

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

Applicant/Program: Dreams With Wings "15th Annual Jack-o-Lantern Stroll"

Executive Summary of Request:

Dreams with Wings is requesting \$5000.00 for the "15th Annual Jack-O-Lantern Stroll" That will be held on Oct 19th at Slugger Field. This is open to the public and is a great way to learn about Dreams With Wings and have a safe, violent free environment for "kids to be kids" without worrying or concerns of their surroundings. Its a fund Halloween theme of 1500 carved pumpkins with trick or treats and fun.

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

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

<u>8TH</u>	<u>Tom Quentia</u>	<u>\$ 1500.00</u>	<u>Sept 21, 2015</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

_____ Date

Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Dreams with Wings

Program Name and Request Amount: \$5000.00 for Jack-O-Lantern Stroll"

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

Long, Terra L

From: Owen, Tom
Sent: Monday, September 21, 2015 11:44 AM
To: Long, Terra L; MetroCouncilClerk; Ott, Stephen
Subject: RE: Approval for Signature for the Dreams With Wings \$5000.00 NDF grant for "15th Annual Jack-O-Lantern Stroll"

I authorize my aide, TERRA LONG, to sign in my behalf for \$1500 from the District 8 NDF Fund to Dreams With Wings for the "15th Annual Jack-O-Lantern Stroll."

Tom Owen
8th District
Louisville Metro Council

From: Long, Terra L
Sent: Monday, September 21, 2015 11:09 AM
To: Owen, Tom; MetroCouncilClerk; Ott, Stephen
Cc: Long, Terra L
Subject: Approval for Signature for the Dreams With Wings \$5000.00 NDF grant for "15th Annual Jack-O-Lantern Stroll"

Can I get your approval to sign for you on this NDF?

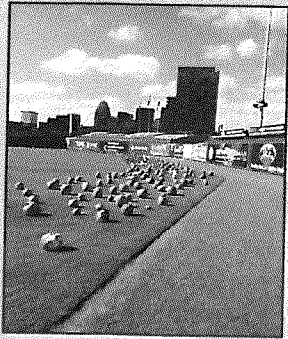


Terra Long

Legislative Assistant to CM Tom Owen
8th District Metro Council
601 W. Jefferson Street
Louisville KY.40202
FAX (502)574-1170
(502)574-1108
TerraL.Long@LouisvilleKy.gov

1579 Bardstown Road
Louisville, KY 40205
P (502) 459-4647
F (502) 456-5705

Dreams With Wings



Photos (top to bottom) from the 14th Annual Dreams With Wings Jack O'Lantern Stroll held at Slugger Field, October 24, 2014.

September 10, 2015

Council Member Tom Owen
601 W. Jefferson Street
Louisville, KY 40202

Dear Council Member Owen,

Dreams With Wings, Inc. and the children and families we serve continue to be most grateful for the support the Metro Council has provided for not only us but so many others in our community. Our mission is to empower children and adults with intellectual and developmental disabilities including autism as they recognize their strengths, contribute to their community and pursue their dreams.

Each year Dreams With Wings joins with hundreds of volunteers from our great community to create a magical night filled with Halloween themed fun for families to enjoy. This Jack O'Lantern Stroll, held annually, gives our clients the opportunity to give back to our community and allows our community members to appreciate the gifts and talents of children and adults with intellectual disabilities and developmental disabilities.

Our event provides a safe, violence free environment for "kids to be kids" without worry or concern about their surroundings. Our staff, clients and families work side by side with volunteers and groups from our community beginning October 19th to pick and carve over 1,500 pumpkins at the American Legion Highland Post 201. These works of art are then transported to Louisville Slugger Field on October 23rd to illuminate the infield. This is our 15th year.

Our event reaches many districts throughout the Louisville Metro and we would like to ask representatives from those districts to become a mission partner. Councilman Tom Owen has supported our event for many years and can attest to the sense of unity, enthusiasm and excitement this event encompasses. It has grown from a humble beginning in 2000 to an event that now attracts over 4,000 children and adults. Our request of \$5,000 is outlined on page 6 and is based upon contributions from the districts whose constituents have attended our event in past years and in anticipation of this year's crowd attendees. I have attached a copy of our NDF grant request for your review. Councilman Owen's office has all other supporting documentation available for viewing or I would be pleased to forward any of them to you directly.

I am available to answer any questions you may have at 502-459-4647 or via email at j.frommeyer@dreamswithwings.org. You may also contact Terra Long in Councilman Owens office should you have questions regarding this event. Thank you for your time and consideration.

Best Wishes,

Jennifer Frommeyer
Jennifer Frommeyer,
Executive Director
Dreams With Wings Inc.



www.dreamswithwings.org



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Dreams With Wings <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 1579 Bardstown Road Louisville, KY 40205			
Website: http://www.dreamswithwings.org			
Applicant Contact:	Jennifer Morgan	Title:	Administrative Assistant
Phone:	502-640-3318	Email:	jmorgan@dreamswithwings.org
Financial Contact:	Cathy Logsdon	Title:	Accounting Director
Phone:	502-459-4647	Email:	clogsdon@dreamswithwings.org
Organization's Representative who attended NDF Training: Jenifer Frommeyer			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Slugger Field (401 E. Main, Louisville, KY)		
Council District(s):	4	Zip Code(s):	40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <i>15th ANNUAL JACK-O-LANTERN STROLL</i>			
Total Request: (\$)	5000.00	Total Metro Award (this program) in previous year: (\$)	1,500.00
Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Louisville Metro Government	Amount: (\$)	1500 (NDF-Jack O'Lantern Stroll)
Source:	Louisville Metro Government	Amount: (\$)	2700 (Arts Reach Grant)
Source:	Louisville Metro Government	Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The 15th annual Jack O' Lantern Stroll will be held at Louisville Slugger Field, 401 E Main Street, on Friday, October 23, 2015. The event will take place from 6pm-9pm and will be free to the public. The event is preceded by community activities beginning on Monday, October 19 & 20 when DWW clients, staff and community volunteers pick 1,500 pumpkins at two local pumpkin patches. Upon returning from the patches, the pumpkins are unloaded and set in place for carving which begins October 21 & 22. The carving will take place at the American Legion Highland Post 201 located at 2919 Bardstown Rd. The site will be visited by hundreds of volunteers from the community over the two day carving period. The pumpkins will be transported and placed at Slugger Field on Friday, October 23, 2015. The event provides a safe environment for families to trick or treat and enjoy the Halloween Holiday together. The event is a wonderful opportunity to unite our community. Activities included in the event are live music, local children's dance troupe, food, children's activities, games and the entire field will be aglow with 1,500 Jack O' Lanterns.

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

Requested funding will be used to offset the cost of facility rental, sign-age and decorations, merchandising promoting Louisville Metro as event sponsor, Louisville's largest pumpkin pie, photos, supplies for kid-friendly craft activities, candy and trick-or-treat items for children who are unable to have candy due to allergy issues and employee payroll costs.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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

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

Facility, sign-age, pie, supplies craft activities, trick-or-treat items, payroll, merchandise



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

Down Syndrome of Louisville and FEAT - partner for summer camp

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

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

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

Sullivan University - Partnered with Dreams Adult Day Training Program to educate our clients and staff in nutrition and culinary education

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

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

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

Bellarmine University - The Business Administration & HR Director works with students in the communication internship program



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SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	932	4660	5592 ^{.00}
B: Rent/Utilities			
C: Office Supplies	150	350	500 ^{.00}
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	1500		1500 ^{.00}
H: Program Materials	2418	1010	3428 ^{.00}
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	5000	6020	11020
<i>% of Program Budget</i>	45 %	54 %	100%

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

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

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Facility	5000	Fair Market Value
Volunteers	2100	75volx4hrsx\$7
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	7100	Fair Market Value

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

Agency Fiscal Year Start Date:

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

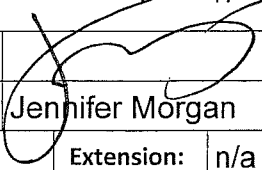
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

Carolyn Bunton - Adult Day Training Director (Spouse LMPD)

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:	9/4/15
Legal Signatory: (please print):		Jennifer Morgan		Title:	Administrative Asst
Phone:	502-459-4647	Extension:	n/a	Email:	jmorgan@dreamswithwings.org

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

DEPARTMENT OF THE TREASURY

Date: NOV 17 2004

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

Identification Number:

DLN:

17053290718004

Contact Person:

ERIC J BERTELSEN

ID# 31323

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a)(2)

Dear Applicant:

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

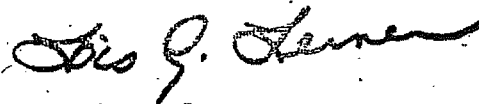
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

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

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Part I only

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. DREAMS WITH WINGS, INC.	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 15px;"></div>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1579 BARDSTOWN RD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40205	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

EXECUTIVE DIRECTOR

- The books are in the care of ▶ **1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205**
Telephone No. ▶ **502-459-4647** Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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

C Name of organization
DREAMS WITH WINGS, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1579 BARDSTOWN RD.
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40205
F Name and address of principal officer: **JENIFER FROMMEYER**
1579 BARDSTOWN ROAD, LOUISVILLE, KY 40205

D Employer identification number
 [REDACTED]

E Telephone number
502-459-4647

G Gross receipts \$ **6,829,821.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.DREAMSWITHWINGS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2000** **M** State of legal domicile: **KY**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM AS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	172
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 211,285.	Current Year 598,088.
	9 Program service revenue (Part VIII, line 2g)	4,117,922.	4,442,923.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	241.	145.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,972.	85,238.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,532,420.	5,126,394.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,227,175.	3,611,195.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		3,004.	14,856.
b Total fundraising expenses (Part IX, column (D), line 25)		66,132.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,012,345.	1,143,264.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,242,524.	4,769,315.
	19 Revenue less expenses. Subtract line 18 from line 12	289,896.	357,079.
	20 Total assets (Part X, line 16)	Beginning of Current Year 2,171,732.	End of Year 3,024,506.
	21 Total liabilities (Part X, line 26)	738,487.	1,234,182.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,433,245.	1,790,324.

