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

Applicant/Program: Center For Accessible Living

Executive Summary of Request:

NDF from multiple council districts in support of CFAL efforts to assist individuals with disabilities in attaining independent living by way of ramp building program - along with advocacy, education, peer supprt, referral, attendant care and employment services.

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

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

13	Vicki Aubrey Welch	$5,000	7/29/2015
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:

____

Appropriations Committee Chairman Date

Clerk's Office Only:

Request Amount: ______________ Committee Amended Appropriation: ______________

Original Appropriation: ______________ Council Amended Appropriation: ______________

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District #	Council Member Signature	Amount	Date
6	[illegible] James	$4,500	July 30, 2016
2	Barbara Shanklin	$5,000	7/30/15
3	[illegible]	5,500	7/30/15
12	[illegible]	3000	7/30/15
1	[illegible]	$10,000	7/30/15
15	Marianne Butler	$4,000	7-30-15
4	[illegible] Tandy	$5,000.00	7.30.15

Applicant/Program:

Additional Disclosure and Signatures

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

District #	Council Member Signature	Amount	Date
5	Chris B. Hamilton	$5,000	7-30-15
2	[illegible]	4,000	7-30-15
17	Allen Fuckel	2,000	7/3/15
24	Madonna Flood	5000	8/13/15

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records)* Center For Accessible Living			
Main Office Street & Mailing Address: 501 S. 2nd Street Suite 200 Louisville, KY 40202			
Website: www.calky.org			
Applicant Contact:	John Leonard	**Title:**	Program manager
Phone:	502-589-6620	**Email:**	jleonard@calky.org
Financial Contact:	Michael Markiewicz	**Title:**	Chief Financial Officer
Phone:	502-589-6620	**Email:**	mmarkiewicz@calky.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County		
Council District(s):	Various	**Zip Code(s):**	Various

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Rampbuilders Program			
Total Request: ($)	$68,000	**Total Metro Award (this program) in previous year: ($)**	$73,000

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

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

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

Source:	CDBG	Amount: ($)	$175,000
Source:		Amount: ($)	
Source:		Amount: ($)	

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

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

Applicant's Initials JL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS
Describe Agency's Vision, Mission and Services: The Center For Accessible Living, Inc, is a 501(C)(3) not for profit organization empowered to assist in providing an environment that supports the individual with a disability in attaining independent living. To achieve this goal, the Center programs emphasize advocacy, education, peer support, information and referral, attendant care, employment services, interpreter services, ramps, social security benefits education, and assistance with transition into independent home environments.

Applicant's Initials JJ

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.):

Rampbuilding for persons with confirmed need of ramp or home modification within various Districts in Jefferson County will begin upon receipt of funds.
Funds needed to build ramps by District are:

District	$ Amount needed	District	$ Amount needed
1	$10,000	12	$ 3,000
2	$ 5,000	13	$ 5,000
3	$ 5,500	15	$ 4,000
4	$ 5,000	17	$ 2,000
5	$ 10,000	21	$ 4,000
6	$ 4,500	24	$ 4,000
8	$ 2,000	26	$ 2,000
10	$ 2,000		

Total $68,000
* Amounts needed by District changes daily.

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

A certified, insured and qualified builder will construct ramps with the funding. Permits will be obtained, estimate made and construction completed. The Center will visit the consumer, monitor the construction of the ramp and make return visit for final inspection. An invoice for materials and permits along with photographs of the project will be provided.

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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

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

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

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

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

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

Applicant's Initials JV

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:

The ramp construction will enable the individuals to enter and exit the residence whereas before that ability was limited and involved others to assist. The ramp will enable the individuals to independently move about the community once out of the home.

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.

Ford volunteers are providing free labor to build ramps.
Also approved rampbuilder will build ramps utilizing NDF funds for materials.

Applicant's Initials JJ

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			$60,409
B: Rent/Utilities			$11,575
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			$103,016
H: Program Materials	$68,000		$68,000
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
****TOTAL PROGRAM/PROJECT FUNDS***	$68,000		$243,000
% of Program Budget	%	%	**100%**

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

Other State, Federal or Local Government	CDBG $175,000
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	$175,000

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

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

Applicant's Initials JV

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
Ford/UAW Rampbuilding labor	$30,000	Labor 1/2 cost of ramp.
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$30,000	

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

Agency Fiscal Year Start Date: 7/1/15

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

If YES, please explain:

Applicant's Initials JV

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	[signature]	**Date:**	7/14/15
Legal Signatory: (please print):	Michael C. Markiewicz	**Title:**	Chief Financial Officer

Phone:	502-589-6620	**Extension:**	103	**Email:**	mmarkiewicz@calky.org

Applicant's Initials [initials]

CENTER FOR ACCESSIBLE LIVING, INC.

