

#0-426-16

Original to Jess Helton
Copy to Beth Stenberg

Print Form

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

Applicant/Program: Fern Creek/Highview United Ministries, Inc.
Applicant Requested Amount: \$12,400
Appropriation Request Amount: \$7,000

Executive Summary of Request
The Fern Creek/Highview United Ministries building needs to remove and replace the current unsafe flooring in the food pantry room. The current flooring is buckling and giving way due to the weight of the 25,000 pounds of food and shelves that serve over 1,000 residents each month. The flooring should have been a heavier commercial grade flooring when originally installed years ago, but was not. Instead it is a residential grade flooring that is unsafe and cannot continue to support the heavy weight it bears.

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.

22 District # [Signature] Primary Sponsor Signature \$4,000 Amount Nov 17, 2016 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.
Stephanie Hodge is an employee of the Fern Creek/Highview United Ministries and is related to District 22 Legislative Assistant Monica Hodge.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Fern Creek/Highview United Ministries, Inc.

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ \$ _____
District 2 _____ \$ _____
District 3 _____ \$ _____
District 4 _____ \$ _____
District 5 _____ \$ _____
District 6 _____ \$ _____
District 7 _____ \$ _____
District 8 _____ \$ _____
District 9 _____ \$ _____
District 10 _____ \$ _____
District 11 _____ \$ _____
District 12 _____ \$ _____
District 13 _____ \$ _____
District 14 _____ \$ _____
District 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 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ 1,000
James Peden
Councilman James Peden

District 24 _____ \$ 2,000
Madonna Flood
Councilwoman Madonna Flood

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Fern Creek/Highview United Ministries, Inc.

Program Name and Request Amount Fern Creek/Highview United Ministries, Inc. \$12,400

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

Prepared by: **Monica Hodge, District 22 Legislative Asst.** Date: Nov 17, 2016

Rec'd 10/3/16
@ 11:07 A.M. by
Monica Hodge

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Fern Creek Highview United Ministries, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 9300 Beulah Church Rd Louisville, KY 40291			
Website: fchum.org			
Applicant Contact:	Lynn Humphrey	Title:	Administrative Assistant
Phone:	502-762-9608	Email:	adm@fchum.org
Financial Contact:	Ron Loughry	Title:	Executive Director
Phone:	502-762-9608	Email:	execdir@fchum.org
Organization's Representative who attended NDF Training: Lynn Humphrey & Stephanie Hodge			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	9300 Beulah Church Rd Louisville, KY 40291		
Council District(s):	22,23,24	Zip Code(s):	40291 and 40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Flooring for the Food Pantry			
Total Request: (\$)	12,400	Total Metro Award (this program) in previous year: (\$)	\$48,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) 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 applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro Council	Amount: (\$)	48,000
Source:	External Grant	Amount: (\$)	15,000
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our Mission - *“Uniting our community in serving our community.”*

A non-profit charitable agency uniting the community in improving the quality of life for residents of Fern Creek/Highview (through some services residents of the entire Louisville metro area) providing necessary social services.

Supporting congregations collaborate and partner with government, schools, businesses, and other non-profits to meet emergency needs, to stabilize families in transitional situations, to provide a nurturing and healthy environment for children and youth, and to offer resources for the benefit of the whole community. We accomplish this through a variety of continuing services along with other short-term services to meet the ever changing needs of the community. Amongst the services we offer are:

- Individual & Family Assistance Center including: Food Pantry, & Financial Assistance
- Meals on Wheels
- Adult Day Health Center
- Health Equipment Loan Program

Our vision is to create a supportive community that enriches the lives of those we serve.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
President- Joyce Curry	Jun 30, 2017
Vice-President- Michelle Malone	Jun 30, 2017
Secretary- Evelyn Vaughn	Jun 30, 2017
Treasurer- Mary Russell	Jun 30, 2017
Member at Large- Kim Riggs	Jun 30, 2017
Member at Large- Carolyn Gabor	Jun 30, 2017

Describe the Board term limit policy:
 The President may serve only 2 terms in succession, but the other officers may serve indefinitely.

Three Highest Paid Staff Names	Annual Salary
Ron Loughry, Executive Director	45,531
Renee Bryant, Program Director	41,977
Stephanie Hodge, Program Director	30,600

Applicant's Initials *FL*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The dates to begin and end this project will depend on when we receive the grant monies. (ASAP) We have been in our building for 8 years. At the time it was built our contractor insisted that we use residential tile on the food pantry flooring. It has not been satisfactory. It cracks, splits and breaks up. We have replaced some of the tiles, but it continues to be a hazard for our volunteers and clients. For the safety of our people we are asking to have the current floor removed and upgraded to commercial level flooring. We serve over 1000 residents a month and have over 25,000 pounds of food moved over and around on that floor every month.

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

We have explored different flooring types to make an informed decision on the best type flooring for our needs. We have received 3 bids on the flooring and will pay the contractor on completion of the project.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

- 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.

- Reimbursements should not be made before application date 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.



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:

As we have stated the current floor is not satisfactory for moving the food around in our pantry from storing it on the shelves to pushing the carts out the door. We have been tracking and will continue to track how many volunteers help us prepare the food baskets and how many clients have asked us for food, produce, and personal items. We use intake forms, log sheets, a database and paper files to collect the data for this program.

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.

Many groups, civic, corporate and congregations have contributed labor and financial resources to us. Some examples of this service are the work of local Scout troops, Eagle Scout projects, men's groups, school and church youth groups, participation in Brightside projects, support by groups such as the Fern Creek Women's Club, Lions Club, Highview Business Association, and the Fern Creek Community Association & Chamber of Commerce, to mention a few. The Association of Community ministries, Louisville Metro Department of Community Services, LG&E, Louisville water company, Dare To Care, Kroger, ValuMarket, Sav-a-lot, Priceless, Kentucky Harvest, and KIPDA are also vital partners.

We have over 650 volunteer hours a month from the general public and our churches who pick up and deliver the food, to those who sort, stock, and cart food and personal items and hand it out to our clients.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	63,000	236,863	299,863
B: Rent/Utilities		22,748	22,748
C: Office Supplies		6,947	6,947
D: Telephone		2,000	2,000
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)		18,000	18,000
G: Professional Service Contracts		25,000	25,000
H: Program Materials		34,674	34,674
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	12,400		12,400
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	75,400	346,232	421,632
	18%	82%	100%

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


Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	180,132
Fees Collected from Program Participants	166,100
Other (please specify)	
Total Revenue for Columns 2 Expenses **	346,232

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			

Applicant's Initials 

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
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: July 1, 2016

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – 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 and the funds will not be disbursed to our organization.

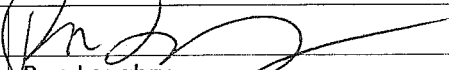
Standard Certifications

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 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	9-27-16
Legal Signatory: (please print):	Ron Loughry	Title:	Executive Director
Phone:	(502) 762-9608	Extension:	
Email:	execdir@fchum.org		

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date April 4, 2000

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

Person to Contact:
Kathy Masters #31-04015
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756
Federal Identification Number:

Dear Sir or Madam:

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

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

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

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

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

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

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

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

Fern Creek Highview United Ministries, 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.