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: **JENIFER FROMMEYER, EXECUTIVE DIRECTOR**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JEFFREY K MCCAFFREY**
 Preparer's signature: _____
 Date: _____
 Check if self-employed: PTIN: [REDACTED]
 Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC**
 Firm's EIN: [REDACTED]
 Firm's address: **9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187**
 Phone no.: **(502) 426-9660**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO EMPOWER INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM AS THEY RECOGNIZE THEIR STRENGTHS, CONTRIBUTE TO THEIR COMMUNITY AND PURSUE THEIR DREAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,218,593. including grants of \$) (Revenue \$ 4,458,837.)

PROVIDED HOUSING AND COMMUNITY SUPPORT SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM.

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

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

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

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

4e Total program service expenses 4,218,593.

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [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:
EXECUTIVE DIRECTOR - 502-459-4647
1579 BARDSTOWN ROAD, LOUISVILLE, KY 40205

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MITZI WYRICK PRESIDENT	1.00	X		X				0.	0.	0.
(2) SUSAN W EGGER TREASURER	1.00	X		X				0.	0.	0.
(3) DIANE HARTLEY VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) DAVID HARRIS SECRETARY	1.00	X		X				0.	0.	0.
(5) KAREN ABNEY DIRECTOR	1.00	X						0.	0.	0.
(6) EDWARD SEITZ, JR. DIRECTOR	1.00	X						0.	0.	0.
(7) MICHAEL BOONE DIRECTOR	1.00	X						0.	0.	0.
(8) DEBBY SEXTON DIRECTOR	1.00	X						0.	0.	0.
(9) WAYNE WILSON DIRECTOR	1.00	X						0.	0.	0.
(10) WAYNE HANCOCK DIRECTOR	1.00	X						0.	0.	0.
(11) MIMI GREEN DIRECTOR	1.00	X						0.	0.	0.
(12) JENIFER FROMMEYER EXECUTIVE DIRECTOR	40.00			X				74,401.	0.	9,726.
(13) LINDA GOODWIN DIRECTOR OF FINANCE	40.00			X				62,045.	0.	6,885.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,901.		115,915.	30,986.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,872,141.	2,724,535.	136,945.	10,661.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	342,251.	322,198.	17,860.	2,193.
10 Payroll taxes	249,902.	226,893.	19,744.	3,265.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,350.		9,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	14,856.			14,856.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,573.		17,573.	
12 Advertising and promotion	182.		182.	
13 Office expenses	57,366.	16,276.	39,247.	1,843.
14 Information technology	31,999.		31,999.	
15 Royalties				
16 Occupancy	249,748.	229,250.	20,498.	
17 Travel	70,117.	70,066.	51.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,386.	4,429.	957.	
20 Interest	37,031.	11,545.	25,486.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,147.	54,071.	12,076.	
23 Insurance	80,264.	57,790.	22,474.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	184,295.	184,295.		
b PROVIDER TAX	147,999.	147,999.		
c FOOD	77,894.	77,894.		
d ACTIVITIES	56,665.	54,337.		2,328.
e All other expenses	51,248.	37,015.	14,233.	
25 Total functional expenses. Add lines 1 through 24e	4,769,315.	4,218,593.	484,590.	66,132.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	7,876.	1	149,111.
	2	Savings and temporary cash investments	71,159.	2	15,642.
	3	Pledges and grants receivable, net	33,748.	3	92,548.
	4	Accounts receivable, net	840,552.	4	667,785.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	25,333.	9	33,113.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,285,676.		
	b	Less: accumulated depreciation	10b 545,663.		
			1,065,930.	10c	1,740,013.
	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		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	127,134.	15	326,294.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,171,732.	16	3,024,506.	
Liabilities	17	Accounts payable and accrued expenses	310,413.	17	461,025.
	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	303,237.	23	619,820.
	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	124,837.	25	153,337.
	26	Total liabilities. Add lines 17 through 25	738,487.	26	1,234,182.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,186,232.	27	1,719,016.
	28	Temporarily restricted net assets	247,013.	28	71,308.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,433,245.	33	1,790,324.	
34	Total liabilities and net assets/fund balances	2,171,732.	34	3,024,506.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,126,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,769,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	357,079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,433,245.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,790,324.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175,265.	219,649.	469,688.	211,285.	598,088.	1673975.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3246417.	3492656.	3828370.	4126331.	4442923.	19136697.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3421682.	3712305.	4298058.	4337616.	5041011.	20810672.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					50,000.	50,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b					50,000.	50,000.
8 Public support (Subtract line 7c from line 6.)						20760672.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3421682.	3712305.	4298058.	4337616.	5041011.	20810672.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	335.	136.	92.	241.	145.	949.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	335.	136.	92.	241.	145.	949.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,905.	7,440.	15,450.	15,706.	15,914.	60,415.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3427922.	3719881.	4313600.	4353563.	5057070.	20872036.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.47 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.01 %

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

DREAMS WITH WINGS, INC.

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



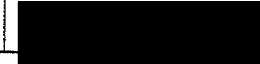
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 263,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,580.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	50 SHARES OF HUMANA STOCK	\$ 5,580.	03/28/14
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

DREAMS WITH WINGS, INC.



Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013
Open to Public
Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,522.		191,522.
b Buildings		1,796,499.	326,112.	1,470,387.
c Leasehold improvements				
d Equipment		297,655.	219,551.	78,104.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,740,013.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED ORGANIZATIONS	10,310.
(2) CONSTRUCTION IN PROGRESS	315,984.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	326,294.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	153,337.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	153,337.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: DREAMS WITH WINGS, INC., IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS UNRELATED BUSINESS TAX INCOME FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

AS OF JUNE 30, 2014 AND 2013, THE ORGANIZATION DID NOT HAVE ANY ACCRUED



Part XIII Supplemental Information *(continued)*

INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED. TAX YEARS ENDING ON OR AFTER JUNE 30, 2011, REMAIN SUBJECT TO IRS REVIEW AND CHANGE. TAX YEARS STILL OPEN UNDER STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF SCRAMBLE (event type)	TASTE OF DREAMS (event type)	5 (total number)		
Revenue	1	15,841.	14,940.	21,655.	52,436.	
	2	6,897.	12,304.		19,201.	
	3	8,944.	2,636.	21,655.	33,235.	
Direct Expenses	4					
	5					
	6	6,516.	600.		7,116.	
	7	2,128.	2,636.		4,764.	
	8					
	9	2,233.	3,280.	10,671.	16,184.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				28,064.
	11	Net income summary. Subtract line 10 from line 3, column (d)				5,171.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	363,605.	1,372,913.	
Direct Expenses	2	487,691.	964,761.		1,452,452.
	3				
	4	137,784.			137,784.
	5	84,127.			84,127.
	6	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,674,363.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				62,155.

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CATHY LOGSDON

Address ▶ 1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ DEBBIE COWSERT

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERSEES THE OPERATIONS OF THE BINGO

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

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

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

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

EXPLANATION: THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE FILING.

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number



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

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

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

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

FORM 990, PART XI, LINC 2C:

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 39, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

DREAMS WITH WINGS, INC.

Employer identification number

Open to Public Inspection

2013

OMB No. 1545-0047

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	(g) Section 513(b)(3) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(3) controlled entity?	
						Yes	No
DREAM WORKS, INC. - 61-1438878 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	TO PROVIDE HOUSING FOR PERSONS WITH INTELLECTUAL DISABILITIES	KENTUCKY	509 (A) (2)				X
BUILDING DREAMS, INC. - 20-8175343 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	TO PROVIDE HOUSING FOR PERSONS WITH INTELLECTUAL DISABILITIES	KENTUCKY	509 (A) (2)				X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2013

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-e)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	36		

ARTICLES OF INCORPORATION

OF

DREAMS WITH WINGS, INC.

John Y. Brown III
Secretary of State
Revised and Filed
06/21/2000 10:05 AM
Fees Paid: \$8.00
(Private - NA)

The undersigned incorporator hereby establishes a corporation pursuant to Kentucky

Revised Statutes Chapter 273.

ARTICLE I

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

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

1. The corporation is organized exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.
2. The corporation shall have any and all general powers authorized to non-stock, non-profit corporations by KRS Chap. 273, and specifically KRS 273.171, provided, notwithstanding any other provisions of these Articles, or of said statutes, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its valid Regulations as they now exist or may hereafter be amended. No activities shall be conducted which are not in furtherance of the corporation's exempt (within the meaning of Internal Revenue Code Section 501(c)(3) and related sections) purposes, other than as an insubstantial part of its activities.

3. Provided further, that if at any applicable time the corporation shall be a private foundation within the meaning of the Internal Revenue Code of 1986 or corresponding provisions of any subsequent federal tax laws, then in such circumstances:

(a) 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 1986, or corresponding provisions of any subsequent Federal tax laws.

(b) The corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws. (c) The corporation shall not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

(d) 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 1986, or corresponding provisions of any subsequent Federal tax laws.

(e) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

ARTICLE V

Subject to these Articles, the affairs of the corporation shall be conducted pursuant to its by-laws. The initial by-laws shall be adopted by the initial board of directors. The power to alter, amend or repeal the by-laws or adopt new by-laws shall be vested in the board of directors.