INCOME STATEMENT

STATEMENT OF ACTIVITIES

MAY 31, 2015 [UNAUDITED]

	BUDGET	ACTUAL	VAR
SUPPORT AND REVENUE			
Grant Income	1,785,117.00	1,090,626.79	61%
Fee For Service Income	742,980.00	365,504.46	49%
In Kind Revenue	-	-	0%
Fundraising Income	-	-	0%
Contributions	1,000.00	620.14	62%
Other Income	8,000.00	26,034.56	325%
TOTAL SUPPORT AND REVENUE	2,537,097.00	1,482,785.95	58%
EXPENSES			
Salary and Wages	1,132,048.00	665,205.36	59%
Fringe Benefits	342,767.00	202,732.95	59%
Travel & Mileage	39,871.00	32,127.96	81%
Supplies	20,044.00	21,074.94	105%
Rents & Utilities	161,576.00	108,450.33	67%
Phones	40,589.00	23,391.79	58%
Postage	13,055.00	8,849.81	68%
Printing	7,848.00	7,369.23	94%
Training	7,840.00	6,137.00	78%
Interpreters	498,445.00	270,241.25	54%
Maintenance	37,471.00	28,608.47	76%
Insurance	13,785.00	15,614.88	113%
Equipment	5,000.00	2,473.36	49%
Ramp Construction	151,296.00	104,239.30	69%
Subsidy Costs	300.00	-	0%
Fundraising	-	-	0%
Bank Charges/Interest	14,393.00	12,741.06	89%
Other	36,471.00	39,790.89	109%
TOTAL EXPENSES	2,522,799.00	1,549,048.58	61%
NET GAIN (LOSS)	14,298.00	(66,262.63)	-463%

CENTER FOR ACCESSIBLE LIVING, INC.
BALANCE SHEET
STATEMENT OF FINANCIAL POSITION
MAY 31, 2015 [UNAUDITED]

ASSETS	
CURRENT ASSETS	
Cash	$ 11,872.77
Accounts Receivable	297,393.76
Prepaid Expenses	1,267.11
Total Current Assets	$ 310,533.64
FURNITURE AND EQUIPMENT	
Fixed Assets	$ 27,238.25
Accumulated Depreciation	(27,238.25)
Total Furniture and Equipment	$ -
SECURITY DEPOSIT	$ 9,325.00
TOTAL ASSETS	$ 319,858.64
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts Payable	$ 60,453.59
Line of Credit	85,000.00
Payroll and Related Expenses Payable	91,343.39
Deferred Revenue	25,000.00
Total Liabilities	$ 261,796.98
FUND BALANCES	
Fund Balance	$ 124,324.29
Current Year Activity	(66,262.63)
Total Net Assets	58,061.66
TOTAL LIABILITIES AND NET ASSETS	$ 319,858.64

CENTER FOR ACCESSIBLE LIVING FISCAL YEAR 2015 ANNUAL AGENCY BUDGET, 10/1/14-9/30/15

CATEGORY	RSA	PCAP	GENERAL	INT	SILC Part B	KATS	SSA	METRO	WC	FY 2015 TOTAL	FY 2014	CHANGE
GRANT REVENUE	660,809.00	289,292.00	10,000.00	742,980.00	60,000.00	29,965.00	298,275.00	223,280.00	15,000.00	2,329,601.00	4,468,842.00	(2,139,241.00)
WAGES	379,290.00	177,032.00	-	157,717.00	38,048.00	20,611.00	171,979.00	44,125.00	7,800.00	996,602.00	1,023,735.00	(27,133.00)
FRINGE BENEFITS	110,886.00	50,505.00	-	38,044.00	6,791.00	4,615.00	70,155.00	16,284.00	920.00	298,200.00	332,677.00	(34,477.00)
TRAVEL	7,000.00	10,392.00	-	1,560.00	1,920.00	360.00	11,085.00	686.00	1,728.00	34,731.00	42,979.00	(8,248.00)
SUPPLIES	15,000.00	5,640.00	1,800.00	4,380.00	1,259.00	400.00	2,448.00	-	456.00	31,383.00	35,871.00	(4,488.00)
EQUIPMENT	2,500.00	-	-	1,000.00	1,000.00	-	-	-	-	4,500.00	8,700.00	(4,200.00)
CONTRACTUAL	131,850.00	43,149.00	3,275.00	527,904.00	10,184.00	3,949.00	41,382.00	162,185.00	1,372.00	925,250.00	974,055.00	(48,805.00)
OTHER	14,283.00	2,574.00	4,100.00	1,280.00	798.00	30.00	1,226.00	-	1,360.00	25,651.00	48,709.00	(23,058.00)
TOTAL EXPENSES	660,809.00	289,292.00	9,175.00	731,885.00	60,000.00	29,965.00	298,275.00	223,280.00	13,636.00	2,316,317.00	2,466,726.00	(150,409.00)
PASS THROUGH	-	1,965,516.00	-	-	-	-	-	-	-	1,965,516.00	1,963,458.00	2,058.00
TOTAL EXPENSES	660,809.00	289,292.00	9,175.00	731,885.00	60,000.00	29,965.00	298,275.00	223,280.00	13,636.00	2,316,317.00	503,268.00	1,813,049.00
NET REVENUE	-	-	825.00	11,095.00	-	-	-	-	1,364.00	13,284.00	38,658.00	(25,374.00)