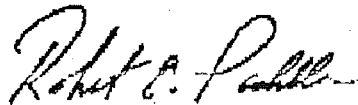
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and 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,



Robert C. Padilla
Manager, Customer Service

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

April 2016

	Apr 16	Jul 15 - Apr 16	YTD BUDGET	+/- YTD	Budget '15 - '16	Proposed Budget '16 - '17
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Ordinary Income/Expense

Income

Contbtrns-Bellevers Church	300.00	600.00	1,000.00	60.00%	1,200.00	750.00			
Contbtrns-Beulah Presbyterian	560.00	4,160.00	4,000.00	104.00%	4,800.00	4,800.00			
Contbtrns-Cedar Creek Baptist	84.75	408.03	1,929.00	21.15%	2,315.00	490.00			
Contbtrns-Fairmount Baptist	359.35	1,928.75	833.00	231.54%	1,000.00	2,000.00			
Contbtrns-FC Baptist	659.65	6,410.74	6,144.00	104.34%	7,373.00	7,693.00			
Contbtrns-FC Christian	350.00	3,500.00	3,500.00	100.00%	4,200.00	4,200.00			
Contbtrns-FC United Methodist	0.00	6,750.00	7,500.00	90.00%	9,000.00	9,000.00			
Contbtrns-Forest Park Commun									
Contbtrns-Good Shepherd									
Contbtrns-Highview Baptist	500.00	4,500.00	5,000.00	90.00%	6,000.00	6,000.00			
Contbtrns-Life Bridge Christian			625.00		750.00				
Contbtrns-Lightse Worship & Min	0.00	450.00	350.00	128.57%	420.00	600.00			
Contbtrns-Louvl Chinese Christn	0.00	200.00	200.00	100.00%	240.00	240.00			
Contbtrns-Peace Lutheran	0.00	150.00	125.00	120.00%	150.00	150.00			
Contbtrns-St Alban's	75.00	675.00	1,500.00	45.00%	1,800.00	900.00			
Contbtrns-St Bernard	2,000.00	9,000.00	10,000.00	90.00%	12,000.00	12,000.00			
Contbtrns-St Gabriel	1,250.00	12,500.00	12,500.00	100.00%	15,000.00	15,000.00			
Contbtrns-St Stephen Anglican VM	75.00	750.00	750.00	100.00%	900.00	900.00			
Contbtrns-St Stephen Lutheran BT	218.62	1,014.31	618.00	164.13%	740.00	1,200.00			
Contbtrns-Seaton Park Baptist									
Contbtrns-Solid Rock Ch of God									
Contbtrns-Summit Heights	0.00	84.00	438.00	19.18%	520.00	85.00			
Contbtrns-Trinity World	85.00	850.00	850.00	100.00%	1,020.00	1,020.00			
		Total	6,517.37		53,930.83	57,862.00	93.21%	69,434.00	67,028.00
Contributions	1,909.66	62,915.40	50,632.00	124.26%	60,758.00	52,980.00			
Fund Raising	11,607.64	31,067.78	24,125.00	128.78%	28,950.00	32,850.00			
Grants	12,000.00	62,900.00	53,604.00	117.34%	64,325.00	64,000.00			
Investment Income	535.57	4,640.04	1,677.00	276.69%	2,012.00	2,500.00			
Program Service Revenue	15,851.50	159,509.01	148,927.00	107.11%	178,712.00	189,874.00			
Refunds/Reimbursements	0.00	564.94	182.00	310.41%	220.00				
Total Income	48,421.74	375,528.00	337,009.00	111.43%	404,411.00	409,232.00			

Burgoo \$10,000 Budget
GALA \$31,000 Budget
Metro Grants \$63,000
Based on current year

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

	April 2016					
	Apr 16	Jul '15 - Apr 16	YTD BUDGET	+ / - YTD Budget '15 - '16	Proposed Budget '16 - '17	
Expense						
Advertising and promotion	30.33	2,736.10	1,763.00	155.20%	2,115.00	3,283.00
Allocated Costs	0.00	0.00				
Assistance to Individuals	-16,196.32	-5,867.11	15,000.00	-39.11%	18,000.00	15,000.00
Contractual			1,250.00	0.00%	1,500.00	1,000.00
Information Technology	0.00	767.86	667.00	115.12%	800.00	900.00
Insurance	2,769.00	2,769.00	3,000.00	92.30%	3,600.00	4,969.00
License Fee	170.00	375.00	167.00	224.55%	200.00	450.00
Occupancy	2,609.59	19,197.59	21,250.00	90.34%	25,500.00	22,748.00
Office Expenses	7,271.96	15,030.32	7,250.00	207.31%	8,700.00	8,947.00
Other Employee Benefits	3,763.03	34,930.72	35,292.00	98.98%	42,350.00	44,784.00
Other Expense	265.00	2,199.72	3,958.00	55.58%	4,750.00	2,738.00
Payroll Expenses	21,604.30	237,631.08	241,659.00	98.33%	289,991.00	299,863.00
Program-ADC	234.53	3,545.21	4,083.00	86.83%	4,900.00	3,500.00
Program-IFAC	16.29	359.99	708.00	50.85%	850.00	450.00
Reconciliation Discrepancies	0.00	0.00				
SERVICE FEE	0.00	34.54	129.00	26.78%	155.00	600.00
Training	0.00	604.00	833.00	72.51%	1,000.00	
Total Expense	22,537.71	314,314.02	337,009.00	93.27%	404,411.00	409,232.00
Net Ordinary Income	25,884.03	61,213.98				
Net Income	25,884.03	61,213.98				

Based on current ins. rate

Fern Creek Highview United Ministries, Inc.

Profit & Loss YTD Comparison

September 1 - 27, 2016

	Sep 1 - 27, 16	Jul 1 - Sep 27, 16
Ordinary Income/Expense		
Income		
Contbtns-Beulah Presbyterian	0.00	800.00
Contbtns-Cedar Creek Baptist	76.01	159.13
Contbtns-Fairmount Baptist	0.00	1,403.41
Contbtns-FC Baptist	671.49	671.49
Contbtns-FC Christian	350.00	1,050.00
Contbtns-FC United Methodist	750.00	2,250.00
Contbtns-Highview Baptist	500.00	1,500.00
Contbtns-Lighthse Worship & Min	50.00	150.00
Contbtns-Peace Lutheran	0.00	150.00
Contbtns-Seaton Park Baptist	270.00	270.00
Contbtns-St Alban's	0.00	150.00
Contbtns-St Bernard	2,000.00	3,000.00
Contbtns-St Gabriel	1,250.00	3,750.00
Contbtns-St Stephen Anglican VM	75.00	225.00
Contbtns-Summit Heights	0.00	80.00
Contbtns-Trinity World	85.00	255.00
Contributions	1,271.31	11,193.14
Fund Raising	1,711.03	2,471.25
Grants	0.00	15,750.00
Investment Income	581.19	2,279.93
Program Service Revenue	20,992.36	50,921.03
Total Income	30,633.39	98,479.38
Expense		
Advertising and promotion	0.00	642.75
Allocated Costs	0.00	0.00
Assistance to Individuals	-323.09	4,663.27
Insurance	0.00	-3,227.00
Occupancy	1,703.27	4,703.83
Office Expenses	695.22	1,599.66
Other Employee Benefits	3,670.05	10,417.96
Other Expense	20.60	131.44
Payroll Expenses	22,607.10	80,935.82
Program-ADC	309.85	799.99
Program-IFAC	17.00	17.00
Training	71.00	1,570.00
Uncategoried Expenses	336.00	336.00
Total Expense	29,107.00	102,590.72
Net Ordinary Income	1,526.39	-4,111.34
Net Income	1,526.39	-4,111.34

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FERN CREEK/HIGHVIEW UNITED MINISTRIES		D Employer identification number [REDACTED]
	Doing business as		E Telephone number 502/762-9608
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	9300 BEULAH CHURCH ROAD		G Gross receipts \$ 512,546.
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40291		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: RON LOUGHRY 9300 BEULAH CHURCH RD, LOUISVILLE, KY 40291		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.FCHUM.ORG		L Year of formation: 1988 M State of legal domicile: KY	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO LOW INCOME AND ELDERLY INDIVIDUALS IN THE FERN CREEK/HIGHVIEW AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	52
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	355,755.	300,394.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,703.	189,294.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,869.	6,576.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,078.	15,666.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	568,405.	511,930.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	142,573.	136,350.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	324,943.	319,680.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	83,966.	78,022.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	551,482.	534,052.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	16,923.	-22,122.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	781,441.	760,199.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,422.	2,302.
		780,019.	757,897.

TAXPAYERS COPY

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RON LOUGHRY, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEPHEN R COSTELLE, EA	Preparer's signature	Date 06/17/16	Check if self-employed <input type="checkbox"/>	PTIN [REDACTED]
	Firm's name ▶ COSTELLE & ASSOCIATES, INC	Firm's EIN ▶ [REDACTED]			
	Firm's address ▶ 2212 BRADFORD DRIVE LOUISVILLE, KY 40218	Phone no. 5024599155			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 177,613. including grants of \$ 136,350.) (Revenue \$ 162,847.) EMERGENCY ASSISTANCE - PROVIDING SERVICES TO LOW INCOME INDIVIDUALS FOR NECESSITIES, INCLUDING HEAT, FOOD, CLOTHING AND OTHER ASSISTANCE.