ARTICLE VI

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

ARTICLE VII

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

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

Mary Scheen
1118 Garden Creek Circle
Louisville, Kentucky 40223

Jane Naiser
747 Greenridge Lane
Louisville, Kentucky 40207

Jane Emke
334 South Peterson Avenue
Louisville Kentucky 40206

Mildred Pruitt
Route 1, Box 283
Bedford, Kentucky 40006

Karen Cassidy
1804 Princeton Drive
Louisville, Kentucky 40205

Jenifer Frommeyer
1886 Rutherford Ave.
Louisville, Kentucky 40205

Marge Hillenmeyer
413 Springwood Lane
Louisville, Kentucky 40207

ARTICLE VIII

The street address of the corporation's initial registered office shall be:
1886 Rutherford Avenue
Louisville, Kentucky 40205

The name of the corporation's initial registered agent, at such address, shall be:

Jenifer Frommeyer

The mailing address of the corporation's principal office shall be:

1886 Rutherford Avenue
Louisville, Kentucky 40205

The name and mailing address of the incorporator is:

Jenifer Frommeyer
1886 Rutherford Avenue
Louisville, Kentucky 40205

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

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended June 30, 2014 and 2013

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Independent Auditors' Report

To the Board of Directors
Dreams With Wings, Inc. and Affiliates
Louisville, Kentucky

We have audited the accompanying consolidated financial statements of Dreams With Wings, Inc. (a not-for-profit organization) and Affiliates, which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dreams With Wings, Inc. and Affiliates as of June 30, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position, consolidating statement of activities, and consolidating statement of functional expenses on pages 19-21 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deming, Malone, Linsay & Petroff

Louisville, Kentucky
December 11, 2014

DREAMS WITH WINGS, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
June 30, 2014 and 2013

Assets	<u>2014</u>	<u>2013</u>
Current Assets		
Cash and cash equivalents	\$ 140,481	\$ 18,627
Certificates of deposit	15,642	14,599
Accounts receivable, less allowance for uncollectible accounts of \$100,000 in 2014 and \$89,000 in 2013	668,480	706,222
Provider tax refund receivable		134,875
Prepaid expenses	<u>35,603</u>	<u>27,045</u>
Total current assets	<u>860,206</u>	<u>901,368</u>
Assets Whose Use is Limited		
Cash	17,575	
Pledges receivable, less allowance for uncollectible pledges of \$3,000 for 2014 and \$0 in 2013	92,548	33,748
Cash - building fund	1,941	56,560
Tenant security deposits held in trust	4,002	3,828
Insurance escrow deposits	2,979	3,335
Residual receipts	12,403	6,338
Replacement reserve	<u>29,819</u>	<u>23,608</u>
Total assets whose use is limited	<u>161,267</u>	<u>127,417</u>
Property and Equipment		
Land	245,082	174,566
Buildings and improvements	3,680,831	3,039,677
Furniture, equipment and vehicles	308,167	294,036
Construction in progress	315,984	
	4,550,064	3,508,279
Less accumulated depreciation	<u>873,067</u>	<u>772,058</u>
	<u>3,676,997</u>	<u>2,736,221</u>
Other Assets		
Building deposit		116,900
Prepaid rent	<u>29,845</u>	<u>30,525</u>
Total other assets	<u>29,845</u>	<u>147,425</u>
Total assets	<u>\$ 4,728,315</u>	<u>\$ 3,912,431</u>

See Notes to Consolidated Financial Statements.

Liabilities and Net Assets	<u>2014</u>	<u>2013</u>
Current Liabilities		
Current maturities of long-term debt	\$ 37,707	\$ 25,387
Line-of-credit	153,337	124,837
Accounts payable	266,876	155,716
Accrued expenses	<u>196,072</u>	<u>164,453</u>
Total current liabilities	653,992	470,393
Tenant Security Deposits Held in Trust	4,014	3,726
Long-Term Debt, less current maturities	<u>582,113</u>	<u>277,850</u>
Total liabilities	<u>1,240,119</u>	<u>751,969</u>
Net Assets		
Unrestricted		
Undesignated	3,316,888	2,913,449
Board designated	<u>100,000</u>	<u> </u>
	3,416,888	2,913,449
Temporarily restricted	71,308	247,013
	<u>3,488,196</u>	<u>3,160,462</u>
Total liabilities and net assets	<u>\$ 4,728,315</u>	<u>\$ 3,912,431</u>

DREAMS WITH WINGS, INC. AND AFFILIATES

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years Ended June 30, 2014 and 2013

	2014		
	Unrestricted	Temporarily Restricted	Total
Revenues and Support			
Service revenues	\$ 4,729,884		\$ 4,729,884
Charitable gaming, net	64,153		64,153
Contributions and grants	97,772	\$ 481,115	578,887
Special events	52,436		52,436
Provider tax refund			
Apartment rentals	97,295		97,295
Interest	181		181
Other revenues	32		32
	5,041,753	481,115	5,522,868
Net assets released from restrictions	656,820	(656,820)	
	5,698,573	(175,705)	5,522,868
Expenses			
Program services	4,596,599		4,596,599
Administrative	504,339		504,339
Fund-raising	94,196		94,196
	5,195,134		5,195,134
Increase (decrease) in total net assets	503,439	(175,705)	327,734
Net assets, beginning of year	2,913,449	247,013	3,160,462
Net assets, end of year	\$ 3,416,888	\$ 71,308	\$ 3,488,196

See Notes to Consolidated Financial Statements.

2013

<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
\$ 4,291,752		\$ 4,291,752
81,781		81,781
130,477	\$ 56,345	186,822
51,979		51,979
99,208		99,208
86,649		86,649
280		280
269		269
<u>4,742,395</u>	<u>56,345</u>	<u>4,798,740</u>
<u>78,300</u>	<u>(78,300)</u>	
<u>4,820,695</u>	<u>(21,955)</u>	<u>4,798,740</u>
4,025,973		4,025,973
435,672		435,672
96,142		96,142
<u>4,557,787</u>		<u>4,557,787</u>
262,908	(21,955)	240,953
<u>2,650,541</u>	<u>268,968</u>	<u>2,919,509</u>
<u>\$ 2,913,449</u>	<u>\$ 247,013</u>	<u>\$ 3,160,462</u>

DREAMS WITH WINGS, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES
Years Ended June 30, 2014 and 2013

	2014			
	Program Services	Administrative	Fund- raising	Total
Salaries and wages	\$ 2,724,535	\$ 242,684	\$ 39,204	\$ 3,006,423
Employee benefits	322,198	28,036	4,636	354,870
Bad debts	257,102			257,102
Payroll taxes	226,893	19,744	3,265	249,902
Purchased services	184,295			184,295
Provider tax	147,999			147,999
Depreciation	104,904	12,076		116,980
Repairs and maintenance	86,797	10,344		97,141
Rentals	93,298			93,298
Utilities	81,635	10,154		91,789
Insurance expense	65,522	22,474		87,996
Food	77,894			77,894
Transportation and travel	70,066	51		70,117
Professional fees		49,572	14,856	64,428
Activities	54,337		2,328	56,665
Miscellaneous	36,126	15,441		51,567
Interest	11,545	25,486		37,031
Uncollectible service fees	29,859			29,859
Special events			28,064	28,064
Accounting		23,950		23,950
Office supplies	12,905	9,700		22,605
Telephone	3,371	16,623		19,994
Dues, subscriptions and licenses		13,472	129	13,601
Training	4,429	957		5,386
Postage and printing		3,393	1,714	5,107
Miscellaneous client expenses	889			889
Advertising		182		182
	<u>\$ 4,596,599</u>	<u>\$ 504,339</u>	<u>\$ 94,196</u>	<u>\$ 5,195,134</u>

See Notes to Consolidated Financial Statements.

2013

Program Services	Administrative	Fund-raising	Total
\$ 2,461,816	\$ 235,073	\$ 45,023	\$ 2,741,912
236,446	22,578	4,324	263,348
84,093			84,093
199,246	19,025	3,644	221,915
253,356			253,356
130,639			130,639
106,354	12,128		118,482
47,252	5,034		52,286
82,957			82,957
68,518	5,580		74,098
56,616	18,487		75,103
70,305			70,305
41,721	61		41,782
	43,370	3,004	46,374
45,375		8,346	53,721
22,641	9,694		32,335
12,178	12,441		24,619
89,737			89,737
		29,648	29,648
	23,000		23,000
8,355	7,882		16,237
3,492	16,419		19,911
	1,447	1,971	3,418
2,544	284		2,828
	3,169	182	3,351
2,332			2,332
<u>\$ 4,025,973</u>	<u>\$ 435,672</u>	<u>\$ 96,142</u>	<u>\$ 4,557,787</u>

DREAMS WITH WINGS, INC. AND AFFILIATES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

	2014	2013
Cash Flows from Operating Activities		
Cash received from services	\$ 4,483,815	\$ 3,779,139
Cash received from apartment rentals	97,449	87,094
Contributions and grants received	169,015	184,539
Charitable gaming, net	64,153	81,781
Cash paid to suppliers and employees	(4,634,825)	(4,248,593)
Interest paid	(37,031)	(24,619)
Interest received	128	234
	<u>142,704</u>	<u>(140,425)</u>
Net cash provided by (used in) operating activities		
Cash Flows From Investing Activities		
Purchase certificates of deposit	(1,000)	
Additions to designated deposits and funded reserves	(25,936)	(40,853)
Transfer of designated deposits and funded reserves for operating expenses and capital expenditures	51,184	10,134
Building deposit	110,000	(60,000)
Capital expenditures for property and equipment	(547,421)	(29,453)
	<u>(413,173)</u>	<u>(120,172)</u>
Net cash used in investing activities		
Cash Flows From Financing Activities		
Principal payments on long-term debt	(33,417)	(22,638)
Proceeds from line-of-credit	28,500	7,268
Contributions restricted for long-term purposes	397,240	261,645
	<u>392,323</u>	<u>246,275</u>
Net cash provided by financing activities		
Net increase (decrease) in cash and cash equivalents	121,854	(14,322)
Cash and cash equivalents at beginning of year	<u>18,627</u>	<u>32,949</u>
Cash and cash equivalents at end of year	<u>\$ 140,481</u>	<u>\$ 18,627</u>

See Notes to Consolidated Financial Statements.

	<u>2014</u>	<u>2013</u>
Reconciliation of Net Increase to Total Net Assets to Net Cash Provided by (Used in) Operating Activities		
Net increase in total net assets	<u>\$ 327,734</u>	<u>\$ 240,953</u>
Adjustments to reconcile net increase in total net assets to net cash provided by (used in) operating activities:		
Depreciation	116,980	118,482
Allowance for uncollectible accounts and pledges	14,000	3,900
Interest on designated deposits and funded reserves	(10)	(13)
Reinvested interest on certificates of deposit	(43)	(33)
Contributions restricted for long-term purposes	(459,040)	(56,345)
Donated property and equipment	(3,300)	
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts and pledges receivable	161,617	(476,555)
Grants receivable		1,814
Prepaid expenses	(7,878)	34
Increase (decrease) in:		
Accounts payable	(38,975)	1,012
Accrued expenses	<u>31,619</u>	<u>26,326</u>
Total adjustments	<u>(185,030)</u>	<u>(381,378)</u>
Net cash provided by (used in) operating activities	<u>\$ 142,704</u>	<u>\$ (140,425)</u>
Supplemental Schedule of Non-Cash Investing and Financing		
Purchase of property and equipment in accounts payable	<u>\$ 154,549</u>	<u>\$ 4,414</u>
Note payable obligation for property and equipment purchased	<u>\$ 350,000</u>	<u>\$</u>

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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

Nature of operations:

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

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

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

Summary of significant accounting policies:

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Principles of consolidation:

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

Use of estimates:

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

Accounts and pledges receivable:

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

Assets whose use is limited:

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

Property and equipment:

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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

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

Donations other than cash:

The Organization records donated services that require specific expertise and would normally have been purchased, and donated services that create or enhance non-financial assets, at fair market value. The Organization did not receive any donated services which met the above criteria for the years ended June 30, 2014 and 2013, respectively. Those donated services that do not meet these specific criteria are not reflected in the consolidated financial statements. In addition, several volunteers donated numerous labor hours for a variety of activities, including cleanup of the grounds, and various client activities during each of the years ended June 30, 2014 and 2013.