Center for Accessible Living

Name	Office #	Extension #
Amy Jones – Independent Living Specialist	5	108
Angie Lindsey- Interpreter Coordinator	2	129
Barbara Robbins - Fiscal Assistant	20	121
Beverly Alford-Coor of Events, Public Relations, and Administration	17	118
Bobbie James – Community Advocate	1	105
David Allgood – Director of Advocacy	7	133
Dea Sokacz - Fiscal Assistant	20	102
Donna Fox – Independent Living Specialist	10	111
Elaine Spalding-Employment Specialist	24	126
Frances Hurrigan – Reception/PCAP Assistant	0	127
Gayle Nunn – Benefits Specialist Counselor	11	123
Jan Day - Chief Executive Officer	18	119
John Leonard - Ramp Program Coordinator	3	128
Joni Tamalonis - Benefits Specialist Counselor	8	115
Kathleen Eleby – Interpreter Service Assist	2	120
Keith Hosey - Associate Director	23	109
Larry Hensley - Benefits Specialist Counselor	3	put msg ext 16
Larry Hosey-Outreach Specialist/1st Impression	13	130
Lee Ann Thomas- Housing Program Manager	9	116
Maureen Seng-PCAP/Coord of Services Assist	17	122
Meg Deckert – Interpretr Co-Coordinator	2	129
Michael Markiewicz - Chief Financial Officer	19	103
Prentha Cochran – Bookkeeper	20	101
Stephanie Brimmer - PCA P Coordinator	6	110
Susan Tharpe – Coordinator of Services	15	125
Russell Crenshaw Information Technology		
Supply Room 22 / Storage loan equipment	21	
Boardroom		124
Kitchen		117
Conference Room 1		
Consumer Resource Room	25	131
Library	1	
Room	16	113
Bonnie Andaya Options Unlimited	12	132
Beth Wiedewitsch Options Unlimited	12	132

Center/Murray, KY- Carrissa Johnson, Ethel Thomas, Jeannie Gallimore, Jennifer Johnson
Lex KY-Peggy Roark, Outreach Specialist
Corbin, KY – Patrick Johnannesen, PCAP Coordinator
Lex, KY-David Edwards, Benefits Specialist Counselor
Northern,KY-Rick Thies, Rene Thompson, IL Specislist

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

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
CENTER FOR ACCESSIBLE LIVING, INC.

Business name/disregarded entity name, if different from above

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

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

☐ Other (see instructions) ▶ 501(c)(3)

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

Address (number, street, and apt. or suite no.)
501 SOUTH 2ND STREET SUITE 200

City, state, and ZIP code
LOUISVILLE, KY 40202-1864

Requester's name and address (optional)
LOUISVILLE METRO GOVERNMENT

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

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

Employer identification number
[redacted]

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Date ▶ 9-26-2014

General Instructions

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

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

Purpose of Form

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

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

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

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

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

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

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

ARTICLES OF INCORPORATION

CENTER FOR ACCESSIBLE LIVING, INC.

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

JAN 19 1981

SECRETARY OF STATE

Article I

The name of the Corporation is Center for Accessible Living, Inc.

Article II

The initial registered office of the Corporation is located at 214 West Market Street, Jefferson County, Louisville, Kentucky. The name and address of the initial registered agent is Eileen Ordover, 214 West Market Street, Louisville, Kentucky 40202.

Article III

The purposes for which the Corporation is organized are as follows:

1. To conduct activities, not for profit, but exclusively for charitable, educational, scientific, and literary purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Service Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

2. To have all powers set forth in K.R.S. 273.171 and all other powers reasonably necessary to accomplish the purposes of the Corporation.

Article IV

1. No part of the net earnings of the Corporation shall inure to the benefit of, or shall be distributed to its members, officers, incorporators or any private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III. The Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

2. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501 (c)(3) of the IRS Code of 1954 (or the corresponding provision of any future United States Internal Revenue law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law).

Article V

1. Upon dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the

Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, scientific or literary purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) as the Board of Directors shall determine. Any assets not so disposed of shall be disposed of as provided at that time by Kentucky law.

Article VI

The Corporation may adopt by a vote of the Board of Direcotrs by-laws not inconsistent with the provisions of these Articles.

