

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

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

Applicant's Initials MCH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Vinyl material for re-upholstery	1120.00	Remarks by qualified upholsterer
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOTBE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURSPER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2014

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:

Applicant's Initials MCH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		**Date:**	1-14-15
Legal Signatory: (please print):	Ron Loughry	**Title:**	Executive Director

Phone:	502-762-9608	**Extension:**		**Email:**	execdir@fchum.org

Applicant's Initials MCH

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date April 4, 2000

Person to Contact:
Kathy Masters #31-04015
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
61-1148234

Fern Creek/Highview
United Ministries
9300 Beulah Church Rd.
Louisville, KY 40291

Tax Exempt #D16367

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1989 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

2:21 PM
05/01/14
Accrual Basis

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
Ordinary Income/Expense				
Income				
Contbtns-Believers Church	300.00	1,200.00	1,200.00	
Contbtns-Beulah Presbyterian	0.00	2,705.00	3,000.00	
Contbtns-Cedar Creek Baptist	318.71	2,772.93	3,200.00	
Contbtns-Fairmount Baptist	0.00	1,000.01	1,000.00	
Contbtns-FC Baptist	715.91	5,638.01	6,600.00	
Contbtns-FC Christian	350.00	3,500.00	4,200.00	
Contbtns-FC United Methodist	750.00	6,750.00	8,100.00	
Contbtns-Highview Baptist	1,000.00	5,000.00	6,000.00	
Contbtns-Life Bridge Christian	500.00	500.00	750.00	
Contbtns-Lighthse Worship & Min	100.00	350.00	420.00	
Contbtns-Louvl Chinese Christn	0.00	200.00	200.00	
Contbtns-Peace Lutheran	0.00	150.00	150.00	
Contbtns- Seaton Park Baptist			250.00	
Contbtns-St Alban's	150.00	1,500.00	1,800.00	
Contbtns-St Bernard	0.00	9,000.00	12,000.00	
Contbtns-St Gabriel	1,250.00	12,500.00	15,000.00	
Contbtns-St Stephen Anglican	75.00	750.00	900.00	
Contbtns-St Stephen Lutheran	131.34	605.94	650.00	
Contbtns-Summit Heights	0.00	328.00	400.00	
Contbtns-Trinity World	85.00	510.00	600.00	66,420.00
Contributions				
Benefit Concert				
Benefit Concert - Other	0.00	928.02	1,200.00	
Total Benefit Concert	0.00	928.02		
Burgoo Festival(FC Unit Meth)	0.00	14,000.00	14,000.00	
Capital Improvements	0.00	1,000.00		
Employee Donations	36.00	330.00	350.00	
G.E. Employee/Retiree Donation	350.00	3,100.00	4,000.00	
G.E. Foundation Match	0.00	3,610.00	6,000.00	
Group or Individuals Donations				
ADC-Awning	0.00	0.00		
Group or Individuals Donations - Other	2,226.00	33,737.60	40,500.00	
Total Group or Individuals Donations	2,226.00	33,737.60		
Kroger Gift Card	0.00	216.00	300.00	
Love Lights	0.00	920.00	900.00	
Memorials				
Memorials - Other	180.00	1,460.00	1,750.00	
Total Memorials	180.00	1,460.00		
Misc Contributions				
Misc Contributions - Other	263.00	537.00	500.00	
Total Misc Contributions	263.00	537.00		
No Show BBQ-ADC	0.00	275.00	300.00	
Offerings				
Choir Festival				
Choir Festival - Other	0.00	404.02	500.00	
Total Choir Festival	0.00	404.02		
Thanksgiving Collection	0.00	380.00	500.00	

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
Total Offerings	0.00	784.02		
Senior Nutrition Part. Donation				
Direct Senior Nutrition Expense	-155.00	-1,462.80		
Senior Nutrition Part. Donation - Other	155.00	1,462.80		
Total Senior Nutrition Part. Donation	0.00	0.00		
Staff Development & Retention				
Direct Staff Developmt Ret Exp	0.00	-847.90		
Staff Development & Retention - Other	0.00	370.00		
Total Staff Development & Retention	0.00	-477.90		
Thorntons	4.82	4.82		
Total Contributions	3,059.82	60,424.56	70,800.00	70,800.00
Fund Raising				
Can Food Drive				
Direct Can food expense	-150.00	-150.00		
Can Food Drive - Other	20.00	154.00		
Total Can Food Drive	-130.00	4.00		
Cookbook Sales	0.00	10.00		
Gala				
Auction-Silent	0.00	20.00		
Mystery Bags	20.00	20.00		
Pennies	333.56	471.02		
Sponsorship	5,475.00	11,775.00		
Tickets	1,375.00	1,425.00		
Gala - Other	150.00	150.00		
Total Gala	7,353.56	13,861.02	26,000.00	
Holiday Cheer				
Direct Holiday Cheer Expense	0.00	-923.16		
Holiday Cheer - Other	0.00	3,318.00		
Total Holiday Cheer	0.00	2,394.84	2,950.00	
Hunger Dinner-IFAC				
Hunger Dinner-IFAC - Other	0.00	498.00		
Total Hunger Dinner-IFAC	0.00	498.00	500.00	
Legacy of Caring				
Bricks				
Bricks - Other	0.00	100.00		
Total Bricks	0.00	100.00		
General				
General - Other	0.00	2,762.71		
Total General	0.00	2,762.71		
Total Legacy of Caring	0.00	2,862.71		
Total Fund Raising	7,223.56	19,630.57	29,450.00	29,450.00
Grants				
Grants-Miscellaneous	0.00	2,543.99		
Metro Louisville	15,750.00	63,000.00		
Total Grants	15,750.00	65,543.99	66,000.00	66,000.00
Investment Income				
Dividends				
ADC-Restricted	144.31	1,582.45		
General-Unrestricted	129.12	595.05		