4b (Code:) (Expenses \$ 233,797. including grants of \$) (Revenue \$ 204,963.) ADULT DAYCARE - PROVIDING SERVICES TO ELIGIBLE ELDERLY PARTICIPANTS. MAXIMUM OF 20 CLIENTS PER DAY WITH AVERAGE OF 16 SERVED DAILY.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 411,410.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 0, 18).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	52		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **RON LOUGHRY - 502/762-9608**
9300 BEULAH CHURCH ROAD, LOUISVILLE, KY 40291

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE CURRY PRESIDENT	3.00	X		X				0.	0.	0.
(2) KIM RIGGS VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) EVELYN VAUGHN SECRETARY	3.00	X		X				0.	0.	0.
(4) MARY RUSSELL TREASURER	3.00	X		X				0.	0.	0.
(5) BOBBIE MYRICK BOARD MEMBER	1.00	X						0.	0.	0.
(6) BYRON MYRICK BOARD MEMBER	1.00	X						0.	0.	0.
(7) TOMMY RUSSELL BOARD MEMBER	1.00	X						0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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
NONE		

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	18,050.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	63,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	219,344.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		300,394.			
Program Service Revenue	2 a CLIENT FEES	Business Code	103,869.	103,869.		
	b CLIENT ASSISTANCE		79,787.	79,787.		
	c FAMILIES IN TRANSITION		3,781.	3,781.		
	d MEALS ON WHEELS		1,857.	1,857.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		189,294.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,576.	6,576.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 18,050. of contributions reported on line 1c). See Part IV, line 18	a	16,282.			
		b Less: direct expenses	b	616.		
c Net income or (loss) from fundraising events			15,666.		15,666.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		511,930.	195,870.	0.	15,666.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	136,350.	136,350.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	287,880.	211,937.	75,943.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,800.	23,411.	8,389.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,286.	1,884.	1,402.	
13 Office expenses	8,410.	4,205.	4,205.	
14 Information technology	554.		554.	
15 Royalties				
16 Occupancy	28,714.	23,730.	4,984.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,315.	1,315.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,535.		18,535.	
23 Insurance	7,630.		7,630.	
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 PROGRAM FOOD & SUPPLIES	7,369.	7,369.		
b CONTINUING EDUCATION	545.	545.		
c OTHER EXPENSES	429.	429.		
d LICENSES & FEES	235.	235.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	534,052.	411,410.	122,642.	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	31,414.	1	33,253.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	28,903.	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,984.	9	68.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 709,121.		
	b	Less: accumulated depreciation	10b 155,243.		
	11	Investments - publicly traded securities	572,413.	10c	553,878.
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11	143,727.	12	173,000.
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	781,441.	15	760,199.	
Liabilities	17	Accounts payable and accrued expenses	1,422.	16	2,302.
	18	Grants payable		17	
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26	Total liabilities. Add lines 17 through 25	1,422.	25	2,302.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		26	
	28	Temporarily restricted net assets		27	
	29	Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	0.	29	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	32	Retained earnings, endowment, accumulated income, or other funds	780,019.	31	757,897.
33	Total net assets or fund balances	780,019.	32	757,897.	
34	Total liabilities and net assets/fund balances	781,441.	33	760,199.	

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	511,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	534,052.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	780,019.
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	757,897.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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.

Open to Public Inspection

Name of the organization **FERN CREEK/HIGHVIEW UNITED MINISTRIES** Employer identification number XXXXXXXXXX

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____

g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	301,785.	438,095.	717,916.	355,755.	316,060.	2129611.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	301,785.	438,095.	717,916.	355,755.	316,060.	2129611.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2129611.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	301,785.	438,095.	717,916.	355,755.	316,060.	2129611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,418.	5,294.	3,602.	5,869.	6,576.	25,759.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2155370.
12 Gross receipts from related activities, etc. (see instructions)					12	110,095.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.80	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

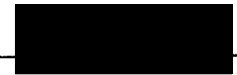
OMB No. 1545-0047

2014

Name of the organization

Employer identification number

FERN CREEK/HIGHVIEW UNITED MINISTRIES



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

FERN CREEK/HIGHVIEW UNITED MINISTRIES**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST GABRIEL CATHOLIC CHURCH 5505 BARDSTOWN ROAD LOUISVILLE, KY 40291	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ST BERNARD CATHOLIC CHURCH 7501 TANGELO DRIVE LOUISVILLE, KY 40291	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE LOUISVILLE, KY 40228	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FERN CREEK UNITED METHODIST CHURCH 6727 BARDSTOWN ROAD LOUISVILLE, KY 40291	\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FERN CREEK BAPTIST CHURCH 5920 BARDSTOWN ROAD LOUISVILLE, KY 40291	\$ 7,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BEULAH PRESBYTERIAN CHURCH 6704 BARDSTOWN ROAD LOUISVILLE, KY 40291	\$ 6,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FERN CREEK/HIGHVIEW UNITED MINISTRIES



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

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

Name of organization FERN CREEK/HIGHVIEW UNITED MINISTRIES	Employer identification number <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

FERN CREEK/HIGHVIEW UNITED MINISTRIES

Employer identification number

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 2a-2d regarding conservation easements.

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue 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 Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		673,215.	119,337.	553,878.
c Leasehold improvements				
d Equipment		35,906.	35,906.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				553,878.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MUTUAL FUNDS	173,000.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 173,000.		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

FERN CREEK/HIGHVIEW UNITED MINISTRIES

Employer identification number

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	34,332.		34,332.
	2	Less: Contributions	18,050.		18,050.
	3	Gross income (line 1 minus line 2)	16,282.		16,282.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	616.		616.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			616.
	11	Net income summary. Subtract line 10 from line 3, column (d)			15,666.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

FERN CREEK/HIGHVIEW UNITED MINISTRIES
General Information on Grants and Assistance

Employer identification number

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

FERN CREEK/HIGHVIEW UNITED MINISTRIES

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UTILITIES	0	89,556.	0.		
RENT/MORTGAGE	0	28,475.	0.		
WATER/SEWER	0	17,313.	0.		
PRESCRIPTIONS	0	405.	0.		
TRANSPORTATION	0	600.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other 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

2014

Open to Public
Inspection

Name of the organization

FERN CREEK/HIGHVIEW UNITED MINISTRIES

Employer identification number

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: RELATED PARTY INFORMATION AMONG OFFICERS

BYRON MYRICK

BOBBIE MYRICK

BOARD MEMBER

BOARD MEMBER

SPOUSES

MARY RUSSELL

TOMMY RUSSELL

TREASURER

BOARD MEMBER

SPOUSES

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

EXPLANATION: THE BOARD REVIEWS THE RETURN SUBSEQUENT TO FILING

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

EXPLANATION: BOARD MEMBERS AND KEY EMPLOYEES READ CONFLICT OF INTEREST
POLICIES AND WILL DISCLOSE ANY RELATIONSHIPS PRIOR TO DEALING WITH RELATED
VENDORS AND/OR CLIENTS.

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

EXPLANATION: THE EXECUTIVE COMMITTEE PERFORMS REVIEWS ON THE EXECUTIVE
DIRECTOR AND DOCUMENTS SUCH REVIEW AND BASIS FOR COMPENSATION ADJUSTMENTS.

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

EXPLANATION: THE INFORMATION IS AVAILABLE UPON REQUEST.



Trey Grayson
Secretary of State

Certificate

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

ARTICLES OF INCORPORATION OF

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

ARTICLES OF CORRECTION FILED MARCH 17, 1989.