Article VII

The initial Board of Directors shall consist of eight (8) members and shall serve until their successors have been elected and take office. The names and addresses of the initial Board of Directors are as follows:

Sara Pratt
130 N. Birchwood Avenue
Louisville, KY 40206

Katherine F. Irvin
8600 LaGrange Road
Lyndon, KY 40222

Rev. Carl Enoch
128 N. Birchwood Avenue
Louisville, KY 40206

Johnette Cotton
639 Cecil Avenue
Louisville, KY 40211

Sue Enoch
128 N. Birchwood Avenue
Louisville, KY 40206

Fred Gissoni
310 Pleasantview Avenue
Louisville, KY 40206

M. Lynn Osterholt
9229 Marlboro Circle
Louisville, KY 40222

Janet Upton
3143 Doreen Way
Louisville, KY 40220

Article VII

1. The duration of the Corporation shall be perpetual.

Article IX

The names and addresses of the incorporators are as follows:

Katherine F. Irvin
8600 LaGrange Road
Lyndon, KY 40222

In witness hereof, I have hereto subscribed my name this 13 day of January, 1981.

Katherine F. Irvin
Incorporator

Subscribed and sworn before me this 13th day of January, 1981.
My commission expires April 18, 1981.

Sara L. Pratt
Notary Public

I hereby certify that the above articles were prepared by:
Sara L. Pratt

Sara L. Pratt
Attorney at Law
130 N. Birchwood Avenue
Louisville, KY 40206

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10/01 , 2013, and ending 9/30 , 2014

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

C Center for Accessible Living, Inc.
501 S 2nd Street #200
Louisville, KY 40202-1864

D Employer Identification Number [redacted]

E Telephone number (502) 589-6620

G Gross receipts $ 3,459,991.

F Name and address of principal officer: Same As C Above

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

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

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

J Website: ► www.calky.org

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of formation: 1981 **M** State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Aid disabled individuals in obtaining independent living.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,623,975.	2,703,650.
	9	Program service revenue (Part VIII, line 2g)	780,335.	723,827.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		94.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,966.	32,420.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,456,276.	3,459,991.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,286,332.	1,202,011.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,169,417.	2,246,924.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,455,749.	3,448,935.
	19	Revenue less expenses. Subtract line 18 from line 12	527.	11,056.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	570,722.	335,657.
	21	Total liabilities (Part X, line 26)	457,454.	211,333.
	22	Net assets or fund balances. Subtract line 21 from line 20	113,268.	124,324.

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 — Date 6-16-15

► MICHAEL C. MARKIEWICZ CFO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
David B. May, CPA		6/16/15		[redacted]

Firm's name ► Stephens & Lawson — Firm's EIN ► [redacted]

Firm's address ► 5203 Dixie Hwy
Louisville, KY 40216 — Phone no. (502) 448-4376

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Aid disabled individuals in obtaining independent living.

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 [X] 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 [X] 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 and section 4947(a)(1) trusts 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 $ 1,279,617. including grants of $) (Revenue $ 1,416,278.)

See Schedule O

4b (Code:) (Expenses $ 590,808. including grants of $) (Revenue $ 710,848.)

The Center employs two full-time, certified staff interpreters and over 50 certified, professional freelance interpreters to serve the needs of individuals who are Deaf or Hard of Hearing. Interpreters are available to travel throughout Kentucky. The Center has over 160 businesses or agencies actively involved in utilizing the Interpreter Program and assisting consumers. All Center interpreters adhere to the NAD/RID Code of Ethics. Whatever the situation, the Center has an interpreter to fill the need. The Center can also arrange sensitivity training for interested groups, as well as educational and advocacy trainings.

4c (Code:) (Expenses $ 370,431. including grants of $) (Revenue $ 666,838.)

See Schedule O

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

(Expenses $ 488,478. including grants of $) (Revenue $ 609,050.)

4e Total program service expenses ► 2,729,334.

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	42		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?		3 a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4 a		X
b If 'Yes,' enter the name of the foreign country: ►				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 **Organizations that may receive deductible contributions under section 170(c).**				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 **Sponsoring organizations maintaining donor advised funds.**				
a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 **Section 501(c)(7) organizations.** Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 **Section 501(c)(12) organizations.** Enter:				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b			
c Enter the amount of reserves on hand	13 c			
14 a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		14 b		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 th*[redacted]*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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Michael Markiewicz 501 S 2nd Street Louisville KY 402021864 (502) 589-6620