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

Functional allocation of expenses:

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Cash and cash equivalents:

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

Certificates of deposit:

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

Compensated absences:

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

Income taxes:

Dreams With Wings, Inc., Dream Works, Inc., and Building Dreams, Inc. are exempt from federal, state and local income taxes as not-for-profit organizations as described under Internal Revenue Code Section 501(c)(3). The Organizations file informational tax returns in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Organizations' tax-exempt purpose may be subject to taxation as unrelated business income. Management does not believe the Organizations have unrelated business tax income for the years ended June 30, 2014 and 2013.

As of June 30, 2014 and 2013, the Organizations did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended. Tax years ending on or after June 30, 2011, remain subject to IRS review and change. Tax years still open under state statute of limitations remain subject to review and change.

Subsequent events:

Subsequent events have been evaluated through December 11, 2014 which is the date the consolidated financial statements were available to be issued.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 2. Provider Tax Refund Receivable

As of June 30, 2013, the Organization was due \$134,875 from the Commonwealth of Kentucky for an overpayment of provider tax, which was recorded as a receivable on the consolidated statement of financial position. Of the total amount to be refunded, \$35,667 related to provider taxes paid in the 2013 fiscal year and was recorded as an offset to provider tax expense on the 2013 consolidated statement of functional expenses, with the remaining balance of \$99,208 attributable to provider taxes paid in prior periods recorded as revenue on the 2013 consolidated statement of activities. The amount due was fully collected during the year ended June 30, 2014.

Note 3. Pledges Receivable

Pledges receivable consist of unconditional promises to give from various organizations and individuals to fund an operating and capital campaign. The balance of pledges receivable as of June 30, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Receivable in less than one year	\$89,548	\$26,748
Due in one to five years	<u>6,000</u>	<u>7,000</u>
Total gross pledges receivable	95,548	33,748
Less allowance for uncollectible pledges	<u>(3,000)</u>	<u> </u>
Total net pledges receivable	<u>\$92,548</u>	<u>\$33,748</u>

Of the total pledges receivable of \$95,548 as of June 30, 2014, two donors account for approximately 78% of the total balance as follows:

Donor #1	\$50,000
Donor #2	\$25,000

Note 4. Conditional Grant

During the year ended June 30, 2014, the Organization received a challenge grant of \$100,000. The Organization will receive \$1 for every \$1 it raises in contributions from July 1, 2014 through December 31, 2015. Since this grant is considered a conditional promise to give, it will not be recorded as grant revenue until donor conditions are met.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 5. Long-Term Liabilities

Long-term debt consists of the following (all terms, collateral and interest rates are presented as of June 30, 2014):

	<u>2014</u>	<u>2013</u>
Mortgage note with PNC Bank, payable in monthly installments of \$2,037, including interest at 6.50%, with remaining unpaid principal due March 2021. All Bardstown Road and Browns Lane property with a net book value of approximately \$204,000 and assignment of rents are pledged as collateral on this note.	\$132,609	\$147,764
Mortgage note with PNC Bank, payable in monthly installments of \$696, including interest of 4.55%, with remaining unpaid principal balance due October 2017. All Nepperhan Road property with a net book value of approximately \$98,000 is pledged as collateral on this note.	82,982	87,392
Mortgage note with PNC Bank, payable in monthly installments of \$819, including interest at 6.50%, with remaining unpaid principal due September 2022. All Tecumseh Road property with a net book value of approximately \$89,000 is pledged as collateral on this note.	62,517	68,081
Mortgage note with PNC Bank, payable in monthly installments of \$2,393, including interest at 5.35%, with remaining unpaid principal due August 2023. All Enrichment Center property with a net book value of approximately \$1,031,000 is pledged as collateral on this note.	<u>341,712</u>	<u> </u>
	619,820	303,237
Less current maturities	<u>37,707</u>	<u>25,387</u>
	<u>\$582,113</u>	<u>\$277,850</u>

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Future maturities of long-term debt are as follows:

Year ending June 30, 2015		\$ 37,707
2016		40,007
2017		42,448
2018		107,989
2019		42,192
Thereafter		<u>349,477</u>
		<u>\$619,820</u>

Note 6. Line-of-Credit

The Organization has a \$250,000 and \$125,000, respectively, available for the years ended June 30, 2014 and 2013, unsecured revolving line-of-credit with PNC Bank. The line-of-credit bears interest, payable monthly, at a variable rate, which was 3.90% and 4.25%, respectively, at June 30, 2014 and 2013. The line-of-credit expires in February 2015. As of June 30, 2014 and 2013, there were outstanding borrowings of \$153,337 and \$124,837, respectively. The Organization plans to renew the line-of-credit under similar terms.

Note 7. Changes in Temporarily Restricted and Board Designated Net Assets

Changes in temporarily restricted net assets during the years ended June 30, 2014 and 2013 were as follows:

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

	<u>Balance</u> <u>6/30/2012</u>	<u>Contributions</u>	<u>Released</u>	<u>Balance</u> <u>6/30/2013</u>
Contributions restricted for:				
Capital campaign	\$255,068	\$56,345	\$(65,900)	\$245,513
Annual campaign	8,900		(7,400)	1,500
Property repairs	<u>5,000</u>	<u> </u>	<u>(5,000)</u>	<u> </u>
	<u>\$268,968</u>	<u>\$56,348</u>	<u>\$(78,300)</u>	<u>\$247,013</u>

During the year ended June 30, 2014, the board designated \$100,000 for the future operations, maintenance, and loan payments of the adult day training center. No funds were released from board designated net assets, for the year ended June 30, 2014. There were no board designated net assets at June 30, 2013.

Note 8. Charitable Gaming

The Organization regularly participates in charitable gaming activities consisting of bingo, pull-tab games and raffle ticket sales to raise funds. Following are the results of these activities for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Gross revenue	\$1,739,516	\$1,861,357
Less: expenses	<u>1,675,363</u>	<u>1,779,576</u>
Net revenues from charitable gaming	<u>\$ 64,153</u>	<u>\$ 81,781</u>

Note 9. Operating Leases

The Organization leases six residential properties under operating leases on a month-to-month basis. Total lease expense for the years ended June 30, 2014 and 2013 was \$75,100 and \$64,700, respectively.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Organization operates their day program at Calvary Lutheran Church. The Organization paid \$6,000 and \$6,500 for the years ended June 30, 2014 and 2013, respectively, for use of space at the Church. The Organization does not have a lease agreement with the Church for utilizing the space and is unable to determine the fair market value of the space being used at the Church for the program.

Note 10. Land Lease

Building Dreams, Inc. leases the land on which its facility is located for a fifty year period ending in 2058. The Organization paid a one-time rent payment of \$34,000 in October 2008 which is being expensed over the life of the lease. As of June 30, 2014 and 2013, prepaid rent expense was \$30,525 and \$31,205, respectively.

Note 11. Related Party Transactions

The Organization leases an apartment building from the Executive Director of the Organization. The building is subleased by the Organization to clients. Rent paid under the lease agreement was \$21,600 for each of the years ended June 30, 2014 and 2013, and is included in lease expense in Note 9.

The Organization also pays for any repairs, maintenance, and improvements for the building. These items totaled \$577 and \$1,348 during the years ended June 30, 2014 and 2013, respectively.

During 2014, the Executive Director made a \$50,000 line-of-credit available to the Organization as needed. The Executive Director has agreed to not charge the Organization interest if they borrow from this line-of-credit. As of June 30, 2014 the Organization had not borrowed from the line-of-credit. Subsequent to year-end, in August 2014, the Organization borrowed \$50,000 from the line-of-credit and repaid \$40,000 of this amount in September 2014.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 12. Capital Advances

Capital advances outstanding at June 30, 2014 and 2013 of \$1,332,700 from the U.S. Department of Housing and Urban Development (HUD) are for the renovation and construction of Dream Works, Inc. and Building Dreams, Inc. housing facilities. The total amount of the capital advances are reported as unrestricted net assets. Real estate acquired or constructed with HUD capital advance funds is subject to a lien by HUD for a period of 40 years or until HUD releases its use restrictions. These capital advances bear no interest and are not required to be repaid as long as the housing remains available for individuals with intellectual disabilities. Failure to keep the housing available for persons with intellectual disabilities for forty years will result in HUD billing the Organization for the entire capital advance outstanding plus interest since the date of the first advance.

A capital advance outstanding at June 30, 2014 and 2013 of \$196,000 from Louisville Metro Department of Housing and Community Development is for renovation of Dream Works, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with HOME Investment Partnership program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original amount of the capital advance plus interest at 12%.

A capital advance outstanding at June 30, 2014 and 2013 of \$426,995 from Louisville Metro Department of Housing and Community Development is for the construction of Building Dreams, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with the HOME Investment Partnership Grant program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original capital advance plus interest.

A capital advance outstanding at June 30, 2014 of \$250,000 from Louisville/Jefferson County Metro Government Department of Community Services and Revitalization, is for the purchase of a building for Dreams With Wings, Inc. to be used for the adult day training center. The capital advance bears no interest and is not required to be repaid as long as the building as property remains available for maintaining the adult day training center for a period of five years from the date the property is put into service and is maintained in accordance with the Community Development Block Grant program. The capital advance is secured by a mortgage on the property. Early termination of this project would require repayment of the original capital advance plus interest.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 13. Defined Contribution Retirement Plan

The Organization has a 401(k) Retirement Savings Plan. All employees who have fulfilled three months of employment and are 21 years of age are eligible to participate in the plan. The employer may make a matching contribution, equal to a discretionary percentage, to be determined by the employer. The Organization did not make a contribution for the years ended June 30, 2014 and 2013.