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



Trey

Trey Grayson
Secretary of State
Commonwealth of Kentucky

BWeber/0244896 - Certificate ID: 60044

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

BREMER EHRLER
Secretary



FRANKFORT,
KENTUCKY

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

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

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

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

REVEREND THOMAS D. SWASKO

NAME

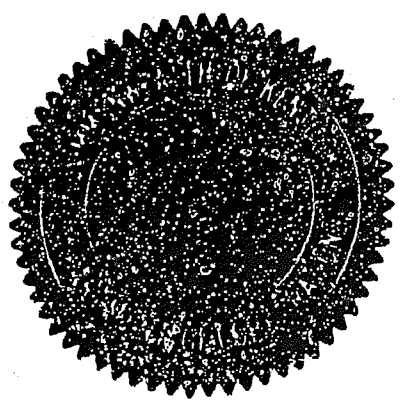
7408 FIELDSTONE WAY

STREET ADDRESS

LOUISVILLE, KY. 40291

CITY, STATE

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



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

Bremer Ehrler
SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

ARTICLES OF INCORPORATION

\$8.00
JUN 13 1968

OF

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.

TS
[Signature]
SECRETARY OF STATE

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

ARTICLE I

524895

The name of the Corporation shall be:

Fern Creek/Highview United Ministries, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal office of the Corporation is to located at:

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

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

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

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

ARTICLE IV

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

falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

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

- A. To provide a Christian ministry to persons in the Fern Creek/Highview area of Jefferson County (zip codes 40291, 40228), to enable them to gain a mature and meaningful self-image as God's creatures, and to provide programs and activities that will foster human growth and development without regard to race, creed or color.
- B. To mobilize the private and public resources of the area to aid persons in need of the basic necessities and benefits of life, including, but not limited to: food, clothing, shelter and medical treatment.
- C. To refer persons in the area with the needs mentioned above to other agencies where other or continued help is provided.
- D. To encourage inter-agency cooperation in cases of specific need as outlined above.
- E. To conduct educational and training programs related to the improvement of the need for the necessities of life and to do and engage in any and all lawful activities incidental or reasonably necessary to any of the foregoing objectives and to exercise all other powers and authority now or hereafter conferred upon charitable corporations under the laws of the United States of America and the Commonwealth of Kentucky.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized

and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 127.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

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

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

c) If and so long as the Corporation is a private foundation as defined in Section 501(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

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

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

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

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

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code

of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

MAILING ADDRESS

Reverand Thomas Swasko

7408 Fieldstone Way
Louisville, KY 40291

ARTICLE VIII

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

BOARD OF DIRECTORS

MAILING ADDRESS

Beverly Herrlinger

6701 Broadhale Drive
Louisville, KY 40291

Mary Truitt

10001 Fern Creek Road
Louisville, KY 40291

David Beard

6600 Lovers Lane
Louisville, KY 40291

Mary White

10800 Broad Run Road
Louisville, KY 40291111

Peggy Franklin

5107 Frey Drive
Louisville, KY 40299

Marilyn Morris

8728 Running Fox Circle
Louisville, KY 40291

ARTICLE IX

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

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal. Adoption or amendment of such provisions, and any removal requiring a vote shall be by no less than a 51% vote of the Board of Directors.

ARTICLE X

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

ARTICLE XI

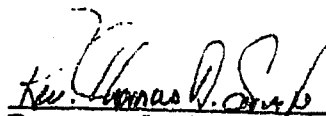
In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized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

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

ARTICLE XII

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

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



Reverend Thomas Swasko

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)


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

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

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

My Commission Expires: _____

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



NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:



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

244896

ARTICLES OF CORRECTION
ARTICLES OF INCORPORATION
OF

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC. #244896-*glat*

I, THE UNDERSIGNED, duly elected President of the Fern Creek/Highview United Ministries, Inc., hereby certify that said Corporation is a nonstock, nonprofit corporation incorporated under the laws of the Commonwealth of Kentucky, Chapter 273 of the Kentucky Revised Statutes more particularly.

I further certify that the Articles of Incorporation for said corporation filed June 13, 1988 with the Kentucky Secretary of State contain three (3) typographical errors which shall be corrected as follows:

1. Page 1, introductory paragraph, line 4 includes a reference to "Chapter 237", which should read "Chapter 273";
2. Page 3, Article VI, line 4 includes a reference to "Section 127.171" which should read "Section 273.171";
3. Page 3, Article VI, Paragraph c), line 2 includes a reference to "Section 501(a)" which should read "Section 509(a)".

RECEIVED AND FILED
 DATE MAR 17 1989
 TIME 4:15 PM
 AMOUNT 7.00
 BREMER EHLER
 SECRETARY OF STATE
 COMMONWEALTH OF KENTUCKY
 BY *[Signature]*

Beverly Hurlinger
 BEVERLY HURLINGER
 PRESIDENT
 6701 Broadhale Drive
 Louisville, Kentucky 40291

555147

STATE OF KENTUCKY
COUNTY OF JEFFERSON

The foregoing Articles of Correction were acknowledged before me this 9th day of February, 1989, by BEVERLY HURLINGER, President of the Fern Creek/Highview United Ministries, Inc., a Kentucky Corporation, on behalf of the Corporation.

Witness my hand and official seal this 9th day of February, 1989.

My Commission Expires: 8.25.91

Elizabeth A. [Signature]
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Kathleen M. Guinane

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

FISH CREEK/HIGHVIEW UNITED MINISTRIES, INC.

Board of Directors

RESOLUTION

WHEREAS it has come to the attention of the Board of Directors that certain technical errors are contained in the Corporation's Articles of Incorporation filed on June 13, 1988, as follows:

1. Page 1, Preamble, line 4 - "Chapter 237" should read "Chapter 273";
2. Page 3, Article VI, line 4 - "Section 127.71" should read "Section 273.171"; and
3. Page 3, Article VI, Section c), line 2 - "Section 501(a)" should read "Section 509(a)"; and

WHEREAS the Board wishes to have these errors corrected;

THEREFORE, IT IS HEREBY RESOLVED

- 1) that our attorney, Kathleen M. Guinane, make these corrections in the manner most beneficial to the corporation;
- 2) that if appropriate, Articles of Correction will be filed as soon as possible;
- 3) that if necessary, the corrections will be filed as amendments once the procedures for amending the Articles of Incorporation are fulfilled;

Adopted:

Signed *Beverly Herberich*

This Document Prepared By:

Kathleen M. Guinane

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



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0244896.09 amcray
AMD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/15/2013 8:42 AM
Fee Receipt: \$8.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 684-3480 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
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Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Fern Creek Highview United Ministries, Inc.
(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article IV "A"

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

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

3. The date of adoption of each amendment was 11/27/12

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

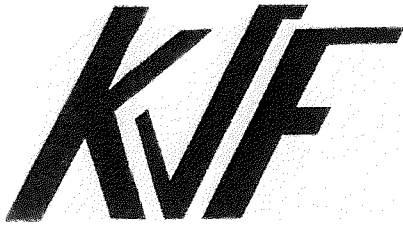
5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

	<u>Ron Loughry</u>	<u>Exec. Director</u>	<u>1/7/13</u>
<small>Signature of Officer or Chairman of the Board</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>
	<u>Byron Myrick</u>	<u>President</u>	
		<small>Title</small>	

(01/12)

To download full page copies of the document, please visit our web site at www.sos.ky.gov/online.htm. If you would like to request copies of the document from our office, please download the Records Request Form at www.sos.ky.gov/business/records and submit to our Records department.



KV Flooring, Inc.
3261 Ruckriegel Parkway
Louisville, Kentucky 40299
502 267-4382

8/23/16

To: Fern Creek Highview United Ministries

Attn: Ron Loughry

Re: Fern Creek Highview United Ministries – Revised
9300 Beulah Church Rd
Louisville, KY 40291

Replacing floors in food storage area:
I have put together pricing for 2 different products:

Furnish and install Philadelphia Succession II 12' carpet	\$4,900.00 *<\$500.00> \$4,400.00
Furnish and install Roppe Low Profile Type #996	\$12,900.00 *<\$500.00> \$12,400.00
Furnish and install underlayment after existing floor is removed	\$1,640.00
Remove existing flooring (VCT over plywood)	\$1,520.00

*Deduct as a donation to the Ministry *<\$500.00>

If you need any additional information or have any questions, please feel free to give me a call.