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tom Stokes President	5 0	X						0.	0.	0.
(2) Lee Gordon Director	2 0	X						0.	0.	0.
(3) Ken Gould Director	2 0	X						0.	0.	0.
(4) Dana Moody Director	2 0	X						0.	0.	0.
(5) Jackie Koch Director	2 0	X						0.	0.	0.
(6) Keith Frost Director	2 0	X						0.	0.	0.
(7) Don Bell Vice President	2 0	X						0.	0.	0.
(8) Ron Loughry Director	2 0	X						0.	0.	0.
(9) Jan Day CEO	37.5 0			X				74,059.	0.	0.
(10) Michael Markiewicz CFO	37.5 0				X			63,444.	0.	0.
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								137,503.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								137,503.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	2,672,988.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	30,662.				
g Noncash contributions included in lines 1a-1f: $		27,815.				
h **Total.** Add lines 1a-1f	►		2,703,650.			
PROGRAM SERVICE REVENUE	Business Code					
2a Interpreter Services			710,848.	710,848.		
b Benefits Analysis			12,979.	12,979.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f	►		723,827.			
OTHER REVENUE 3 Investment income (including dividends, interest and other similar amounts)	►					
4 Income from investment of tax-exempt bond proceeds	►					
5 Royalties	►					
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)	►					
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	94.					
b Less: cost or other basis and sales expenses						
c Gain or (loss)	94.					
d Net gain or (loss)	►		94.	94.		
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events	►					
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Business Code					
11a Miscellaneous Revenue			32,420.	32,420.		
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d	►		32,420.			
12 **Total revenue.** See instructions	►		3,459,991.	756,341.	0.	0.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	137,503.	37,030.	100,473.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	762,819.	648,411.	114,408.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	232,815.	181,212.	51,603.	
10 Payroll taxes	68,874.	52,436.	16,438.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,275.		8,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,272.		20,272.	
12 Advertising and promotion				
13 Office expenses	70,463.		70,463.	
14 Information technology				
15 Royalties				
16 Occupancy	180,948.		180,948.	
17 Travel	36,971.		36,971.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	13,735.		13,735.	
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 Attendant Expense	1,122,480.	1,122,480.		
b Interpreter Services	498,158.	498,158.		
c Ramp Construction	185,488.	185,488.		
d Maintenance	46,678.		46,678.	
e All other expenses	63,456.	4,119.	59,337.	
25 Total functional expenses. Add lines 1 through 24e	3,448,935.	2,729,334.	719,601.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		32,255.	1	39,598.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		510,441.	4	262,836.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		18,165.	9	14,137.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,182.			
	b	Less: accumulated depreciation	10b 76,182.		10c	
	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		9,861.	15	19,086.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		570,722.	16	335,657.
Liabilities	17	Accounts payable and accrued expenses		131,922.	17	116,333.
	18	Grants payable			18	
	19	Deferred revenue		175,532.	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		150,000.	23	95,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		457,454.	26	211,333.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		89,288.	27	105,777.
	28	Temporarily restricted net assets		23,980.	28	18,547.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		113,268.	33	124,324.
	34	Total liabilities and net assets/fund balances		570,722.	34	335,657.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,459,991.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,448,935.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,056.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,268.
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	124,324.

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: ☐ Cash ☒ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule A (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 [redacted] number

Center for Accessible Living, Inc.

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Non-functionally integrated

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) an[redacted]

(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.')	3,643,230.	3,641,492.	3,586,829.	3,623,975.	2,703,650.	17,199,176.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	3,643,230.	3,641,492.	3,586,829.	3,623,975.	2,703,650.	17,199,176.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						17,199,176.

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	3,643,230.	3,641,492.	3,586,829.	3,623,975.	2,703,650.	17,199,176.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See Part IV		29,115.	45,732.	51,966.	32,420.	159,233.
11 **Total support.** Add lines 7 through 10						17,358,409.

12 Gross receipts from related activities, etc (see instructions) — 12 — 0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) — 14 — 99.08 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 — 15 — 99.30 %

16 a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 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 ► ☐

17 a **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 ► ☐

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 ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 9, 10c, 11 and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Part II, Line 10 - Other Income

Nature and Source	2013	2012	2011	2010	2009
Other Income	$ 32,420.	$ 51,966.	$ 45,732.	$ 29,115.	
Total	$ 32,420.	$ 51,966.	$ 45,732.	$ 29,115.	$ 0.

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, lines 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: Center for Accessible Living, Inc.

Employer identification number: [redacted]

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ►$

(ii) Assets included in Form 990, Part X ►$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1 a 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	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

2 a 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 explantion 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
1 a 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%.

3 a 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		69,379.	69,379.	0.
e Other		6,803.	6,803.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				0.

Part VII Investments — Other Securities. N/A
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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments — Program Related. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (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) OTHER RECEIVABLE	
(2) SECURITY DEPOSIT	19,086.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	19,086.

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

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

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

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

1 Total revenue, gains, and other support per audited financial statements			1	3,459,991.
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	3,459,991.
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	3,459,991.

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	3,448,935.
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	3,448,935.
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	3,448,935.

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.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: Center for Accessible Living, Inc.

Employer identification number: [redacted]

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		10,400.	Thrift Shop Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial	X	2	13,965.	Lease
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Computer Services)	X	1	3,450.	Retail Price
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► 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: Center for Accessible Living, Inc.