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Accrual Basis

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
LOC-Restricted	106.33	1,308.95		
Total Dividends	379.76	3,486.45		
Interest	0.00	54.19		
Total Investment Income	379.76	3,540.64	4,250.00	4,250.00
Program Service Revenue				
Client Fees				
KIPDA	1,856.00	15,055.20		
Medicaid				
Medicaid - Other	2,075.92	21,372.82		
Total Medicaid	2,075.92	21,372.82		
Private Pay Clients	9,060.00	84,840.00		
Sliding Scale Clients	0.00	1,511.20		
Spend Down Clients				
Spend Down Clients - Other	124.00	534.00		
Total Spend Down Clients	124.00	534.00		
VA	3,720.00	15,120.00		
Total Client Fees	16,835.92	138,433.22	166,100.00	
Families In Transition				
Direct FIT Expense	0.00	-20.64		
Families In Transition - Other	0.00	5,585.25		
Total Families In Transition	0.00	5,564.61	6,500.00	
Meal On Wheels-Metro Contract	114.95	1,915.95	2,400.00	
Total Program Service Revenue	16,950.87	145,913.78	175,000.00	175,000.00
Refunds/Reimbursements	0.00	613.94	50.00	30.00
Reimbursed Tax Credit	0.00	11,509.13		
Uncatogorized Income	0.00	0.00		
Total Income	49,089.97	362,136.50	411,950.00	411,950.00
Expense				
Advertising and promotion				
Newsletter				
Newsletter - Other	0.00	2,160.49		
Total Newsletter	0.00	2,160.49		
Publicity/Public Relations Exp				
Publicity/Public Relations Exp - Other	0.00	294.00		
Total Publicity/Public Relations Exp	0.00	294.00		
Advertising and promotion - Other	50.00	55.58		
Total Advertising and promotion	50.00	2,510.07	3,020.00	3,020.00
Allocated Costs				
Alloc Costs	-5,731.89	-59,500.20		
Alloc Costs-ADC	3,152.54	32,725.11		
Alloc Costs-IFAC	2,579.35	26,775.09		
Total Allocated Costs	0.00	0.00		
Assistance to Individuals				
Client Assistance				
LGE	3,283.18	22,811.77		
LGE-Community Winter Help	10,947.51	27,640.00		

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
LGE-Utility Match	0.00	17,831.81		
Rent/Mortgage	4,210.00	24,282.39		
RX-Prescriptions	0.00	602.48		
Transportation	0.00	525.00		
Water	811.00	9,983.89		
Water-Utility Match	0.00	11,168.30		
Total Client Assistance	19,251.69	114,845.64		
Client Assistance Reimbursement				
LGE	-1,732.00	-15,137.33		
LGE-Community Winterhelp	-2,300.00	-27,640.00		
LGE-Utility Match (ACM)	0.00	-17,831.71		
Rent/Mortgage	-3,482.98	-21,928.12		
RX-Prescriptions	0.00	-368.66		
Water	-1,290.00	-5,941.03		
Water Contribution-ACM	0.00	-10,990.30		
Client Assistance Reimbursement - Other	0.00	-50.00		
Total Client Assistance Reimbursement	-8,804.98	-99,887.15		
Total Assistance to Individuals	10,446.71	14,958.49	18,000.00	18,000.00
Contractual				
CPA	0.00	3,795.00	4,500.00	
Families In Transtn Facilitator	0.00	3,250.00	3,250.00	
Total Contractual	0.00	7,045.00	7,750.00	7,750.00
Information Technology				
Computer Software	0.00	448.13		
Website	0.00	250.00		
Total Information Technology	0.00	698.13	800.00	800.00
Insurance				
General Liability				
General Liability - Other	0.00	2,133.62		
Total General Liability	0.00	2,133.62	2,240.00	
Workmans Comp				
Workmans Comp - Other	0.00	1,423.00		
Total Workmans Comp	0.00	1,423.00	1,510.00	
Total Insurance	0.00	3,556.62	3,750.00	3,750.00
License Fee	140.00	140.00	200.00	200.00
Loss on DWS Investments	-1,532.85	305.25		
Occupancy				
Capital Improvements	0.00	9,789.00		
Cleaning/Cleaning Supplies Exp				
Cleaning/Cleaning Supplies Exp - Other	0.00	498.13		
Total Cleaning/Cleaning Supplies Exp	0.00	498.13	500.00	
Garbage				
Garbage - Other	171.86	1,585.51		
Total Garbage	171.86	1,585.51	1,900.00	
Grounds Maintenance	0.00	5,521.65	5,700.00	
Maintenance	190.00	1,272.69	1,500.00	
Pest Control	45.00	495.00	540.00	
Property Insurance	0.00	2,842.58	2,985.00	
Repairs				