Thank you,
Dan Vogt
President
K V Flooring, Inc.

CCL
Flooring
Louisville, KY

9/22/16

To: Fern Creek/Highview Ministries
Re: New Flooring

Here is what I have estimated per our walk through and conversations:

*Furnish and install rubber flooring	\$13,990.00
*Furnish and install 12' roll walk off material	\$6,100.00
*Furnish and install new luan sub-floor	\$1,750.00
*Demo existing VCT and subfloor	\$1,900.00

Let me know if there is any other way to assist you or if you have questions.

Thanks,
Carl Smith
CCL Flooring
502-224-6917

PROFESSIONAL
CONTRACTING
SERVICES, INC.

SPECIALIZING IN FLOOR COVERING AND ACOUSTICAL CEILINGS

8/25/2016

Fern Creek/Highview United Ministries

Attn: Rev. Ron Loughry

Re: Flooring in food storage

Removal of existing vct flooring and subfloor and disposal of	\$ 1,760.00
Furnish and install new subflooring after the existing is removed	\$ 1,800.00
Furnish and install commercial walk off carpeting in entire area	\$ 5,450.00
Furnish and install rubber flooring with low profile appearance in entire area	\$ 13,000.00

* The removal of existing flooring and the installation of the new subfloor needs to be done regardless of whichever flooring you choose to go over top of it.

* As you can see the rubber flooring is quite a bit more but in my opinion it will last about 3 times as long as the carpeting especially if care is taken to be careful of gouging and regular maintenance.

Please give me a call if you have any questions.

Cordially,

Mark Avery

January 28, 2016

Bethany A. Breetz
(502) 681-0634
(502) 779-8218 FAX
bbreetz@stiles.com

Re: Fern Creek Highview United Ministries

To Whom It May Concern:

We represent Fern Creek Highview United Ministries (FCHUM), and I was asked to explain the status of its property at 9300 Beulah Church Road ("the Property").

In 2006, FCHUM began leasing the Property from Beulah Presbyterian Church for \$1/year. The initial lease was for a period of ten years. At that time, there was no building on the Property. The plan was for FCHUM to construct a building on the Property, following which Beulah and FCHUM would enter into a long-term lease akin to a sale. In 2007, FCHUM began constructing the building, and moved into it in 2008. The building was constructed and paid for entirely by FCHUM.

Following the completion of the lease, FCHUM and Beulah began discussions regarding a new long-term lease. Those discussions proceeded slowly due to the fact that there was no urgency at that time.

In 2013, Beulah advised FCHUM that it had received a tax bill for the Property. (The land, upon which there had been no building, had previously been tax exempt due to its ownership by a church.) But property owned by a church and leased to a third-party is not tax exempt.

We represented FCHUM before the Jefferson County Property Value Administrator. (See attached letter dated February 28, 2013.) Because the building was owned and occupied by FCHUM, which is a purely public charity, the building was tax exempt. The land, however, is treated differently. Although Beulah has legal title to the land, equitable ownership of the land is vested in FCHUM due to the fact that Beulah was leasing the property to FCHUM at a nominal amount (\$1/year). We also explained to the PVA that Beulah and FCHUM intended to "enter into a 99-year lease which will, for all intents and purposes, transfer the property in question to FCHUM." The PVA agreed that FCHUM was both the owner of the building and the equitable owner of the underlying property, and granted the tax exemption. The PVA also advised that, if the parties had entered into a 99-year lease there would have been no issue at all, because a 99-year lease is akin to a sale, and the PVA treats such leases as sales.

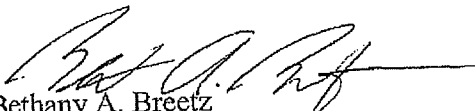
STITES & HARBISON PLLC
ATTORNEYS

In March 2014, Beulah and FCHUM entered into a new lease. This lease is for 99 years, with an option to renew for two additional 25-year terms. Under this lease, FCHUM is, indeed, the equitable owner of the Property.

Please let me know if you have any questions.

Very truly yours,

STITES & HARBISON PLLC


Bethany A. Breetz

February 28, 2013

Jason Hancock
Director of Valuation
Jefferson County Property Valuation Administrator
Fiscal Court Building
531 Court Place, Suite 504
Louisville KY 40202-3311

Michele M. Whittington
(502) 209-1215
(502) 223-4390 FAX
mwhittington@stites.com

Re: Fern Creek Highview United Ministries

Dear Jason:

Enclosed is the Application for Exemption from Property Taxation for Fern Creek Highview United Ministries (FCHUM) that we previously discussed. FCHUM is requesting that both its building and the underlying land be deemed to be exempt from taxation pursuant to Section 170 of the Kentucky Constitution, as property of a purely public charity.

As you know, FCHUM is one of fifteen community ministries in Louisville and is a charitable organization exempt from federal, state, and local taxation. FCHUM was officially formed in 1988 by pastors of a number of local churches to assist needy individuals in a responsible systematic way, and it has provided a number of charitable services over the years. Among its many current activities, FCHUM operates a food bank and is a Dare to Care food distribution site, serves as a Meals on Wheels distribution site, operates a state-licensed adult day center for frail older adults, most of whom have dementia-related illnesses, and provides emergency assistance to persons in need in the Fern Creek Highview area.

FCHUM has operated out of a variety of rented and donated space over the years. In 2005, FCHUM was faced with the need to relocate its food bank/emergency assistance operations. When that occurred, Beulah Presbyterian Church (one of FCHUM's founding and sustaining members) offered a portion of its land to FCHUM to build a building that could house all of its operations under one roof. FCHUM organized task forces to begin preparing for construction and financing.

In 2006, before construction had begun, FCHUM and Beulah Presbyterian entered into a 10-year lease, with a 10-year renewal option whereby Beulah leased property to FCHUM for \$1/year on which FCHUM was to build its building. Construction began in 2007 and was completed in 2008. FCHUM's building was constructed with the help of many volunteers and with funds raised by FCHUM.

February 28, 2013

Page 2

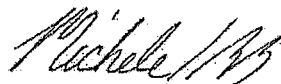
Since April 2008, FCHUM has operated out of its building on the property leased from Beulah for \$1/year. Once the building was constructed and it became apparent that FCHUM would be able to continue its mission from that building for the foreseeable future, Beulah decided to lease the property to FCHUM for 99 years (with renewal options) for \$1/year. In January 2010, Beulah's session voted to recommend to the congregation that it approve a 99-year lease. At Beulah Presbyterian's annual meeting on January 31, 2010, the congregation approved leasing the land used by FCHUM for its building to FCHUM for 99 years, with renewal options, for \$1/year. Pro bono attorneys for FCHUM and Beulah Presbyterian drafted a new 99-year lease, which is expected to be approved this year. (There has not been a great sense of urgency about the lease until recently.)

The building that was constructed and is occupied by FCHUM is clearly exempt from taxation under Ky. Const. Section 170, since the building is owned and occupied by FCHUM, a purely public charity. FCHUM maintains that the land in question should also be deemed to be tax exempt. Legal title to the land in question is currently held by Beulah; however, equitable ownership of the property is vested in the applicant. As was previously noted, Beulah has leased the land to FCHUM for twenty years at a nominal amount (\$1/year), and the parties intend to enter into a 99-year lease which will, for all intents and purposes, transfer the property in question to FCHUM.

In addition, it should be noted that the leasehold interest in the property is tax exempt, so the entire property should be deemed to be exempt. The current lease, as well as the 99-year lease that will be approved soon, have the effect of transferring the property to FCHUM for nothing more than a nominal payment of \$1 per year. In any case, the leases create a leasehold interest in FCHUM. That leasehold interest, to the extent that it has any value, is tax-exempt, since it is an interest in real property that is owned and occupied by a purely public charity. Accordingly, both the FCHUM building and the underlying land should be deemed to be exempt from taxation.

FCHUM very much appreciates your assistance in this matter. Please do not hesitate to contact me if you have any questions.