Employer identification number: [redacted]

Form 990, Part III, Line 4a - Program Service Accomplishments

The Kentucky Personal Care Attendant Program (PCAP) has one purpose: to enable eligible severely disabled adults to live independently. The program provides financial support that allows the participant to hire a personal care attendant and thereby achieve independence. Personal care attendants are the arms and legs of their employer. Their specific duties can be broken down into three areas: Domestic: Housecleaning, cooking, laundry, and shopping; Personal: Transferring, skin care, positioning, bathing, range of motion exercises, dressing, grooming, toilet assistance, and bowel and bladder care; Transportation: Wheelchair, auto and van, bus, airplanes, etc. To be eligible, a person must be at least 18 years old have the functional loss of two or more limbs need between 14 and 40 hours of attendant care per week to include overnight, attendant care when needed be capable of instructing and supervising attendants meet income eligibility criteria reside, or through this program be able to reside in a non-institutional setting be capable of preparing or supervising preparation of attendant payroll reports and employer tax statements after training by the Center.

Form 990, Part III, Line 4c - Program Service Accomplishments

RSA provides the basic services in the areas of independent living, specifically the four core services required by our mission. Advocacy: Advocates work in partnership with consumers to resolve incidents of discrimination and denial of services through mediation with governments, business, and service providers. Advocacy also includes working for systems changes that reflect the needs of people with disabilities at the federal, state, and local levels. Individual Advocacy efforts help consumers learn and develop self-advocacy skills, provide assistance with the resolution of conflicts that impede service delivery, investigate discrimination claims, and disseminate information regarding program services. Systems Advocacy helps

Name of the organization | Employer identification number

Center for Accessible Living, Inc. | [redacted]

Form 990, Part III, Line 4c - Program Service Accomplishments

consumers learn to interact with appropriate social services, to understand the program reporting requirements and to encourage the achievement individual goals, including employment goals, if desired. Information and Referral: The Center serves as a resource center and a clearinghouse of information concerning disability. Information and Referral provides the Kentuckiana area with information about individuals with disabilities, the Americans with Disabilities Act, other disability laws, and individual access. The Center also makes provides appropriate referrals to assist the community in learning about disabilities and disability related issues. CAL makes information and Referral Services available to everyone. Independent Living Skills: Classes develop skills needed to help consumers learn basic and advanced skills to achieve self-reliance for a more independent lifestyle. Classes include credit counseling, assertiveness training, adaptive cooking, mobility training, nutrition, homemaking, education opportunities, and communication skills among others. Peer Support: One-on-one or group settings, peer support assists individuals with disabilities to help each other on a cross-disability basis. Peers provide assistance and support to increase skills and knowledge that will overcome interpersonal, family, social, financial, interagency and other disability-related challenges.

Form 990, Part III, Line 4d - Other Program Services Description

The Rampbuilders Program has been providing custom-designed home access ramps and railings to persons with disabilities since the incorporation of the Center for Accessible Living in 1981. Whenever possible, ramps are provided at no cost to the recipient. Individuals with mobility impairments can safely enter and exit their homes, providing independence and opportunities for education, employment, and recreation. A ramp provides a very basic level of freedom so that persons with disabilities can make their own choices. Our program has provided ramps to

Name of the organization: Center for Accessible Living, Inc.

Employer identification number: [redacted]

Form 990, Part III, Line 4d - Other Program Services Description

thousands of individuals thanks to funding from sources that include or have included Louisville Metro Government, Louisville Metro Council, Medicaid, and private donations. A reputable and experienced contractor or supplier builds or installs the ramps to code.

Choices Navigator, the Work Incentives Planning and Assistance Program is funded by Social Security and administered through the Center for Accessible Living to serve the western and central counties of Kentucky. The Center will make available a Community Work Incentives Coordinator, a knowledgeable advocate, to help beneficiaries and recipients understand complex work incentive program requirements. This program helps SSI and SSDI disability beneficiaries, ages 14 through 64, understand their work options so that they may make more informed choices regarding work. The program provides information about Federal, state, and local work incentive programs and related issues. As a part of this program, participants also receive information about protection and advocacy services that are available without charge.

The Center for Accessible Living, Inc. SILC program serves Northern Kentucky counties of Boone, Campbell, Kenton, Carroll, Gallatin, Owen, Grant and Pendleton. The staff delivers the Independent Living core services of Advocacy, Independent Living Skills, Peer Support, and Information and Referral throughout the Northern Kentucky service delivery area. These staff members work out of the Center for Accessible Living's Louisville and Crestview Hills Offices and meet with consumers face to face in public meeting locations throughout the area.

Name of the organization: Center for Accessible Living, Inc.