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
Repairs - Other	0.00	1,614.49		
Total Repairs	0.00	1,614.49	1,700.00	
Security	0.00	582.00	600.00	
Utilities				
Cable	106.79	1,067.86	1,281.00	
Electric	495.49	5,998.48	7,200.00	
Water	201.83	954.63	1,160.00	
Total Utilities	804.11	8,020.97	9,641.00	
Total Occupancy	1,210.97	32,222.02		25,066.00
Office Expenses				
Bank Fees				
Bank Fees - Other	0.00	99.00		
Total Bank Fees	0.00	99.00		
Copier Maintenance				
Copier Maintenance - Other	0.00	1,168.14		
Total Copier Maintenance	0.00	1,168.14	1,200.00	
Equipment Repair & Maint				
Equipment Repair & Maint - Other	0.00	223.98		
Total Equipment Repair & Maint	0.00	223.98	250.00	
Office Supplies				
Office Supplies - Other	31.93	2,241.22		
Total Office Supplies	31.93	2,241.22	2,650.00	
Postage				
Postage - Other	196.00	1,412.46		
Total Postage	196.00	1,412.46	1,700.00	
Telephone	312.62	3,178.96	3,700.00	
Total Office Expenses	540.55	8,323.76	9,500.00	9,500.00
Other Employee Benefits				
Employee Dental Insurance	21.78	-22.86		
Employee Portion Health Ins.				
Employee Portion Health Ins. - Other	0.00	0.00		
Total Employee Portion Health Ins.	0.00	0.00		
Employer Portion Health Ins.				
Employer Portion Health Ins. - Other	2,530.83	39,260.97		
Total Employer Portion Health Ins.	2,530.83	39,260.97	47,500.00	
Total Other Employee Benefits	2,552.61	39,238.11	47,500.00	47,500.00
Other Expense				
Criminal Record Check Expense				
Staff	0.00	80.00		
Volunteer	0.00	60.00		
Total Criminal Record Check Expense	0.00	140.00	150.00	
KY Annual Reporting Fee	0.00	15.00		
Membership Dues				
Membership Dues - Other	185.00	655.00		
Total Membership Dues	185.00	655.00	1,000.00	
Senior Nutrition				
Medicaid (Mastersons)	99.50	1,654.42		
Total Senior Nutrition	99.50	1,654.42	1,850.00	
Total Other Expense	284.50	2,464.42	3,000.00	3,000.00
Payroll Expenses	22,537.64	236,866.67	290,000.00	290,000.00
Program-ADC				

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
April 2014

	Apr 14	Jul '13 - Apr 14	Jul'14-June '15 Budget	
Program Food				
Program Food - Other	74.86	1,204.81		
Total Program Food	74.86	1,204.81	1,445.00	
Program Nursing Supplies	64.45	175.84	210.00	
Program Supplies				
Program Supplies - Other	251.79	1,287.74		
Total Program Supplies	251.79	1,287.74	1,545.00	
Total Program-ADC	391.10	2,668.39	3,200.00	3,200.00
Subcontractors	0.00	1,000.00	1,000.00	
Training				
Continuing Education	0.00	483.00		
Total Training	0.00	483.00	164.00	164.00
Uncatagorizied Expenses	0.00	-7,292.31		
Total Expense	36,621.23	345,187.62	411,950.00	411,950.00
Net Ordinary Income	12,468.74	16,948.88		
Net Income	**12,468.74**	**16,948.88**		

Fern Creek/Highview United Ministries
9300 Beulah Church Road
Louisville, KY 40291
Central Office 762-9608 762-9609 fax
execdir@fchum.org or adm@fchum.org

Individual & Family Assistance Center
9300 Beulah Church Road
Louisville, KY 40291
762-9611 **Fax** 762-9609
ifacdir@fchum.org