Note 14. Concentration of Revenues

Under its purchase of services agreement with Seven Counties Services, Inc., a separate not-for-profit corporation, the Organization receives funding from the Kentucky Department of Mental Health/Intellectual Disabilities Services. The Organization also receives payments from the Kentucky Medicaid program. Revenues from these two programs account for approximately 88% of the Organization's service revenues for both years ended June 30, 2014 and 2013, respectively. At June 30, 2014 and 2013, amounts due from those agencies included in accounts receivable were approximately \$739,000 and \$744,000, respectively.

Note 15. Building Deposit

In September 2011, the Organization entered into an option to purchase agreement with TJP, LLC for real estate property located at 1940 Princeton Drive, Louisville, Kentucky at an initial option cost of \$5,000. The initial option period expired on September 30, 2011. Monthly extensions were available under the agreement at a cost of \$5,000 per extension. As of June 30, 2013 the Organization had paid \$110,000, in options exercised toward the purchase of the building. The Organization exercised its option to purchase the property on August 23, 2013, with all funds paid to date applied toward the total purchase price of \$700,000.

In conjunction with this option to purchase agreement, the Organization also entered into a right of first refusal agreement with Payette Realty, LLC for the purchase of an adjacent building. Under the terms of this agreement, Payette Realty agrees not to sell the building to anyone without first offering to sell the building to the Organization under the same terms and conditions as any offer received. The Organization will then have 30 days to exercise their option and enter into a purchase agreement at the same terms the third party offered for buying the building. If the Organization does not exercise the option, then the building may be sold to the third party who offered to buy it

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

within 180 days from the date of the Organization's refusal. If Payette Realty does not enter into a contract or sell the building within the 180 days, the Organization again has the option to exercise their right of first refusal. The right of first refusal agreement period begins in September 2011 and expired in August 2014.

As of June 30, 2014, the Organization has paid \$315,984 towards renovations and construction at the location, which will be used as the adult day training center and office space for program and administrative support team members. Total costs related to the project were approximately \$320,000. The facility was completed and opened in August 2014.

Note 16. Vulnerability Due to Certain Concentrations

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

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

DREAMS WITH WINGS, INC. AND AFFILIATES

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

June 30, 2014

Assets	<u>Dreams With Wings, Inc.</u>	<u>Dream Works, Inc.</u>	<u>Building Dreams, Inc.</u>	<u>Eliminations</u>	<u>Consolidated</u>
Current Assets					
Cash and cash equivalents	\$ 129,595	\$ 1,578	\$ 9,308		\$ 140,481
Certificates of deposit	15,642				15,642
Accounts receivable, less allowance for uncollectible accounts of \$100,000	667,785	117	578		668,480
Due from related organizations	10,310			\$ (10,310)	
Prepaid expenses	<u>33,113</u>	<u>1,098</u>	<u>1,392</u>		<u>35,603</u>
Total current assets	<u>856,445</u>	<u>2,793</u>	<u>11,278</u>	<u>(10,310)</u>	<u>860,206</u>
Assets Whose Use is Limited					
Cash	17,575				17,575
Pledges receivable, less allowance for uncollectible pledges of \$3,000	92,548				92,548
Cash - building fund	1,941				1,941
Tenant security deposits held in trust		1,784	2,218		4,002
Insurance escrow deposits		851	2,128		2,979
Residual receipts			12,403		12,403
Replacement reserve		<u>14,560</u>	<u>15,259</u>		<u>29,819</u>
Total assets whose use is limited	<u>112,064</u>	<u>17,195</u>	<u>32,008</u>		<u>161,267</u>
Property and Equipment					
Land	191,522	53,560			245,082
Buildings and improvements	1,796,499	807,250	1,077,082		3,680,831
Furniture, equipment and vehicles	297,655	4,711	5,801		308,167
Construction in progress	<u>315,984</u>				<u>315,984</u>
	2,601,660	865,521	1,082,883		4,550,064
Less accumulated depreciation	<u>545,663</u>	<u>192,874</u>	<u>134,530</u>		<u>873,067</u>
	<u>2,055,997</u>	<u>672,647</u>	<u>948,353</u>		<u>3,676,997</u>
Other Assets					
Prepaid rent			<u>29,845</u>		<u>29,845</u>
Total other assets			<u>29,845</u>		<u>29,845</u>
Total assets	<u>\$ 3,024,506</u>	<u>\$ 692,635</u>	<u>\$ 1,021,484</u>	<u>\$ (10,310)</u>	<u>\$ 4,728,315</u>

Liabilities and Net Assets	Dreams With Wings, Inc.	Dream Works, Inc.	Building Dreams, Inc.	Eliminations	Consolidated
Current Liabilities					
Current maturities of long-term debt	\$ 37,707				\$ 37,707
Line-of-credit	153,337				153,337
Accounts payable	265,876	\$ 1,000			266,876
Due to related organizations		9,233	\$ 1,077	\$ (10,310)	
Accrued expenses	195,149	399	524		196,072
Total current liabilities	<u>652,069</u>	<u>10,632</u>	<u>1,601</u>	<u>(10,310)</u>	<u>653,992</u>
Tenant Security Deposits Held in Trust		<u>1,792</u>	<u>2,222</u>		<u>4,014</u>
Long-Term Debt, less current maturities	<u>582,113</u>				<u>582,113</u>
Total liabilities	<u>1,234,182</u>	<u>12,424</u>	<u>3,823</u>	<u>(10,310)</u>	<u>1,240,119</u>
Net Assets					
Unrestricted					
Undesignated	1,619,016	680,211	1,017,661		3,316,888
Board designated	100,000				100,000
	1,719,016				3,416,888
Temporarily restricted	71,308				71,308
	<u>1,790,324</u>	<u>680,211</u>	<u>1,017,661</u>		<u>3,488,196</u>
Total liabilities and net assets	<u>\$ 3,024,506</u>	<u>\$ 692,635</u>	<u>\$ 1,021,484</u>	<u>\$ (10,310)</u>	<u>\$ 4,728,315</u>

DREAMS WITH WINGS, INC. AND
CONSOLIDATING STATEMENT
Year Ended June 30, 2011

	Dreams With Wings, Inc.			I Wo Unr
	Unrestricted	Temporarily Restricted	Total	
Revenues and support				
Service revenues	\$ 4,729,884		\$ 4,729,884	
Charitable gaming, net	64,153		64,153	
Contributions and grants	97,772	\$ 481,115	578,887	
Special events	52,436		52,436	
Apartment rentals				\$
Interest	145		145	
Management fees	8,682		8,682	
Other	7,232		7,232	
	4,960,304	481,115	5,441,419	
Net assets released from restrictions	656,820	(656,820)		
	5,617,124	(175,705)	5,441,419	
Expenses				
Program services	4,505,554		4,505,554	
Administrative	484,590		484,590	
Fund-raising	94,196		94,196	
	5,084,340		5,084,340	
Total expenses	5,084,340		5,084,340	
Increase (decrease) in total net assets	532,784	(175,705)	357,079	
Net assets, beginning of year	1,186,232	247,013	1,433,245	
Net assets, end of year	\$ 1,719,016	\$ 71,308	\$ 1,790,324	\$

INC. AND AFFILIATES

STATEMENT OF ACTIVITIES

June 30, 2014

	Dream Works, Inc. Unrestricted	Building Dreams, Inc. Unrestricted	Eliminations	Consolidated Unrestricted	Temporarily Restricted	Total
4				\$ 4,729,884		\$ 4,729,884
3				64,153		64,153
7				97,772	\$ 481,115	578,887
6				52,436		52,436
	\$ 57,156	\$ 40,139		97,295		97,295
5	3	33		181		181
2			\$ (8,682)			
2			(7,200)	32		32
9	57,159	40,172	(15,882)	5,041,753	481,115	5,522,868
				656,820	(656,820)	
9	57,159	40,172	(15,882)	5,698,573	(175,705)	5,522,868
4	51,056	47,189	(7,200)	4,596,599		4,596,599
0	13,799	14,632	(8,682)	504,339		504,339
5				94,196		94,196
0	64,855	61,821	(15,882)	5,195,134		5,195,134
0	(7,696)	(21,649)		503,439	(175,705)	327,734
5	687,907	1,039,310		2,913,449	247,013	3,160,462
1	\$ 680,211	\$ 1,017,661	\$	\$ 3,416,888	\$ 71,308	\$ 3,488,196

DREAMS WITH WINGS, INC. AND
CONSOLIDATING STATEMENT OF FUN
Year Ended June 30, 201

	Dreams With Wings, Inc.									Program Services
	Residential	Community				Total		Fund- raising	Total	
		Habilitation	Living Support	Support Coordination	Other Programs	Program Services	Administrative			
Salaries and wages	\$ 1,123,446	\$ 446,981	\$ 829,366	\$ 116,336	\$ 208,406	\$ 2,724,535	\$ 242,684	\$ 39,204	\$ 3,006,423	\$ 3,600
Employee benefits	132,856	52,859	98,079	13,758	24,646	322,198	28,036	4,636	354,870	
Payroll taxes	93,558	37,224	69,068	9,688	17,355	226,893	19,744	3,265	249,902	
Accounting							9,350		9,350	
Management fees										
Activities		18,052			36,285	54,337		2,328	56,665	
Dues, subscriptions and licenses							13,472	129	13,601	
Food	77,894					77,894			77,894	
Insurance expense	46,503	11,287				57,790	22,474		80,264	4,538
Miscellaneous client expenses	889					889			889	
Office supplies	4,452	6,764	1,056		633	12,905	9,599		22,504	
Postage and printing							3,393	1,714	5,107	
Professional fees							49,572	14,856	64,428	
Purchased services	33,600		3,906		146,789	184,295			184,295	
Rentals	60,159	6,000	21,834		4,625	92,618			92,618	
Repairs and maintenance	52,304	9,486	946		14,668	77,404	10,344		87,748	7,247
Special events								28,064	28,064	
Telephone		3,271			100	3,371	12,783		16,154	
Training	35		1,233		3,161	4,429	957		5,386	
Transportation and travel	6,084	29,408	12,422		22,152	70,066	51		70,117	
Utilities	56,025		3,203			59,228	10,154		69,382	13,986
Miscellaneous	1,909	263	9,437	13,050	11,467	36,126	14,233		50,359	
Advertising							182		182	
Provider tax	73,802	21,678	44,953	7,566		147,999			147,999	
Bad debts	130,504	1,890	40,616	12,492	71,600	257,102			257,102	
Uncollectible service fees	15,930	231	4,958		8,740	29,859			29,859	
Interest	11,545					11,545	25,486		37,031	
Depreciation	27,890	26,181				54,071	12,076		66,147	21,685
	<u>\$ 1,949,385</u>	<u>\$ 671,575</u>	<u>\$ 1,141,077</u>	<u>\$ 172,890</u>	<u>\$ 570,627</u>	<u>\$ 4,505,554</u>	<u>\$ 484,590</u>	<u>\$ 94,196</u>	<u>\$ 5,084,340</u>	<u>\$ 51,056</u>