Employer identification number: [redacted]

Form 990, Part III, Line 4d - Other Program Services Description

A cooperative agreement with Wellcare for outreach to Medicaid recipients and people with disabilities. Outreach Specialist identifies community resources available and connects Medicaid recipients and people with disabilities to them.

874K Program - promotes advocacy, education and an understanding of current legislative activities and initiatives as they pertain specifically to individuals with disabilities. Specific activities relate to the State legislative receptions held each year at which upcoming legislation is disseminated.

A fee-for-service program for the Kentucky Office of Vocational Rehabilitation. Social Security Beneficiaries are referred to benefits specialists, who inform the beneficiaries on how earned income will affect their federal, state and local benefits. The benefits specialist produces a detailed summary specific to that beneficiaries situation, called a Benefits Summary and Analysis.

Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by the CFO prior to signing. Compared with audited financial statement which is compared to the Center's own year end trial balance.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Maintain list of individuals required to complete said document. Check with the list to make sure everyone has completed one every year.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

Compare salaries with positions at similar sized agencies. Final approval by the Board.

Name of the organization

Center for Accessible Living, Inc.

Employer identification number

[redacted]

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

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

Name of exempt organization or other filer, see instructions.
Center for Accessible Living, Inc.

Employer identification number (EIN) or
[redacted]

Social security number (SSN)

Number, street, and room or suite number. If a P.O. box, see instructions.
501 S 2nd Street #200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Louisville, KY 40202-1864

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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Michael Markiewicz

Telephone No. ► (502) 589-6620 Fax No. ► (502) 589-3980

- 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 5/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► [ ] calendar year 20 ____ or
► [X] tax year beginning 10/01, 20 13, and ending 9/30, 20 14.

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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Center for Accessible Living, Inc.	Employer identification number (EIN) or [redacted]
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. Stephens & Lawson 5203 Dixie Hwy	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Louisville, KY 40216	

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-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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of ► Michael Markiewicz

Telephone No. ► (502) 589-6620 Fax No. ► (502) 589-3980

• 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.

4 I request an additional 3-month extension of time until 8/15, 20 15.

5 For calendar year ____ , or other tax year beginning 10/01, 20 13, and ending 9/30, 20 14.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8 a 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	8a	$
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 and any amount paid previously with Form 8868	8b	$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Title ► CPA Date ►

Internal Revenue Service
District Director

NOV 29 1982

Department of the Treasury

Date: 24 NOV 1982

Our Letter Dated:
August 12, 1981
Person to Contact:
Cynthia Grant
Contact Telephone Number:
513-684-3578

Center for Accessible Living, Inc.
835 West Jefferson Street, Suite 105
Louisville, KY 40202

CIN: EO: '83 0 3 7 1

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and*. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

James J. Ryan
James J. Ryan
District Director

*170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

bg

Center For Accessible Living, Inc.
[redacted]

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services

Center for Accessible Living, Inc.

Board of Directors

Terms and Term Limits

2015

All Board members serve 1 year term with additional 4- 2year terms if applicable.

List of members in this application is current and all are current Board members.

Thank you,

Jan Day

Chief Executive Officer

Center For Accessible Living

501 South 2nd Street Suite 200

Louisville, KY. 40202

Lee Gordon*
Commission on Children with Special Health Care Needs
310 Whittington Parkway, Suite 200
Louisville, KY 40222
502-429-4430
Lee.gordon@ky.gov

Ken Gould
Gould's Discount Medical
3901 Dutchman's Lane, Suite 100
Louisville, KY 40207
502-491-2000 (W)
502-664-2076 (C)
keng@gouldsdiscountmedical.com

Jackie Koch (LP)*
[redacted]
Louisville, KY 40218
[redacted]

Ron Loughry
Ferncreek/Highview United Ministries
9300 Beulah Church Road
Louisville, KY 40291
502-762-9608 (W)
execdir@fchum.org

*denotes person with a disability

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization:	
Program Name: Request Amount:	**Yes/No/NA**
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	~~NA~~ kt
Request form: Is the funding proposed less than or equal to the request amount?	y
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	y
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Y
Application Page 1: Is the application properly signed and dated by authorized signatory?	Y
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Y
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Y
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Y
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Y
Faith Based Organizations: Is the signed Faith Based Form signed and included?	
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Y
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	N
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	Y
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	Y
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Y
Operating Budget: Is the organization's current fiscal year operating budget included?	Y
Ordinance Required: Is the amount committed by Council members greater than $5,000 **to any one project/program within an organization** in this fiscal year.	Y
Board Members: Is the entity's board member list (with term length/term limits) included?	Y
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Y
Annual Audit: Is the most recent annual audit (if required by organization) included?	Y
Rent Requests: Is a copy of signed lease included?	
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Y
IRS Form W-9: Is the IRS Form W-9 included?	Y
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	
Prepared by: Karen Compton	Date: 8/24/2015

CENTER FOR ACCESSIBLE LIVING, INC.