Very truly yours,



Michele M. Whittington

MMW

918897-1 LOUISVILLE



Tony Lindauer, Property Valuation Administrator

Office of the Jefferson County
Property Valuation Administrator
Fiscal Court Building
531 Court Place, Suite 504
Louisville, KY 40202-3311

Real Estate: (502) 574-6380
Personal Property: (502) 574-6860
Motor Vehicles: (502) 574-6450

March 29, 2013

www.jeffersonpva.ky.gov

Beulah Presbyterian Church Inc
PO Box 91072
Louisville, KY 40291-0072

RE: 9300 BEULAH CHURCH RD / PARCEL ID: 23-0638-0080-0001

To whom it may concern:

After reviewing your application, Beulah Presbyterian Church Inc., is eligible to receive real property tax exemption on its above property, beginning with tax year 2012. This decision has been reached in accordance with Section 170 of the Kentucky Constitution. The 2012 tax bill will be exonerated down to zero.

This determination is based on the understanding that the property is being operated, and will continue to be operated, in the manner described on your 2/27/13 application and supporting documentation now on file with our office. Any change in property use may affect its exempt qualification and should be reported to our office for review. Failure to notify our office of a change in property use could result in delinquent tax liabilities for any years the property was legally taxable.

If you have any questions, please contact **Jason Hancock** at 574-6380, Ext. 9303 (email: jhancock@jeffersonpva.ky.gov) during our weekday office hours of 8:00 a.m. to 4:00 p.m.

Sincerely,

Tony Lindauer
Property Valuation Administrator

TL/sch

c. Renee Harlow, CKA/SKA, Religious & Nonprofit Property Tax Exemptions

Our Mission:

Assess All Property Equitably, Maintain Accurate Parcel Information
And Provide Outstanding Customer Service



THIS LEASE is made and entered into by and between BEULAH PRESBYTERIAN CHURCH, herein referred to as "Lessor," and FERN CREEK HIGHVIEW UNITED MINISTRIES, INC., (FC/HUM), herein referred to as "Lessee."

WITNESSETH:

That Lessor is the owner of certain improved property, which property is located in Jefferson County, Kentucky, and is described in Exhibit "A" attached hereto.

Lessee desires to construct a building on the above described tract of land. Lessee desires to lease from Lessor the land described in the survey attached hereto as "Exhibit B."

NOW THEREFORE, in consideration of the premises and the covenants and conditions herein contained, it is hereby agreed by and between the Lessor and Lessee, for themselves, their successors and assigns, as follows:

1. Premises

1.1 Lessor hereby leases to the Lessee that certain tract of land which Lessor owns and which is described in the attached survey attached hereto as "Exhibit B."

1.2 Lessor shall grant Lessee a non-exclusive easement to use (and permit Lessee's agents, employees, contractors, representatives, tenants, customers and invitees to use) the area described on Exhibit C, attached hereto, solely for the purposes of (a) parking, and (b) ingress to and egress from the premises. Traffic is limited to vehicles with single rear axles.

2. Term

2.1 The term of this lease shall be for a period of ten years beginning at noon on May 15, 2006, and extending to noon on the last day of the aforesaid period. The term "lease year," as used herein, shall mean any single year during the term hereby demised computed from noon on May 15 2006, to noon on the next succeeding May 15 2016, provided, however, Lessor and Lessee may terminate this Lease for any reason whatsoever upon giving 30 days written notice to the other party.

3. Rental

3.1 Rental
The rent during the term of this Lease shall be One Dollar, (\$1.00) per year, payable without prior demand by Lessee to Lessor in advance upon the first day of each lease year.

3.2 Taxes and Assessments

(a) In addition to the rental hereinbefore provided to be paid, Lessee agrees to immediately pay when due and payable all City, County, State, School and other taxes, assessments, and levies of any name and of any kind whatsoever which may be fixed, levied or assessed upon the land and improvements on said premises which may become due and payable during the term of this Lease.

(b) Lessee agrees Lessor shall have at all times during the term of this Lease the right to pay any taxes, assessments, liens or other charges upon said premises and the improvements thereon when said taxes and/or assessments become delinquent, and to redeem said premises from any sale that may be made of the same for taxes or assessments, and that the amount so paid shall be as additional rent due at the next rent date, and be a lien on Lessee's interest in said premises after such payment; and said payment shall bear interest at the rate of twelve percent (12%) per annum until paid.

(c) Lessee shall have the right to contest by legal proceedings at the Lessee's expense in the name of the Lessor and or Lessee any and all such taxes, assessments and license fees assessed or imposed against or upon the leased premises or property and improvements thereon and in case any such taxes, assessments, and license fees as a result of any such legal proceedings are reduced, the Lessee shall be entitled to any refunds, together with any interest received thereon, based upon the assessment for the improvements on said premises. Nothing contained herein shall restrict or be intended to restrict the right of Lessor to contest any and all such taxes, assessments and license fees.

4. Purpose

4.1 Lessee shall use and occupy the demised premises only for the purpose set out in the FC/HUM Charter.

5. Indemnity

5.1 Lessee shall protect, indemnify, hold harmless, and defend Lessor, its officer, directors, employees, agents, servants, and invitees, from and against all losses, claims, liabilities, and other expenses of litigation, because of bodily injury, death, and property damage, which occur, either directly or indirectly, in connection with Lessee's operations or by reason of any act or omission of Lessee or its guests, invitees, employees, or agents, regardless of whether or not such loss, claim, liability or expense is caused in whole or in part by any party to be indemnified hereunder. Lessee further agrees to furnish Lessor with a certificate of public liability insurance coverage with limits of liability of a least One Million Dollars (\$1,000,000.00) for injury, including death to one person, and at least Three Million Dollars (\$3,000,000.00) for injury, including death to one or more persons, from any accident for the protection of itself and Lessor.

insurance is recovered, including interior decorating, if same is not covered by insurance of Lessee.

9.4 If Lessee shall fail to commence rebuilding or repairing the demised premises within ninety (90) days after the same have been damaged by casualty, Lessor shall have the option, upon twenty days notice in writing to Lessee and Lessee's failure to act thereon within said period, to terminate this lease.

10. Condemnation

10.1 In the event that the whole or any substantial part of the property of Lessor on which the demised premises are located shall be permanently taken or condemned for public or quasi-public use or purpose by any competent authority, then and in that event the term of this lease shall terminate from the date when possession of the property shall be required for such use of purpose. In the event of any taking hereunder, Lessor and Lessee shall each be entitled to pursue a separate award for their respective interest in the part so taken.

11. Assignment and Subletting

11.1 Lessee shall not, at any time, assign this lease or sublet the demised premises, in whole or in part without the consent of Lessor.

12. Signs

12.1 Lessee may install such signs as it deems necessary on the building of which the demised premises are a part; provided, however, that such signs shall be confined to the walls or the demised premises and shall not be attached to or extend over any other part of the building of which said premises are a part without Lessor consent. A sign may also be located at the driveway entrance at Beulah Church Road, design and location to be approved by Lessor in its reasonable discretion.

13. Fixtures

13.1 All of Lessee's trade, fixtures and other fixtures and all personal property, apparatus, machinery, and equipment now or hereafter located in the demised premises and owned by Lessee or any other occupants of the demised premises and whether or not the same are affixed thereto, shall be and remain the personal property of Lessee.

13.2 Lessee's equipment may be removed from time to time by Lessee or other occupants of the demised premises; provided, however, that if such removal shall injure or damage the premises, Lessee shall repair the damage and place the premises in the same condition as it would have been if such equipment had not been installed.

14. Nuisance and Miscellaneous

14.1 Lessee covenants not to cause or create any nuisance, insofar as the premises are concerned, and that it will not by any act of its own, render Lessor of this lease, or on the vacation of said property, for all glass broken in the window, doors, etcetera, and that it will put in proper repair all locks, or keys to the same, if lost, or pay for the same at a fair valuation; provided further that any windows broken during the term hereby demised shall be immediately repaired at Lessee's expense.

14.2 During the term of this lease, Lessee agrees promptly to remove all ice and snow from the sidewalk in front of the demised premises, as well as all litter which may be caused by Lessee or Lessee's patrons, and said litter shall be removed daily.