Adult Day Center
9300 Beulah Church Road
Louisville, KY 40291
762-9612 **Fax** 762-9613
adcdir@fchum.org

2014-2015
EXECUTIVE BOARD MEMBERS - 1 year Term Limits

OFFICERS

President –Joyce Curry
4826 Nottinghamshire Dr.
Louisville, KY 40299
499-1974 Hm 641-3166 cell
msjcurry@aol.com

Vice President –Kim Riggs
9006 Lantana Dr.
Louisville, KY 40229
212-9954 Home
819-5868 Cell
garyandkimr@twc.com
kimberly.riggs@jefferson.kyschools.us

Secretary –Evelyn Vaughn
6300 Lovers Lane
Louisville, KY 40291
239-4317 home
evvaughn@gmail.com

Treasurer – Mary Russell
7300 Wood Rock Road
Louisville, KY 40291
499-5824 Home
russellsareus@twc.com

MEMBERS AT LARGE

Bobbie Myrick
6426 Renate Rd
Louisville, KY 40291
231-9411 Home
B2bmyrick@att.net

Byron Myrick
6426 Renate Rd
Louisville, KY 40291
231-9411 Home
b2bmyrick@att.net

Tommy Russell
7300 Wood Rock Road
Louisville, KY 40291
499-5824
russellsareus@twc.com

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01/13/15

Accrual Basis

Fern Creek Highview United Ministries, Inc.
Profit & Loss YTD Comparison
December 2014

	Dec 14	Jul - Dec 14
Ordinary Income/Expense		
Income		
Contbtns-Believers Church	300.00	600.00
Contbtns-Beulah Presbyterian	0.00	4,425.00
Contbtns-Cedar Creek Baptist	284.71	1,554.18
Contbtns-Fairmount Baptist	0.00	324.08
Contbtns-FC Baptist	686.32	3,573.75
Contbtns-FC Christian	350.00	2,100.00
Contbtns-FC United Methodist	750.00	4,500.00
Contbtns-Highview Baptist	1,000.00	3,000.00
Contbtns-Lighthse Worship & Min	0.00	200.00
Contbtns-Louvl Chinese Christn	200.00	200.00
Contbtns-Peace Lutheran	0.00	150.00
Contbtns-St Alban's	0.00	1,750.00
Contbtns-St Bernard	1,000.00	6,000.00
Contbtns-St Gabriel	1,250.00	7,500.00
Contbtns-St Stephen Anglican VM	75.00	450.00
Contbtns-St Stephen Lutheran BT	224.75	491.01
Contbtns-Summit Heights	0.00	270.00
Contbtns-Trinity World	85.00	425.00
Contributions	12,004.73	45,439.14
Fund Raising	3,885.22	5,627.18
Grants	0.00	32,825.20
Investment Income	1.35	699.32
Program Service Revenue	14,987.35	94,254.90
Refunds/Reimbursements	0.00	183.75
Total Income	37,084.43	216,542.51
Expense		
Advertising and promotion	522.33	752.96
Allocated Costs	0.00	0.00
Assistance to Individuals	2,320.74	19,511.89
BONDING EXPENSE	0.00	509.00
Information Technology	44.00	104.85
Insurance	0.00	3,561.09
License Fee	0.00	50.00
Occupancy	925.52	10,771.81
Office Expenses	602.91	3,342.25
Other Employee Benefits	2,517.83	14,097.56
Other Expense	260.12	2,187.32
Payroll Expenses	21,040.81	147,646.13
Program-ADC	242.56	1,881.35
Program-IFAC	23.40	654.89
SERVICE FEE	10.00	119.00
Training	200.00	475.00
Total Expense	28,710.22	205,665.10
Net Ordinary Income	8,374.21	10,877.41
Net Income	**8,374.21**	**10,877.41**

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

D5291 12/20/2013 12:1
OMB No. 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

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

C Name of organization: FERN CREEK/HIGHVIEW UNITED MINISTRI
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): 9300 BEULAH CHURCH ROAD — Room/suite
City, town or post office, state, and ZIP code: LOUISVILLE KY 40291

D Employer identification number: 61-1148234
E Telephone number
G Gross receipts $ 1,047,720

F Name and address of principal officer:

COPY

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ N/A
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1988
M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE ASSISTANCE TO LOW INCOME AND ELDERLY INDIVIDUALS IN THE FERN CREEK/HIGHVIEW AREA.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	52
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	16
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	638,095	730,528
9 Program service revenue (Part VIII, line 2g)	252,842	282,978
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,294	3,602
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,125	17,591
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	916,356	1,034,699
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	523,662	636,661
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	316,208	318,035
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	63,586	77,728
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	903,456	1,032,424
19 Revenue less expenses. Subtract line 18 from line 12	12,900	2,275

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	767,002	763,096
21 Total liabilities (Part X, line 26)	341	0
22 Net assets or fund balances. Subtract line 21 from line 20	766,661	763,096

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 — Date
RON LOUGHRY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: BRETT HUETT
Preparer's signature: BRETT HUETT
Date: 12/20/13
Check ☐ if self-employed
PTIN: P00852043
Firm's name ▶ RODEFER MOSS & CO, PLLC
Firm's EIN ▶ 35-1663728
Firm's address ▶ 301 E. ELM STREET NEW ALBANY, IN 47150
Phone no. 812-945-5236

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE ASSISTANCE TO LOW INCOME AND ELDERLY INDIVIDUALS IN THE FERN CREEK/HIGHVIEW AREA.