, INC. AND AFFILIATES

STATEMENT OF FUNCTIONAL EXPENSES

June 30, 2014

Dream Works, Inc.			Building Dreams, Inc.			Consolidated				
Program Services	Administrative	Total	Program Services	Administrative	Total	Eliminations	Total Program Services	Administrative	Fund-raising	Total
\$ 3,600		\$ 3,600	\$ 3,600		\$ 3,600	\$ (7,200)	\$ 2,724,535	\$ 242,684	\$ 39,204	\$ 3,006,423
							322,198	28,036	4,636	354,870
							226,893	19,744	3,265	249,902
	\$ 7,300	\$ 7,300	\$ 7,300		7,300			23,950		23,950
	4,657	4,657		4,025	4,025	(8,682)				
							54,337		2,328	56,665
								13,472	129	13,601
							77,894			77,894
4,538		4,538	3,194		3,194		65,522	22,474		87,996
							889			889
				101	101		12,905	9,700		22,605
								3,393	1,714	5,107
								49,572	14,856	64,428
							184,295			184,295
			680		680		93,298			93,298
7,247		7,247	2,146		2,146		86,797	10,344		97,141
									28,064	28,064
	1,111	1,111		2,729	2,729		3,371	16,623		19,994
							4,429	957		5,386
							70,066	51		70,117
13,986		13,986	8,421		8,421		81,635	10,154		91,789
	731	731		477	477		36,126	15,441		51,567
								182		182
							147,999			147,999
							257,102			257,102
							29,859			29,859
							11,545	25,486		37,031
21,685		21,685	29,148		29,148		104,904	12,076		116,980
\$ 51,056	\$ 13,799	\$ 64,855	\$ 47,189	\$ 14,632	\$ 61,821	\$ (15,882)	\$ 4,596,599	\$ 504,339	\$ 94,196	\$ 5,195,134

Dreams With Wings, Inc.

Board of Directors

All Members of the Board are citizens of the United States

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

Mitzi Wyrick, President (5/2007)

[REDACTED]
Louisville, KY 40207
[REDACTED]

Business: 502-562-7337
Fax: 502-589-0309
Wyatt, Tarrant & Combs
500 W. Jefferson Street
Louisville, KY 40202
[REDACTED]

mitziwyrick@wyattfirm.com

NO ORGANIZATIONAL AFFILIATION

Diane Hartley, Vice President (5/2007)

[REDACTED]
Prospect, KY 40059
[REDACTED]

Retired
[REDACTED]

David C. Harris, Secretary (5/2009)

[REDACTED]
Louisville, KY 40241
[REDACTED]

Republican Party of KY
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Susan W. Egger, Treasurer (5/2008)

[REDACTED]
Louisville, KY 40207
[REDACTED]

Retired
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Karen Abney (5/2008)

[REDACTED]
Louisville, KY 40204
[REDACTED]

Business: 502-562-0060
Kubandher Advertising
Graphic Designer
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Edward Seitz, Jr. (5/2005)

[REDACTED]
Louisville, KY 40204
[REDACTED]

Retired
[REDACTED]

DAUGHTER IS A CLIENT IN PROGRAM

W. Wayne Hancock (Non-Voting member)

[REDACTED]
Louisville, KY 40202
[REDACTED]

Business: 502-271-2900
Atlas Brown
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Michael Boone (5/2007)

[REDACTED]
Louisville, KY 40223
[REDACTED]

Business: 502-515-3700 (ext. 106)

Business Owner
Boone & Associates
1302 Clear Springs Trace
Louisville, KY 40223
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Mimi Green (5/2012)

[REDACTED]
Louisville, KY 40291
[REDACTED]

Sister of individual with intellectual disability
[REDACTED]

BROTHER IS A CLIENT IN PROGRAM

Debby Sexton (5/2013)

[REDACTED]
Louisville, KY 40205

Business: 502-359-8264
UPS Procurement Services
[REDACTED]

NO ORGANIZATIONAL AFFILIATION

Jenifer Frommeyer, Executive Director (6/2000)

[REDACTED]
Louisville, KY 40205
[REDACTED]

Business: 502-459-4647
Dreams With Wings Inc.
[REDACTED]

j.frommeyer@dreamswithwings.org

Wayne Wilson, Attorney

Dinsmore & Shohl
[REDACTED]

Louisville, KY 40202
[REDACTED]

Business: 502-581-8052

NO ORGANIZATIONAL AFFILIATION

Emeritus (Non-Voting Member)

Jane Naiser, Treasurer
[REDACTED]

Louisville, KY 40223
[REDACTED]

Home: 502-339-6562

DAUGHTER IS A CLIENT IN PROGRAM

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

Ordinary Income/Expense	<u>Budget</u>	<u>Annual Budget</u>
Income		
4001000 · Medicaid Income		
4001010 · Durable Medical Income	658.33	7,899.96
4001015 · Respite(Contractor Provided)	7,750.00	93,000.00
4001020 · Personal Care	3,500.00	42,000.00
4001030 · Support Coordination	15,000.00	180,000.00
4001040 · Community Habilitation	0.00	200.00
4001050 · Adult Day Training	45,000.00	540,000.00
4001060 · Supported Living	44,750.00	537,000.00
4001065 · Personal Assistance	3,083.33	36,999.96
4001070 · Staffed Residence Income	166,666.67	2,000,000.04
4001080 · Family Home Provider	5,833.33	69,999.96
4001100 · Physical Therapy	2,416.67	29,000.04
4001110 · Occupational Therapy	2,250.00	27,000.00
4001120 · Speech Therapy	6,583.33	78,999.96
4001130 · Psychological Services	1,000.00	12,000.00
4001140 · Behavior Support	13,333.00	159,996.00
4001150 · Supported Employment-MAID	7,916.67	95,000.04
4001170 · Medicaid Allowances	0.00	-1,100.00
4001180 · Continuing Income	0.00	50,150.00
4001190 · Uncollectible Revenue	0.00	-4,500.00
Total 4001000 · Medicaid Income	<u>325,741.33</u>	<u>3,953,645.96</u>
4101000 · Private Pay Income		
4101010 · Staffed Residence Room & Board	0.00	115,000.00
4101040 · Support Coordination-Private Pa	2,250.00	27,000.00
4101050 · Behavior Support-PP		
4101060 · Social Skills Pvt Pay	0.00	6,000.00
4101050 · Behavior Support-PP - Other	0.00	0.00
Total 4101050 · Behavior Support-PP	<u>0.00</u>	<u>6,000.00</u>
4101070 · Rental Income	0.00	39,000.00
4101080 · Family Home Provider- Pvt Pay	0.00	2,500.00
4101085 · Day Program Daily Fee	791.67	9,500.04
4101090 · Day Program Administration	18.00	216.00
4101100 · Day Program Activities		
4101110 · Dreams Cafe Income	55.00	660.00
4101100 · Day Program Activities - Other	90.15	972.46
Total 4101100 · Day Program Activities	<u>145.15</u>	<u>1,632.46</u>
4101120 · Transportation Services	1,666.00	19,992.00
4101130 · Leisure Outreach	40.00	1,166.00
Total 4101000 · Private Pay Income	<u>4,910.82</u>	<u>222,006.50</u>
4201010 · Seven Counties Services Income		
4201040 · Seven Counties Services-Other	398.00	4,776.00
4201050 · SCS-DMR	0.00	0.00

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
Total 4201010 · Seven Counties Services Income	398.00	4,776.00
4301010 · Supported Employment	0.00	0.00
4321010 · Charity Care	0.00	0.00
4351010 · Client Liabilities		
4351020 · Spending Money	0.00	0.00
4351010 · Client Liabilities - Other	6,708.00	80,496.00
Total 4351010 · Client Liabilities	6,708.00	80,496.00
4401000 · A D Sum Day Camp- Applica Fees	0.00	6,175.00
4401010 · Summer Camp Fees DSL Pvt Pay	0.00	34,645.00
4401020 · Camp Fees DSL -Michele P	0.00	83,272.50
4401030 · AD Camp Early/Late Drop Off Fee	0.00	375.00
4501000 · DIM Summer Day Camp Application	0.00	6,600.00
4501010 · Summer Day Camp-Autism Pvt Pay	0.00	23,440.00
4501020 · DIM Camp Fees-Michele P	0.00	133,856.25
4602010 · Client Vacation	0.00	21,251.00
4602020 · Dream Team Cafe Income	0.00	0.00
4602030 · Bauer Rent	0.00	0.00
4602050 · Service Charges Refund	0.00	100.00
4802010 · Management Fee Income	691.00	8,292.00
4802020 · Interest Income	0.00	40.00
Total Income	338,449.15	4,578,971.21
Gross Profit	338,449.15	4,578,971.21
Expense		
Eminence House-Rental Property		
Maintenance		
Total Eminence House-Rental Property		
6008000 · Behavior Supports		
6008010 · Behavior Support Salaries	23,000.00	276,000.00
6008015 · Psychological Services	0.00	0.00
6008017 · Behavior Support Consultant	2,083.00	24,996.00
6008020 · Social Security Tax	926.50	11,118.00
6008025 · Medicare	231.00	2,772.00
6008030 · Unemployment	158.00	1,896.00
6008045 · Health	1,333.00	15,996.00
6008046 · Life Expense	20.00	240.00
6008060 · Dental	104.00	1,248.00
6008065 · Vision Ins	28.00	336.00
6008160 · Behavior Telephone	4.00	48.00
6008170 · Behavior Utilities	142.00	1,704.00
6008220 · Training	166.00	1,992.00
6008228 · Provider Tax	815.00	9,780.00
6008240 · Behavior Office Supplies		
6008255 · Maintenance	166.00	1,992.00
6008360 · Behavior Therapy Supplies	166.00	1,992.00