15. Re-entry Upon Default

15.1 If Lessee shall make default in the covenants, agreements, conditions or undertakings contained to be kept, observed and performed by Lessee, including failure to pay rent, and such default shall continue for thirty days after notice thereof in writing to Lessee, and mortgagee, if any, and if (a) proceedings in bankruptcy be instituted by or against Lessee, or (b) a receiver or trustee is appointed for all of substantially all of Lessee's business or assets on the ground of Lessee's insolvency, or (c) a trustee is appointed for it after a petition has been filed for Lessee's reorganization under the Bankruptcy Act of the United States, or if Lessee shall make an assignment for the benefit of its creditors, or shall vacate or abandon the demised premises, then, in any such event, it shall be lawful for Lessor, at its election, to declare the said term ended and to re-enter the said demised premises and the buildings and improvements then situated thereon or any part thereof, either with or without process of law; and to expel, remove and put out Lessee and all persons occupying it or upon the same under it, using such force as may be necessary in so doing and to repossess and enjoy the said premises and the buildings and improvements then situated thereon again as in their first and former state, without such re-entry and repossession working a forfeiture of the rents to be paid and the covenants to be performed by Lessee during the full term of this lease. If default shall be made in any covenant, agreement, condition or undertaking herein contained to be kept, observed and performed by Lessee, other than the payment of rent as herein provided, which cannot with due diligence be cured within a period of thirty days, and if notice thereof in writing shall have been given to Lessee, and mortgagee, if any, and if Lessee prior to the expiration of thirty days from and after the giving of such notice commences to eliminate the cause of such default and proceeds diligently and with reasonable dispatch to take all steps and do all work required to cure such default and does so cure such default, then Lessor shall not have the right to declare the said term ended by reason of such default; provided, however, that such default shall be considered cured if acted upon with reasonable diligence within thirty days of notice even though correction is not completed within thirty days; provided, however that the curing of any default in such manner shall not be construed to limit or restrict the right of Lessor to declare said term ended and enforce all of its rights and remedies hereunder for any other default not so cured; and

provided further that Lessor may recover rent by means of distress proceedings against Lessee without terminating this lease.

16. Remedies to be Cumulative

16.1 No remedy herein or otherwise conferred upon or reserved to Lessor shall be considered exclusive or any other remedy but the same shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute, and every power and remedy given by this lease to Lessor may be exercised from time to time and as often as occasion may arise or as may be deemed expedient. No delay or omission of Lessor to exercise any right or power shall be construed to be a waiver of any such default or any acquiescence therein.

16.2 No waiver of any breach of any of the covenants of the lease shall be construed, taken or held to be a waiver of any other breach or waiver, acquiescence in or consent to any further or succeeding breach of the same covenant.

17. Surrender of Possession

17.1 Whenever the said term herein demised shall be terminated, whether by lapse of time, forfeiture or in any other way, Lessee covenants and agrees that it will at once surrender and deliver up said premises peaceably to Lessor in as good condition as when Lessee took possession, ordinary wear and tear and any damage caused by perils covered by insurance carried by Lessor excepted, and if Lessee shall hold over after any termination of this lease the same shall create no more than a month to month tenancy at the rent and on all other applicable conditions herein provided.

18. Subordination to Mortgages

18.1 This lease shall be subject to and subordinate to the lien or any mortgage or mortgages or deed or deeds of trust, which at any time may be placed upon the fee title to the premises above described.

19. Notices or Demands

19.1 All notices or demands upon the Lessor or Lessee desired or required to be given under any of the provisions hereof shall be in writing. Any notices or demands from Lessor to Lessee shall be deemed to have been duly and sufficiently given if a copy thereof has been mailed by United States Registered or Certified Mail in an envelope properly stamped and addressed to:

Lessor: Beulah Presbyterian Church
Attn: Clerk of Session
PO Box 91072
Louisville, KY 40291

Lessee: Fern Creek Highview United Ministries, Inc.
Attn: Chair of FC/HUM Board of Directors
7502 Tangelo Drive
Louisville, KY 40228

Or to another address of which the addressee has notified the sender in writing in accordance with this Section.

20. Alterations

20.1 The Lessee will not permit or make any structural alterations of or upon any part of the demised premises except with the written consent of the Lessor obtained prior thereto. All alterations and additions to the premises shall remain for the benefit of Lessor unless otherwise provided in the written consent, and Lessee further agrees, in the event of such alterations and in the making thereof, as herein provided, to indemnify and save Lessor harmless from all expense, liens, claims of damages to either person or persons or property or the demised premises arising out of or resulting from the undertaking or making of said alterations or additions.

21. Special Provisions

21.1 Option to Extend Lease

(a) Lessor hereby grants to Lessee an option to extend this lease beyond the original term of ten years for one additional term of ten years upon the same terms.

(b) Should Lessor decide to sell the church property during the time of this lease, the sales contract would stipulate that the new owners would be bound by the conditions of this lease and the option to renew.

21.2 Building

At the termination of this lease the building shall be the property of Lessor and Lessee will sign any and all documents necessary to transfer title to Lessor. Said building shall be free and clear of all encumbrances.

21.3 All of the terms of the revised Letter of Intent attached hereto as "Exhibit D" are incorporated herein by reference; provided, however, in the event of any inconsistency between the explicit terms of this lease and said revised Letter of Intent, the terms of this lease shall be controlling.

21.4 A memorandum of the lease may be recorded. Lessee shall bear the expense for other legal fees for preparation of lease, review of lease, construction and/or building permits, and recording of documents.

IN TESTIMONY WHEREOF, Lessor and Lessee in person have caused this lease

to be executed in duplicate this the 15th day of May, 2006.

Linda B. DeSanto
LESSOR

[Signature]
LESSEE

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by Linda DeSanto

as President on behalf of Beulah

Presbyterian Church, this the 15th day of May, 2006.

[Signature]
NOTARY PUBLIC STATE AT LARGE
My Commission Expires: 2-14-09

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by Ron

Loughry as Executive Director on behalf of Fern

Creek/Highview United Ministries, Inc., this the 15th day of

May, 2006.

[Signature]
NOTARY PUBLIC STATE AT LARGE
My Commission Expires: 2-14-09

Exhibit A

MB 10256 PG 1425
3/95

BOOK 3855 PAGE 133

THIS DEED by and between JAMES WALLACE JOHNSON and MAURINE ELIZABETH JOHNSON, his wife, parties of the first part; and William W. Evans, J. M. Marcum, and Paul Cox, TRUSTEES of BEULAH PRESBYTERIAN CHURCH, parties of the second part,

W I T N E S S E T H:

That for a valuable consideration paid, the receipt of which is hereby acknowledged, the parties of the first part do hereby sell and convey unto the parties of the second part, in fee simple, with Covenant of General Warranty, the following described real estate located in Louisville, Jefferson County, Kentucky, to-wit:



BEGINNING at a point in the Northwesterly line of the tract conveyed to R. W. Sparks by deed dated July 16, 1870 recorded in Deed Book 171, Page 174 in the Office of the Clerk of the County Court of Jefferson County, Kentucky, South 72-1/2 degrees West 91 feet from the Southwesterly corner of the tract conveyed to the Trustees of Beulah Church by deed dated August 20, 1870 recorded in Deed Book 153, Page 589, in said office; thence North 28 degrees 15 minutes West 416 feet more or less to a point in the Southerly line of the tract conveyed to Ferd L. Lutz by deed dated September 8, 1934 recorded in Deed Book 1553, Page 571 in the office of the Clerk as aforesaid, said point also being in the center line of Pennsylvania Run Road or Beulah Church Road; thence with the Southerly line of said last mentioned tract and the center line of said road South 51 degrees 30 minutes West 500 feet more or less to a point in said center line which is the Southwesterly corner of said tract conveyed to Ferd L. Lutz and which point is also corner to the tract conveyed to Richard Wesley Sparks by deed dated 1876 recorded in Deed Book 200, Page 571 in said Clerk's office; thence with the Easterly line of said last mentioned tract South 10 degrees East 232 feet more or less to a post at another corner of the said tract conveyed to Richard Wesley Sparks and also corner to the tract conveyed to R. W. Sparks by deed dated July 16, 1870 recorded in Deed Book 171, Page 174 in said Clerk's office; thence with the Northwesterly line of said last mentioned tract North 72-1/2 degrees East 565 feet to the point of beginning.