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 $ 733,581 including grants of $ 636,661) (Revenue $)

EMERGENCY ASSISTANCE - PROVIDING SERVICES TO LOW INCOME INDIVIDUALS FOR NECESSITIES, INCLUDING HEAT, FOOD, CLOTHING AND OTHER ASSISTANCE.

4b (Code:) (Expenses $ 207,902 including grants of $) (Revenue $)

ADULT DAYCARE - PROVIDING SERVICES TO ELIGIBLE ELDERLY PARTICIPANTS. MAXIMUM OF 20 CLIENTS PER DAY WITH AVERAGE OF 16 SERVED DAILY.

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 ▶ 941,483

Part IV **Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012) FERN CREEK/HIGHVIEW UNITED MINISTRI 61-1148234 Page

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

					Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7	**Organizations that may receive deductible contributions under section 170(c).**						
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				8		
9	**Sponsoring organizations maintaining donor advised funds.**						
a	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	**Section 501(c)(7) organizations.** Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	**Section 501(c)(12) organizations.** Enter:						
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b					
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?				12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**						
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.				13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b					
c	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ... 1a 52. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ... 1b 52			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ RON LOUGHRY 9300 BEULAH CHURCH ROAD

LOUISVILLE KY 40291 502-762-9608

Form 990 (2012) FERN CREEK/HIGHVIEW UNITED MINISTRI 61-1148234 Page

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 30,362				
	d Related organizations	1d				
	e Government grants (contributions)	1e 27,325				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 672,841				
	g Noncash contributions included in lines 1a-1f:	$ 521,846				
	h **Total.** Add lines 1a–1f ▶		730,528			
Program Service Revenue		Busn. Code				
	2a CLIENT FEES		173,472	173,472		
	b CLIENT ASSISTANCE		100,532	100,532		
	c FAMILIES IN TRANSITION		7,575	7,575		
	d MEALS ON WHEELS		1,399	1,399		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		282,978			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,602	3,602		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ 30,362 of contributions reported on line 1c). See Part IV, line 18	a 21,566				
	b Less: direct expenses	b 13,021				
	c Net income or (loss) from fundraising events ▶		8,545			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	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 ▶					
	Miscellaneous Revenue	Busn. Code				
	11a OTHER INCOME		6,607	6,607		
	b REFUNDS/REIMBURSEMENTS		2,439	2,439		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		9,046			
	12 **Total revenue.** See instructions. ▶		1,034,699	295,626	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	636,661	636,661		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	249,074	187,782	61,292	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,155	3,887	1,268	
9 Other employee benefits	45,810	45,730	80	
10 Payroll taxes	17,996	13,569	4,427	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,425	3,225	4,200	
12 Advertising and promotion	3,254	3,011	243	
13 Office expenses	11,555	11,452	103	
14 Information technology	1,520	1,520		
15 Royalties				
16 Occupancy	26,957	26,957		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,535		18,535	
23 Insurance	3,729	3,729		
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 OTHER EXPENSES	3,246	2,453	793	
b PROGRAM FOOD	917	917		
c LICENSE FEE	315	315		
d CONTINUING EDUCATION	275	275		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,032,424	941,483	90,941	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	38,420	1	41,30(
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	21,044	3	28,90:
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,110	9	4,984
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 715,272			
	b	Less: accumulated depreciation — 10b: 124,324	603,330	10c	590,948
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	99,098	13	96,961
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	767,002	16	763,096
Liabilities	17	Accounts payable and accrued expenses	341	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	341	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	766,661	27	763,096
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	766,661	33	763,096
	34	Total liabilities and net assets/fund balances	767,002	34	763,096

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,034,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,032,424
3	Revenue less expenses. Subtract line 2 from line 1	3	2,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	766,661
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,840
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	763,096

Part XII Financial Statements and Reporting

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

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

COMMONWEALTH OF KENTUCKY

Trey Grayson
Secretary of State

Certificate

I, Trey Grayson, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF INCORPORATION OF

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC. FILED JUNE 13, 1988,

ARTICLES OF CORRECTION FILED MARCH 17, 1989.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 31st day of January, 2008.