General Information

Organization Number	0153091
Name	CENTER FOR ACCESSIBLE LIVING, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Organization Date	1/19/1981
Last Annual Report	3/31/2015
Principal Office	501 S 2ND ST SUITE 200 LOUISVILLE, KY 40202-1864
Registered Agent	JAN E. DAY 501 S 2ND ST SUITE 200 LOUISVILLE, KY 40202-1864

Current Officers

CEO	Jan E Day
Director	Tom Stokes
Director	Ken Gould
Director	Dana Moody
Director	Jerry Wheatley
Director	Cliff Johns
CFO	Michael Charles Markiewicz

Individuals / Entities listed at time of formation

Director	SARA PRATT
Director	KATHERINE F IRVIN
Director	REV CARL ENOCH
Director	JOHNETTE COTTON
Director	SUE ENOCH
Incorporator	KATHERINE F IRVIN

Images available online

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

Annual Report	3/31/2015	1 page	PDF
Registered Agent name/address change	6/11/2014 10:07:13 AM	1 page	PDF

Principal Office Address Change	6/11/2014 10:04:48 AM	1 page	PDF	
Annual Report	6/11/2014	1 page	PDF	
Annual Report	6/4/2013	1 page	PDF	
Annual Report	5/16/2012	1 page	PDF	
Annual Report	3/7/2011	1 page	PDF	
Annual Report	4/5/2010	1 page	PDF	
Annual Report	2/20/2009	1 page	PDF	
Annual Report	2/1/2008	1 page	PDF	
Statement of Change	6/7/2007	1 page	tiff	PDF
Annual Report	6/1/2007	1 page	PDF	
Annual Report	5/25/2006	1 page	PDF	
Annual Report	5/3/2005	1 page	PDF	
Annual Report	10/7/2003	1 page	tiff	PDF
Annual Report	12/13/2002	1 page	tiff	PDF
Annual Report	5/26/2000	5 pages	tiff	PDF
Annual Report	5/27/1999	4 pages	tiff	PDF
Annual Report	6/4/1998	5 pages	tiff	PDF
Annual Report	7/1/1997	6 pages	tiff	PDF
Annual Report	7/1/1996	5 pages	tiff	PDF
Annual Report	7/1/1995	4 pages	tiff	PDF
Annual Report	7/1/1995	4 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	4 pages	tiff	PDF
Annual Report	3/23/1992	5 pages	tiff	PDF
Annual Report	7/1/1991	4 pages	tiff	PDF
Annual Report	7/1/1989	4 pages	tiff	PDF
Statement of Change	1/26/1984	2 pages	tiff	PDF
Articles of Incorporation	1/19/1981	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/31/2015 2:05:39 PM	3/31/2015 2:05:39 PM	
Annual report	6/11/2014 10:10:16 AM	6/11/2014 10:10:16 AM	
Registered agent address change	6/11/2014 10:07:13 AM	6/11/2014 10:07:13 AM	
Principal office change	6/11/2014 10:04:48 AM	6/11/2014 10:04:48 AM	
Annual report	6/4/2013 3:23:01 PM	6/4/2013 3:23:01 PM	
Annual report	5/16/2012 10:06:38 AM	5/16/2012 10:06:38 AM	
Annual report	3/7/2011 1:15:43 PM	3/7/2011 1:15:43 PM	
Annual report	4/5/2010	4/5/2010	

	2:51:21 PM	2:51:21 PM
Annual report	2/20/2009 4:49:36 PM	2/20/2009 4:49:36 PM
Annual report	2/1/2008 2:24:08 PM	2/1/2008 2:24:08 PM
Registered agent address change	6/7/2007 10:00:22 AM	6/7/2007
Annual report	6/1/2007 4:53:01 PM	6/1/2007 4:53:01 PM
Annual report	5/25/2006 5:15:51 PM	5/25/2006 5:15:51 PM
Principal office change	5/25/2006 5:15:51 PM	5/25/2006 5:15:51 PM
Annual report	5/3/2005	5/3/2005
Annual report	3/22/2004	3/22/2004
Annual report	6/27/2003	6/27/2003
Annual report	5/23/2002	5/23/2002
Annual report	3/16/2001	3/16/2001
Principal office change	3/16/2001	3/16/2001

Microfilmed Images

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

Annual Report	12/31/2004 2:18:54 PM	1 page
Annual Report	10/7/2003	1 page
Annual Report	12/13/2002	1 page
Annual Report	10/31/2001	1 page
Annual Report	5/26/2000	5 pages
Annual Report	5/27/1999	4 pages
Annual Report	6/4/1998	5 pages
Annual Report	7/1/1997	6 pages
Annual Report	7/1/1996	5 pages
Annual Report	7/1/1995	4 pages
Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	4 pages
Annual Report	3/23/1992	5 pages
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