BEING the same property conveyed to parties of the first part by deed dated December 31, 1948, of record in Deed Book 2446, Page 340, in the Office of the Clerk aforesaid.

The parties of the first part further covenant that they are lawfully seized of the estate hereby conveyed; that they have

JAMES W. MENEFFEE
ATTORNEY

- Deliver To -
J. W. MENEFEE, ATTY.

Recorded in Deed Book
No. 3155 Page 133

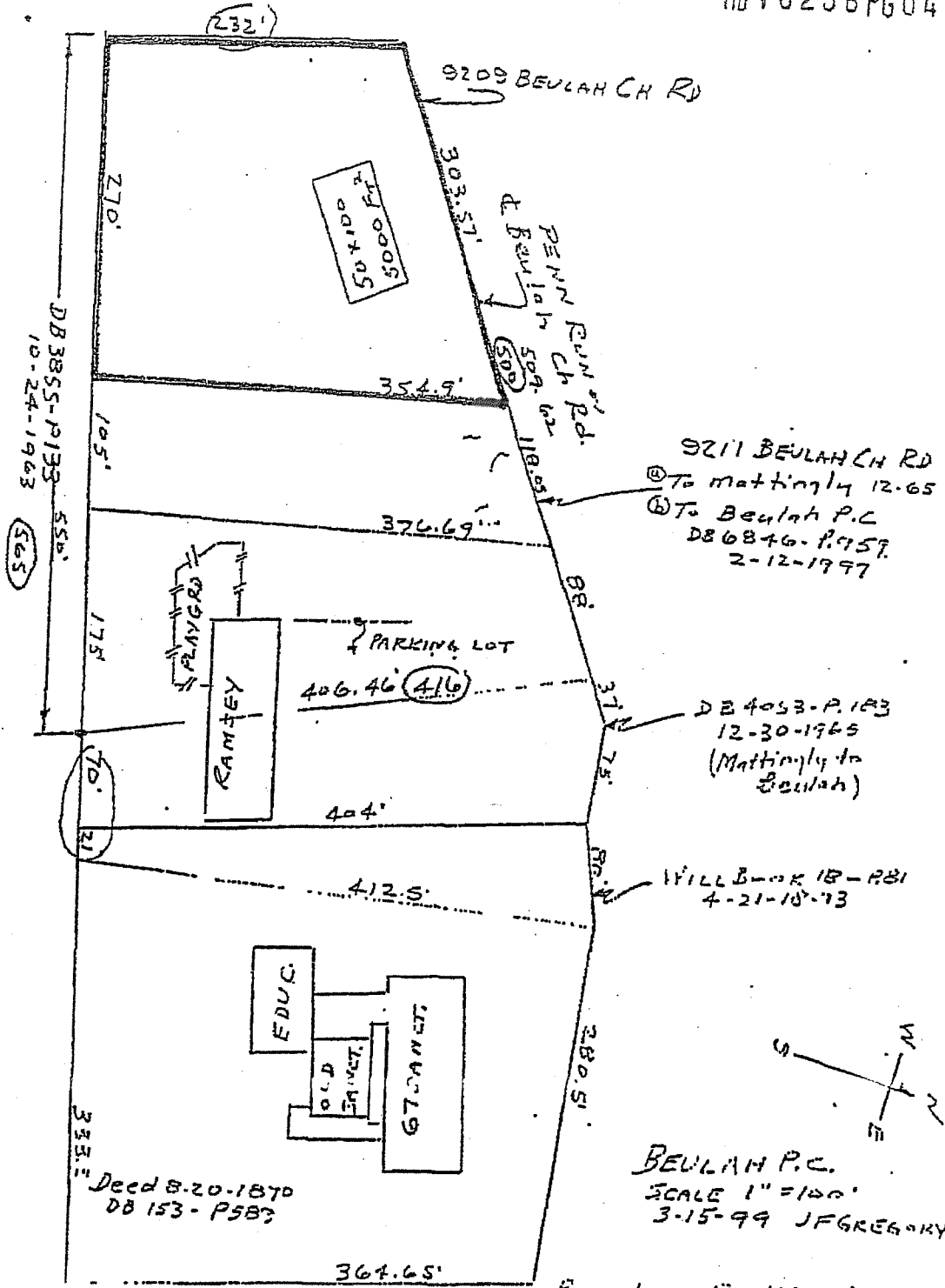
E. Vance



- Deliver To -
J. W. MENEFEE, ATTY.



JAMES W. MENEFEE
ATTORNEY



9211 BEULAH CH RD
 To Matingly 12-65
 To Beulah P.C.
 DB 6846-P. 757
 2-12-1977

DB 4053-P. 183
 12-30-1965
 (Matingly to Beulah)

Will Book 18-P81
 4-21-1873

BEULAH P.C.
 SCALE 1" = 100'
 3-15-99 JFGREGORY

Document No.: DN2006134614
 Lodged By: GS CLOSING-YOISSMAN
 Recorded On: 08/24/2006 02:21:03
 Total Fees: 79.88
 Transfer Tax: .88
 County Clerk: BOBBIE HOLSCLOAN-JEFF CO KY
 Deputy Clerks: EVENAY

END OF DOCUMENT

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Fern Creek Highview United Ministries, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 9300 Beulah Church Rd	Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 4091	Metro Louisville KY
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> </tr> </table>										
or										
Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ 9.26.16
------------------	----------------------------	-----------------------

General Instructions

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

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

Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

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

FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.**General Information**

Organization Number	0244896
Name	FERN CREEK/HIGHVIEW UNITED MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/13/1988
Organization Date	6/13/1988
Last Annual Report	2/25/2016
Principal Office	9300 BEULAH CHURCH ROAD LOUISVILLE, KY 40291
Registered Agent	REV. RON LOUGHRY 9300 BEULAH CHURCH LOUISVILLE, KY 40291

Current Officers

President	<u>BRYON MYRICK</u>
Vice President	<u>JOYCE CURRY</u>
Secretary	<u>EVELYN VAUGHN</u>
Treasurer	<u>MARY RUSSELL</u>
Director	<u>TOMMY RUSSELL</u>
Director	<u>BOBBIE MYRICK</u>
Director	<u>BYRON MYRICK</u>

Individuals / Entities listed at time of formation

Director	<u>BEVERLY HERRLINGER</u>
Director	<u>MARY TRUITT</u>
Director	<u>DAVID BEARD</u>
Director	<u>MARY WHITE</u>
Director	<u>PEGGY FRANKLIN</u>
Incorporator	<u>REV THOMAS SWASKO</u>

Images available online

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

<u>Annual Report</u>	2/25/2016	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/8/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/20/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/22/2013	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	1/15/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/10/2012	1 page	<u>tiff</u>	<u>PDF</u>

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/25/2016 9:13:15 AM	2/25/2016	
Annual report	4/8/2015 1:16:38 PM	4/8/2015	
Annual report	3/20/2014 2:32:11 PM	3/20/2014	
Annual report	2/22/2013 8:08:33 AM	2/22/2013	
Amendment - Miscellaneous amendments	1/15/2013 8:42:12 AM	1/15/2013	
Annual report		2/10/2012	

	2/10/2012 4:40:45 PM	
Annual report	3/15/2011 10:48:31 AM	3/15/2011
Annual report	3/29/2010 3:28:05 PM	3/29/2010
Annual report	3/16/2009 8:42:41 AM	3/16/2009
Registered agent address change	11/5/2008 9:17:09 AM	11/5/2008
Principal office change	11/5/2008 9:15:21 AM	11/5/2008
Reinstatement	11/5/2008 9:12:48 AM	11/5/2008
Admin Dis. A. report not in	11/1/2008	11/1/2008
Annual report	3/21/2007 9:47:01 AM	3/21/2007
Annual report	3/21/2006 11:30:31 AM	3/21/2006
Registered agent address change	6/22/2004 1:49:23 PM	6/22/2004

Microfilmed Images

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

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