Trey Grayson
Secretary of State
Commonwealth of Kentucky
BWeber/0244896 - Certificate ID: 60044

88-38-1-1-76

2 4 4 8 9 6

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

BREMER EHRLER
Secretary

FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION
OF NON-STOCK, NON-PROFIT CORPORATION

I, BREMER EHRLER, Secretary of State of the Commonwealth of Kentucky, certify that there has been delivered to my office articles of incorporation of

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

The name and address of the registered agent of this corporation is

NAME: REVEREND THOMAS D. SWASKO

STREET ADDRESS: 7408 FIELDSTONE WAY

CITY, STATE: LOUISVILLE, KY. 40291

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, BREMER EHRLER, Secretary of State, issue this Certificate of Incorporation.

Issued this 13th *day of* JUNE, *19* 88, *at Frankfort, Kentucky.*

Bremer Ehrler
SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

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FRANKFORT, KENTUCKY
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SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 237, Kentucky Revised Statutes, hereby certify as follows:

<u>ARTICLE I</u>

524895

The name of the Corporation shall be:

Fern Creek/Highview United Ministries, Inc.

<u>ARTICLE II</u>

The duration of the Corporation shall be perpetual.

<u>ARTICLE III</u>

The principal office of the Corporation is to located at:

Fern Creek/Highview United Ministries, Inc.
5920 Bardstown Road
Louisville, Kentucky 40291

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

The name and address of the initial registered agent for service of process is:

The Reverand Thomas D. Swasko
7408 Fieldstone Way
Louisville, Kentucky 40291

<u>ARTICLE IV</u>

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity

ARTICLES

OF

INCORPORATION

Updated as of December 2012

ARTICLES OF INCORPORATION

OF

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

We, THE UNDERSIGNED, having associated for the same purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statues, hereby certify as follows:

ARTICLE I

The name of the corporation shall be:

Fern Creek/Highview United Ministries, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal office of the Corporation is located at:

Fern Creek/Highview United Ministries, Inc.
9300 Beulah Church Road
Louisville, KY 40291

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

The name and address of the initial registered agent for service of process is:

The Reverend Thomas D. Swasko
7408 Fieldstone Way
Louisville, Kentucky 40291

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501 (c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

A. To provide social services primarily for persons in the Fern Creek/Highview area of Louisville-Jefferson County Metro (zip codes 40291 and 40228), without regard to race, creed or color.

B. To mobilize the private and public resources of the area to aid persons in need of the basic necessities and benefits of life, including, but not limited to: food, clothing, shelter and medical treatment.

C. To refer persons in the area with the needs mentioned above to other agencies where other or continued help is provided.

D. To encourage inter-agency cooperation in cases of specific need as outlined above.

E. To conduct educational and training programs related to the improvement of the need for the necessities of life and to do and engage in any and all lawful activities incidental or reasonably necessary to any of the foregoing objectives and to exercise all other powers and authority now or hereafter conferred upon charitable corporations under the laws of the United States of America and the Commonwealth of Kentucky.

ARTICLE V

The corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

A. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

B. Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws.

C. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue code of 1954, or corresponding provisions of any later Federal tax laws.

4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue code of 1954, or corresponding provisions of any later tax laws.

5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR	MAILING ADDRESS
Reverend Thomas Swasko	7408 Fieldstone Way Louisville, KY 40291

ARTICLE VIII

The initial Board of Directors shall consist of six (6) Directors The names and addresses of the members of the initial Board of Directors are:

BOARD OF DIRECTORS	MAILING ADDRESS
Beverly Herrlinger	6701 Broadhale Drive Louisville, KY 40291
Mary Truitt	10001 Fern Creek Road Louisville, KY 40291
David Beard	6600 Lovers Lane Louisville, KY 40291
Mary White	10800 Broad Run Road Louisville, KY 40291
Peggy Franklin	5107 Frey Drive Louisville, KY 40299
Marilyn Morris	8728 Running Fox Circle Louisville, KY 40291

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal. Adoption or amendment of such provisions, and any removal requiring a vote shall be by no less than a _____ vote of the Board of Directors.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

In the event of dissolution of the Corporation, the board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501 (c)(3) of the Internal Revenue

Multi-page document. Select page: 1 2 3 4 5 6 7 8

ARTICLE X

The offi~ers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)-(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of this Corporation.

Rev. Thomas V. Swasko
Reverend Thomas Swasko

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared, **REVEREND THOMAS SWASKO**, and being duly sworn, acknowledged that he is the incorporator of the aforementioned Corporation, and

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Multi-page document. Select page: 1 2 3 4 5 6 7 8

that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 10th day of June, 1988.

My Commission Expires: Notary Public, State at Large, KY My commission expires Nov. 17, 1990.

NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Kathleen M. Guinane

KATHLEEN M. GUINANE
Attorney at Law
LEGAL AID SOCIETY, INC.
425 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

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Tommy Shepperson
11301 Bardstown Creek Rd.
Louisville, KY 40291
v:502.231.9001 f:502.231.9063
tommy@thriftyfabrics.com
www.thriftyfabrics.com

THRIFTY FABRICS
&
Shepperson Upholstery

16
150
800
16
2400

150 each labor

1 1/2 yds each retail

marine grade vinyl

$29-32 yd

$70 for mat. each donated

$2400

QTY.	MATERIAL	PRICE	AMOUNT
	SOR		
2	chairs picked up 11/14/14 dropped off 2 more		
2	picked up 11-19		
2	p-upped 11-21		
2	p/u 11-25		
2	p/u 12/15		
2	p/u 12/19		
2	p/u 12/22 &		
	Dropped Off last 2		

INVOICE NO. 3060

THRIFTY FABRICS & Shepperson Upholstery
11301 Bardstown Creek Road, Louisville, KY 40291
502.231.9001

JOB PHONE:

DATE OF ORDER: 10/31/14

JOB NAME / LOCATION:
LM 11/13/14
LM 11/18/14
LM 12/18/14
LM 1/8/15

TO: Fern Creek/Highview United Ministries

PHONE: 762-9608

ORDER TAKEN BY:

TERMS:

DESCRIPTION OF WORK	AMOUNT
16 chairs labor $150 ea.	2400 00
own fabric	
2 chairs picked up 11/14/14 dropped off 2 more	
Pd #8870	

LABOR	HOURS	RATE	AMOUNT		
				TOTAL MATERIAL	
				TOTAL LABOR	2400 00
WORK ORDERED BY		DATE COMPLETED		TAX	
SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work).				*Thank You!* PAY THIS AMOUNT →	2400 00

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)
Fern Creek Highview United Ministries, Inc

Business name/disregarded entity name, if different from above

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

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

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) D16367
Exemption from FATCA reporting code (if any) ______

Address (number, street, and apt. or suite no.)
9300 Beulah Church Rd

Requester's name and address (optional)

City, state, and ZIP code
Louisville, KY 40291

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.

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

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

Employer identification number
61 – 1148234

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 1-5-15

General Instructions

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

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

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

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

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

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

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

Fern Creek/Highview United Ministries
ADULT DAY CARE PARTICIPANT SATISFACTION SURVEY

If a participant has difficulty completing this survey, it should be completed by his/ her caregiver

1. Age Group: 60 – 69 70 – 79 80 - 89 90 and over

2. Gender: Female Male

3. Race:
White
African–American
Hispanic
American Indian
Native Hawaiian/ Pacific Islander
Asian
Other

4. What is your home zip code? ______________________________

5. How did you first learn about our program?
Home health agency
Friend/ relative
Media (TV, radio, newspaper)
Other
Doctor's office
Church

6. How many days per week do you attend Adult Day Care?
1 day 2 - 3 days 4 - 5 days

7. How long have you attended Adult Day Care?
Less than 1 year 1 – 3+ years 4 – 6+ years 7 + years

8. Reasons for attending Adult Day Care? *Please check all that apply*:
Socialization
Supervision
Structured activities
Health services
To avoid placement in a nursing home
To allow caregiver to work
Other

9. Do you feel your level of social interaction has significantly increased since you started attending Adult Day Care?
Yes To some extent No

10. How satisfied are you with the current days and hours of operation of our facility?

21. If you are the caregiver for the ADC participant, has this service been beneficial to you?

Yes No

If ***"YES"***, please check all that apply:

It allows me to continue to work
It provides me with respite
I feel less stressed
My social life has improved
Other: ____________________

22. Additional comments:

____

____

____

____

____

Thank you for taking the time to complete this survey!

Fern Creek/Highview United Ministries "Staff Roster"

Central Office:

		Date of Hire
Executive Director: Rev. Ron Loughry, MA, MDiv	**salary,**	**05/06/1996 05/06/2003**
Adm. Asst./Bookkeeper: Lynn Humphrey, MSW, MDiv	**30 hour week**	**02/03/2014**

Individual & Family Assistance Center

Program Director: Renee Bryant, MSW	**salary**	**12/15/1997**
IFAC Case worker: Maria Miller, MSW	**30 hour week**	**03/12/2013**
Substitutes:		
Alice Braach		**8/01/2012**

Adult Day Center

Program Director: Stephanie Hodge, MSW	**salary**	**08/25/2014**
Health Services Coordinator(Nurse): Alice Quinker, LPN	**40 hour week**	**05/02/2002**
Activity Assistant: SueAnne Rollman	**40 hour week**	**08/25/2014**
Activity Assistant: Shalondra Jackson	**30 hour week**	**10/20/2014**
Activity Assistant: Christopher Roberts	**40 hour week**	**11/03/2014**
Substitute Act. Asst: Sue Mitchell	**As needed**	**01/05/2004**
Substitute Act Asst Charles Treston	**as needed**	**0**
Substitute Act Asst Jane Feller	**as needed**	**06/05/2014**