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6008410 · Reference Material	0.00	100.00
6008000 · Behavior Supports - Other	0.00	0.00
Total 6008000 · Behavior Supports	29,342.50	352,210.00
6108000 · Community Hab./Day Program		
6108010 · Community Hab. Salaries	27,873.00	334,476.00
6108020 · FICA Tax	1,674.00	20,088.00
6108025 · Medicare Tax	383.00	4,596.00
6108030 · FUTA Tax	255.00	3,060.00
6108035 · Benefits	212.00	2,544.00
6108045 · Health Insurance	3,038.00	36,456.00
6108046 · Life Ins Expense	66.00	792.00
6108060 · Dental	202.00	2,424.00
6108065 · Vision Ins	78.00	936.00
6108150 · Building Lease	0.00	500.00
6108160 · Telephone	280.00	3,360.00
6108170 · Utilities	480.00	5,760.00
6108228 · Provider Tax	1,400.00	16,800.00
6108230 · Mileage	10.00	120.00
6108240 · Office Supplies	300.00	3,600.00
6108255 · Building Maintenance	550.00	6,600.00
6108258 · Miscellaneous	50.00	600.00
6108263 · Vehicle Lease	4,173.80	4,181.46
6108265 · Vehicle Maintenance	416.00	4,992.00
6108268 · Gasoline	1,000.00	12,000.00
6108318 · Vehicle Insurance	0.00	67.82
6108320 · Postage	0.00	25.00
6108360 · Supplies	100.00	1,200.00
6108370 · Dreams Cafe Expense	100.00	1,200.00
6108380 · Furniture	0.00	0.00
6108390 · Activities	700.00	8,400.00
6108395 · Adult Literacy Program	35.00	420.00
6108500 · Vehicle Depreciation	2,100.00	25,200.00
6108000 · Community Hab./Day Program - Other		0.00
Total 6108000 · Community Hab./Day Program	45,475.80	500,398.28
6208000 · Supported Employment Expense		
6208010 · Supported Employment Salaries	9,585.00	115,020.00
6208020 · Fica	134.00	1,608.00
6208025 · Medicare Tax	72.00	864.00
6208030 · FUTA	0.00	42.00
6208045 · Health Insurance	375.00	4,500.00
6208046 · Life insurance	2.00	24.00
6208060 · Dental	56.00	672.00
6208065 · Vision	23.00	276.00
6208160 · Supported Emp Telephone	4.00	48.00

Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6208170 · Supported Employment Utilities	173.00	2,076.00
6208220 · Conference/Training	0.00	300.00
6208228 · Provider Tax - Supported Emp	239.33	2,871.96
6208230 · SE Mileage	65.50	786.00
6208240 · SE Office supplies expense	33.33	399.96
6208268 · Gasoline-Supported Emp	260.83	3,129.96
6208285 · Maintenance	15.00	180.00
Total 6208000 · Supported Employment Expense	11,037.99	132,797.88
6308000 · Support Coordination Expense		
6308005 · Client Reimbursable Expenses	541.67	6,500.04
6308010 · Salaries	9,485.42	113,825.04
6308020 · Social Security Tax	475.00	5,700.00
6308025 · Medicare Tax	112.50	1,350.00
6308030 · Unemployment Tax	75.00	900.00
6308045 · Health Insurance	1,258.33	15,099.96
6308046 · Life Ins	19.17	230.04
6308060 · Dental	58.33	699.96
6308065 · Vision Ins	120.83	1,449.96
6308228 · Provider Tax	448.33	5,379.96
6308000 · Support Coordination Expense - Other	0.00	0.00
Total 6308000 · Support Coordination Expense	12,594.58	151,134.96
6408000 · Supported Living Expenses		
CLS Services -contract labor	0.00	0.00
6408010 · Salaries	42,166.67	506,000.04
6408020 · Social Security Tax	2,066.67	24,800.04
6408025 · Medicare Tax	483.33	5,799.96
6408030 · Unemployment Tax	333.33	3,999.96
6408045 · Health insurance	2,083.33	24,999.96
6408046 · Life Ins Expense	45.83	549.96
6408060 · Dental	94.17	1,130.04
6408065 · Vision Ins	44.17	530.04
6408150 · 3918 Nanz Rental	1,800.00	21,600.00
6408153 · Nanz rental miscellaneous	216.67	2,600.04
6408170 · Electricity	112.50	1,350.00
6408180 · Water	7.50	90.00
6408220 · Training	0.00	220.00
6408228 · Provider Tax	1,535.83	18,429.96
6408230 · Mileage	591.67	7,100.04
6408237 · Client Entertainment/Staff Meal	0.00	20.00
6408255 · Miscellaneous		
6408256 · Supported Living Miscellaneous	0.00	200.00
6408268 · Gasoline	10.83	129.96
6408285 · Maintenance Expenses	0.00	25.00
6408367 · Client Reimbursable Expenses	62.50	750.00

Dreams with Wings, Inc
Profit & Loss Budget Performance
 August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6408800 · Respite Services-contract labor	5,000.00	60,000.00
6408000 · Supported Living Expenses - Other	0.00	0.00
Total 6408000 · Supported Living Expenses	56,655.00	680,325.00
6458000 · Bauer Avenue		
6458285 · Bauer Maintenance		0.00
6458000 · Bauer Avenue - Other	0.00	147.00
Total 6458000 · Bauer Avenue	0.00	147.00
6508000 · Staffed Residence Expense		
6508010 · Salaries	93,347.50	1,120,170.00
6508015 · Maintenance Salaries	2,426.67	29,120.04
6508020 · Social Security Tax	4,500.00	54,000.00
6508025 · Medicare Tax	1,060.00	12,720.00
6508030 · Unemployment Tax	745.83	8,949.96
6508045 · Health Insurance	7,195.83	86,349.96
6508046 · Life Insurance Expense	250.00	3,000.00
6508060 · Dental	523.92	6,287.04
6508065 · Vision Ins	355.67	4,268.04
6508150 · Rent	5,260.42	63,125.04
6508160 · Telephone	7.25	87.00
6508170 · Electricity	2,358.33	28,299.96
6508180 · Water	791.67	9,500.04
6508220 · Training	0.00	35.09
6508228 · Provider Tax	5,215.00	62,580.00
6508230 · Mileage	300.00	3,600.00
6508240 · Office Supplies	166.67	2,000.04
6508245 · Furniture	0.00	0.00
6508248 · Small Appliances and Equipment	0.00	0.00
6508255 · Maintenance	1,500.00	18,000.00
6508258 · Miscellaneous	0.00	0.00
6508263 · Vehicle Lease	0.00	91.98
6508265 · Vehicle Maintenance	0.00	600.00
6508340 · Groceries	6,666.67	80,000.04
6508350 · Cable	1,791.67	21,500.04
6508360 · Supplies	166.67	2,000.04
6508365 · Recreations	0.00	0.00
6508369 · Misc Client Costs	0.00	1,000.00
6508370 · Spending Money for Clients	0.00	4,000.00
6508375 · Landscaping	166.67	2,000.04
6508380 · Gasoline	50.00	600.00
6508395 · Interest Expense	650.00	7,800.00
6508500 · Depreciation Expense	1,666.67	20,000.04
6508000 · Staffed Residence Expense - Other	0.00	0.00
Total 6508000 · Staffed Residence Expense	137,163.11	1,651,684.39
6608200 · Family Home Provider Expenses		

Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6608150 · Rent	0.00	0.00
6608228 · Provider Tax	370.83	4,449.96
6608850 · Stipend FHP	2,916.67	35,000.04
Total 6608200 · Family Home Provider Expenses	3,287.50	39,450.00
6708000 · Other Program Costs		
6708010 · Program Training Salaries	1,558.58	18,702.96
6708015 · Program Salaries	8,083.33	96,999.96
6708020 · Social Security Tax	458.33	5,499.96
6708025 · Medicare Tax	108.33	1,299.96
6708030 · Unemployment Tax	75.00	900.00
6708045 · Other Program Costs-Medical	650.00	7,800.00
6708046 · Life	25.00	300.00
6708060 · Dental	20.83	249.96
6708065 · Other Program Costs-Vision	16.67	200.04
6708160 · Telephone	13.33	159.96
6708164 · Vacation	0.00	20,000.00
6708220 · Training	250.00	3,000.00
6708228 · Provider Tax Expense	375.00	4,500.00
6708245 · Small Equipment Purchases		845.88
6708268 · Gasoline	0.00	300.00
6708310 · PT	1,833.33	21,999.96
6708320 · Occ Therapy	1,666.67	20,000.04
6708325 · Speech	5,250.00	63,000.00
6708341 · Crime Check	250.00	3,000.00
6708342 · Drug Testing	83.33	999.96
6708350 · CPR	116.67	1,400.04
6708351 · Leisure Outreach	0.00	300.00
6708352 · Adult Education Expenses	0.00	300.00
6708800 · Respite	0.00	200.00
6708000 · Other Program Costs - Other		0.00
Total 6708000 · Other Program Costs	20,834.40	271,958.68
6808000 · DSL Day Camp		
6808010 · Salaries	0.00	42,000.00
6808020 · Social Security Tax	0.00	1,000.00
6808025 · Medicare	0.00	609.00
6808030 · Unemployment	0.00	906.00
6808150 · Rent	0.00	750.00
6808268 · Gas	0.00	2,000.00
6808350 · Vehicles	0.00	20,000.00
6808360 · Day Camp Supplies	0.00	430.00
6808370 · Miscellaneous	0.00	100.00
6808390 · Day Camp Activities	-5.00	5,974.00
6808000 · DSL Day Camp - Other		13.58
Total 6808000 · DSL Day Camp	-5.00	73,782.58

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6858000 · Autism Camp		
6858010 · Salaries-Autism	0.00	54,000.00
6858020 · Social Security Tax	0.00	900.00
6858025 · Medicare	0.00	200.00
6858030 · Unemployment	0.00	803.00
6858150 · Rent	0.00	1,312.50
6858268 · Gas-Autism Camp	755.36	3,355.59
6858350 · Vehicles	0.00	20,000.00
6858360 · Camp Activities-Autism	0.00	6,230.00
6858370 · Miscellaneous	0.00	40.00
6858390 · Camp Supplies-Autism	0.00	900.00
Total 6858000 · Autism Camp	<u>755.36</u>	<u>87,741.09</u>
6908000 · Administrative		
6908010 · Executive Director Salary	6,666.67	80,000.04
6908015 · Office Salaries	18,333.33	219,999.96
6908020 · Social Security Tax	3,000.00	36,000.00
6908025 · Medicare Tax	700.00	8,400.00
6908030 · Unemployment Tax	450.00	5,400.00
6908035 · Payroll Benefits	0.00	0.00
6908045 · Health/Life Insurance	-2,833.33	-33,999.96
6908050 · HRA Expense	2,833.33	33,999.96
6908055 · HSA Expense	2,416.67	29,000.04
6908060 · Dental Insurance	-375.00	-4,500.00
6908065 · Vision Insurance Exp	-127.92	-1,535.04
6908075 · Benefit Administration	375.00	4,500.00
6908085 · Payroll Expenses	0.00	0.00
6908120 · Finance Charges	0.00	80.00
6908160 · Telephone	383.33	4,599.96
6908170 · Electric	625.00	7,500.00
6908180 · Water	141.67	1,700.04
6908190 · Cell phone/pager reimbursement	425.00	5,100.00
6908200 · Advertising	100.00	1,200.00
6908210 · Computer Repairs	0.00	180.00
6908220 · Seminars & Training	208.33	2,499.96
6908225 · Internet site	0.00	0.00
6908230 · mileage	0.00	60.00
6908235 · Travel	45.00	540.00
6908240 · Office Supplies	833.33	9,999.96
6908245 · Office Furniture & Equipment	416.67	5,000.04
6908250 · TB shots	125.00	1,500.00
6908255 · Tools-Miscellaneous		
6908260 · Automobile	125.00	1,500.00
6908265 · Vehicle Maintenance	0.00	500.00
6908270 · Vehicle Taxes & Registration	0.00	600.00

Dreamers with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
6908275 · Maintenance	400.00	4,800.00
6908278 · landscaping	100.00	1,200.00
6908280 · Allocation of Maint & Oper PR	-600.00	-7,200.00
6908285 · Office Equipment Maintenance	175.00	2,100.00
6908290 · Dues and Subscriptions	483.33	5,799.96
6908300 · Liability Expense	4,750.00	57,000.00
6908305 · Directors and Officers Ins.	583.33	6,999.96
6908310 · Workman's Comp Ins.	4,750.00	57,000.00
6908315 · Property Insurance	1,416.67	17,000.04
6908320 · Postage	216.67	2,600.04
6908330 · Accounting Fees	833.33	9,999.96
6908340 · Data Processing Charge	2,833.33	33,999.96
6908345 · Payroll Processing Fees	1,833.33	21,999.96
6908350 · Entertainment	0.00	0.00
6908355 · Meals	83.33	999.96
6908360 · Staff/Client Gifts	0.00	0.00
6908365 · Taxes & Licenses	0.00	-350.00
6908370 · Miscellaneous	208.33	2,499.96
6908375 · Filing Fees	0.00	500.00
6908380 · Bank Service Charges	166.67	2,000.04
6908385 · Credit Card Charges	30.83	369.96
6908390 · Professional Meetings		90.00
6908395 · Interest	2,833.33	33,999.96
6908400 · Bad Debt Expense	108.33	1,299.96
6908500 · Depreciation	2,375.00	28,500.00
6908000 · Administrative - Other		0.00
Total 6908000 · Administrative	58,447.89	703,034.68
8001300 · Grant Expenses		
8001330 · ArtsReach Grant	0.00	0.00
8001340 · Leisure Outreach Salaries	0.00	0.00
8001350 · Leisure OR--Activities/Supplies	0.00	10.00
8001300 · Grant Expenses - Other		0.00
Total 8001300 · Grant Expenses	0.00	10.00
8998999 · Uncategorized Expenses	0.00	0.00
Total Expense	375,589.13	4,644,674.54
Net Ordinary Income	-37,139.98	-65,703.33
Other Income/Expense		
Other Income		
7001010 · Fundraising Income		
7001020 · Dreamers Ball Income	0.00	0.00
7001030 · Grant Income	0.00	0.00
7001090 · Unrestricted Donations	0.00	0.00
7001100 · Donations--In Memory/Honor of	0.00	0.00
7001110 · Restricted Donation	0.00	0.00

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
7001120 · End of Year Campaign	0.00	0.00
7001140 · In-Kind Donations		0.00
7001150 · Taste of Dreams	0.00	20,000.00
7001160 · Jack-O-Lantern Stroll	0.00	8,000.00
7001170 · Black Widows Ball	0.00	60.00
7001180 · Golf Scramble	0.00	25,000.00
7001205 · Client Crafts	0.00	0.00
7001210 · Other Fundraisers	0.00	1,000.00
7001230 · Scrip Program	0.00	500.00
7001240 · Bingo Income		
7001250 · Donations	560.00	5,363.00
7001240 · Bingo Income - Other		60,000.00
Total 7001240 · Bingo Income	<u>560.00</u>	<u>65,363.00</u>
7001010 · Fundraising Income - Other	0.00	0.00
Total 7001010 · Fundraising Income	<u>560.00</u>	<u>119,923.00</u>
7001280 · Poker Run	0.00	0.00
7001310 · Comprehensive Cap Campaign Inc		
7001320 · Comprehensive Cap Camp-Brick	0.00	70,000.00
7001310 · Comprehensive Cap Campaign Inc - Other	0.00	0.00
Total 7001310 · Comprehensive Cap Campaign Inc	<u>0.00</u>	<u>70,000.00</u>
Total Other Income	<u>560.00</u>	<u>189,923.00</u>
Other Expense		
8001010 · Black Widows Ball Exp	0.00	0.00
8001020 · Comprehensive Cap Campaign Exp		
8001030 · Interest Expense	0.00	0.00
Total 8001020 · Comprehensive Cap Campaign Exp	<u>0.00</u>	<u>0.00</u>
8001040 · Fundraising		
8001050 · Dreamers Ball Expense	0.00	18,000.00
8001060 · Fundraising Wages	0.00	6,700.00
8001070 · Social Security Tax	0.00	376.00
8001080 · Medicare	0.00	50.00
8001090 · Unemployment	0.00	75.00
8001100 · Consulting	0.00	5,000.00
8001110 · Annual Fund Expenses	0.00	1,700.00
8001130 · Taste Expenses	0.00	0.00
8001140 · Stroll Expenses	290.54	3,408.80
8001160 · Golf Scramble	0.00	13,500.00
8001190 · Scrip Program Expense	0.00	1,300.00
8001200 · Bingo		80.00
8001210 · Marketing Material	0.00	700.00
8001230 · Postage	195.42	361.22
8001240 · Other Fundraising Expense	0.00	2,500.00
8001250 · Promotional items		5,000.00
8001260 · Client Crafts	0.00	0.00

Dreams with Wings, Inc
Profit & Loss Budget Performance
August 2015

	<u>Budget</u>	<u>Annual Budget</u>
8001040 · Fundraising - Other	0.00	0.00
Total 8001040 · Fundraising	485.96	58,751.02
Total Other Expense	485.96	58,751.02
Net Other Income	74.04	131,171.98
Net Income	<u>-37,065.94</u>	<u>65,468.65</u>

State of Kentucky
County of Jefferson

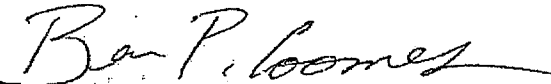
BOOK 0575 PAGE 0869

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



Notary Public, State At Large

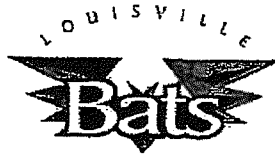
Prepared By:



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

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

END OF DOCUMENT



**Agreement with Dreams With Wings for
Jack O'Lantern Stroll - October 23, 2015
at Louisville Slugger Field**

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

Estimated attendance: 2,000

Date of Event: October 23rd, 2015 6:00-9:00

The following services will be provided:

These will be included in Rent Cost

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

Food and Drink

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

Miscellaneous Requirements:

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

somewhere on the grounds of the facility due to the negligence of the lessee and the lessee's patrons will be charged \$10 per device to remove, clean and repair the area. Helium balloons that need to be taken down will require a minimum \$400 lift rental cost and a \$75 an hour manpower charge for operator.

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

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

Expense Total: \$1,000

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

Jennifer Tommayer 7/1/15
Dreams With Wings, Inc. Date

Scott Shoemaker
Scott Shoemaker
Louisville Baseball Club
Vice President of Operations

8-24-2015
Date



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

Facility Rental Agreement

Dreams With Wings will be utilizing the community room of the American Legion Highland Post 201 located at 2919 Bardstown Road, Louisville, KY 40205 during the dates of October 20-23, 2015. Dreams With Wings will be responsible for all cleaning and maintenance of the community room on the said dates.

The Louisville based 501 (c) (3) nonprofit will be using the facility to carve 1,500+ pumpkins for their annual Jack O' Lantern Stroll to be held at Louisville Slugger Field on the evening of October 23, 2015. The daily rate is \$125.00 contingent upon donations from private and community donors for a total due of \$500.00 on October 23, 2015.

Both parties agree to the above terms on this 9th day of September 2015.



American Legion Highlands Post 201



Dreams With Wings Inc.

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above
Dreams With Wings

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1579 Bardstown Rd

6 City, state, and ZIP code
Louisville, KY 40205

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
Employer identification number				

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *Deon Stokes* Date ▶ *12/17/2014*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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

2015 Jack O' Lantern Stroll
Dreams With Wings Inc.
Event Staff Roster

Names are listed in descending order based on level of pay. Staff position in parenthesis. Cost breakdown, pg. 6, Sec. 5A.

Jenifer Frommeyer	(Executive Director)
Cathy Logsdon	(Director Accounting)
Jeanne Freeman	(Staff Accountant)
Carolyn Bunton	(Director of Enrichment)
Jackie Woolum	(Director Residential Services)
Brooke Watts	(Director of Case Management)
Athena Seufert	(Director Community Living)
Bridget Stukenborg	(Director Training)
Jessica Elliott	(Director Compliance)
Brian Watts	(Vehicle Fleet Manager/Direct Support Professional)
Jennifer Morgan	(Administrative Assistant)
Theresa Hughes	(House Manager/Direct Support Professional)
Ricky Payton	(Direct Support Professional)