Current as of Oct 2014

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

General Information

Organization Number	0244896
Name	FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/13/1988
Organization Date	6/13/1988
Last Annual Report	4/8/2015
Principal Office	9300 BEULAH CHURCH ROAD LOUISVILLE, KY 40291
Registered Agent	REV. RON LOUGHRY 9300 BEULAH CHURCH LOUISVILLE, KY 40291

Current Officers

President	JOYCE CURKY
Vice President	KIM RIGGS
Secretary	EVELYN VAUGHN
Treasurer	MARY RUSSELL
Director	TOMMY RUSSELL
Director	BOBBIE MYRICK
Director	BYRON MYRICK

Individuals / Entities listed at time of formation

Director	BEVERLY HERRLINGER
Director	MARY TRUITT
Director	DAVID BEARD
Director	MARY WHITE
Director	PEGGY FRANKLIN
Incorporator	REV THOMAS SWASKO

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	4/8/2015	1 page	tiff	PDF
Annual Report	3/20/2014	1 page	tiff	PDF
Annual Report	2/22/2013	2 pages	tiff	PDF
Amendment	1/15/2013	1 page	tiff	PDF
Annual Report	2/10/2012	1 page	tiff	PDF

Annual Report	3/15/2011	1 page	tiff	PDF
Annual Report	3/29/2010	1 page	tiff	PDF
Annual Report	3/16/2009	1 page	tiff	PDF
Administrative Dissolution Return	11/19/2008	1 page	tiff	PDF
Reinstatement	11/5/2008	3 pages	tiff	PDF
Principal Office Address Change	11/5/2008	1 page	tiff	PDF
Registered Agent name/address change	11/5/2008	1 page	tiff	PDF
Administrative Dissolution	11/1/2008	1 page	PDF	
Sixty Day Notice Return	9/11/2008	2 pages	tiff	PDF
Annual Report	3/21/2007	1 page	tiff	PDF
Annual Report	3/21/2006	1 page	tiff	PDF
Annual Report	4/26/2005	1 page	tiff	PDF
Annual Report	6/23/2003	4 pages	tiff	PDF
Annual Report	6/14/2002	2 pages	tiff	PDF
Annual Report	5/30/2001	2 pages	tiff	PDF
Annual Report	5/1/2000	8 pages	tiff	PDF
Annual Report	5/20/1999	6 pages	tiff	PDF
Annual Report	4/30/1998	5 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Statement of Change	5/8/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Statement of Change	3/8/1994	1 page	tiff	PDF
Annual Report	7/1/1993	2 pages	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Articles of Correction	3/17/1989	3 pages	tiff	PDF
Articles of Correction	3/17/1989	3 pages	tiff	PDF
Articles of Incorporation	6/13/1988	8 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/8/2015 1:16:38 PM	4/8/2015	
Annual report	3/20/2014 2:32:11 PM	3/20/2014	
Annual report	2/22/2013 8:08:33 AM	2/22/2013	
Amendment - Miscellaneous amendments	1/15/2013 8:42:12 AM	1/15/2013	
Annual report	2/10/2012 4:40:45 PM	2/10/2012	

Annual report	3/15/2011 10:48:31 AM	3/15/2011
Annual report	3/29/2010 3:28:05 PM	3/29/2010
Annual report	3/16/2009 8:42:41 AM	3/16/2009
Registered agent address change	11/5/2008 9:17:09 AM	11/5/2008
Principal office change	11/5/2008 9:15:21 AM	11/5/2008
Reinstatement	11/5/2008 9:12:48 AM	11/5/2008
Admin Dis. A. report not in	11/1/2008	11/1/2008
Annual report	3/21/2007 9:47:01 AM	3/21/2007
Annual report	3/21/2006 11:30:31 AM	3/21/2006
Registered agent address change	6/22/2004 1:49:23 PM	6/22/2004

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	4/19/2005	1 page
Annual Report	9/2/2004	1 page
Statement of Change	6/22/2004	1 page
Annual Report	6/23/2003	4 pages
Annual Report	6/14/2002	2 pages
Annual Report	5/30/2001	2 pages
Annual Report	5/1/2000	8 pages
Annual Report	5/20/1999	6 pages
Annual Report	4/30/1998	5 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	1 page
Statement of Change	5/8/1995	1 page
Annual Report	7/1/1994	1 page
Statement of Change	3/8/1994	1 page
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Articles of Correction	3/17/1989	3 pages
Articles of Correction	3/17/1989	3 pages
Articles of Incorporation	6/13/1988	7 pages