

Total Amount: \$3,350.00

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

NOV 17 2014 4:11:49

Applicant/Program: Friend For Life...A Cancer Support Network, Inc.

Executive Summary of Request:

Friend For Life Cancer Support Network, Inc. is a wonderful organization here in our community that touches hundreds of lives locally each year. The funding supports programming services, resource materials, training/mentoring workshops to directly benefit our community. Their mission is to help persons recently diagnosed with cancer and their loved ones navigate the path through diagnosis, treatment and recovery by pairing them with a trained cancer survivor of a similar experience so they can face cancer with someone who's been there. Volunteers are trained by healthcare professionals to prepare them to support others as they confront the challenges and uncertainties posed by a cancer diagnosis. No other organization in the area offers this form of one-on-one support for all types of cancer. Friend For Life volunteers numbered 232 last year, and range in age from 22 to 90, with age at diagnosis ranging from 16 to 75, and represent survival of over 50 cancer types. Last year a record 977 inquiries were received, with a total to date since program inception of 7,096.

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

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

<u>22</u>	<u>Robin Engel</u>	<u>\$500.00</u>	<u>11/12/14</u>
District #	Council Member Signature	Amount	Date
	District 22 Councilman		
	Robin Engel		

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.

District 12 CM Rick Blackwell and District 22 Legislative Assistant Monica Hodge previously have attended meetings in years past. District 15 Marianne Butler has a niece and sister that have volunteered at this organization.

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK

REVIEWED

DATE 11-25-14 TIME 9:42am

Applicant/Program:

Friend For Life...A Cancer Support Network, 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.

None.

<u>15</u> District #15	<u>Marianne Butler</u> Council Member Signature CW Marianne Butler	<u>\$500.00</u> Amount	<u>11-13-14</u> Date
<u>12</u> District #12	<u>Rick Bell</u> Council Member Signature CM Rick Blackwell	<u>\$500.00</u> Amount	<u>11-13-14</u> Date
<u>10</u> District #10	<u>Jim King</u> Council Member Signature CM Jim King	<u>\$500.00</u> Amount	<u>11/13/14</u> Date
<u>20</u> District #20	<u>Stuart Benson</u> Council Member Signature CM Stuart Benson	<u>\$500.00</u> Amount	<u>11-12-14</u> Date
<u>16</u> District #16	<u>Kelly Downard</u> Council Member Signature CM Kelly Downard	<u>\$250.00</u> Amount	<u>11/13/14</u> Date
<u>13</u> District #13	<u>Vicki Aubrey Welch</u> KT Council Member Signature CW Vicki Welch	<u>\$250.00</u> Amount	<u>11/14/14</u> Date
<u>8</u> District #8	<u>Tom Owen</u> Council Member Signature CM Tom Owen	<u>\$250.00</u> Amount	<u>11/14/14</u> Date
<u>9</u> District #9	<u>Tina Ward-Pugh</u> CW Tina Ward-Pugh	<u>\$100.00</u> Amount	<u>11/14/14</u> Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Friend For Life...A Cancer Support Network, Inc.		
Program Name: \$3,350.00	Request Amount: \$3,350.00	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		Yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		N/A
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		No
Board Members: Is the entity’s board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		N/A
Rent Requests: Is a copy of signed lease included?		N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		Yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: <i>Monica Dodge</i> <i>District 22</i>		Date: 11/12/14



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Friend for Life...A Cancer Support Network, Inc. <i>(as listed on: http://www.sos.kv.gov/business/records)</i>	
Main Office Street & Mailing Address: 4003 Kresge Way, Suite 100			
Website: www.friend4life.org			
Applicant Contact:	Judy Kasey Houlette	Title:	Executive Director
Phone:	(502) 893-0643	Email:	judy@friend4life.org
Financial Contact:	Dennis Carr	Title:	Treasurer
Phone:	(502) 588-7155 ext. 172	Email:	dcarr@stonewoodfinancial.com
Organization's Representative who attended NDF Training: Eileen Krueger			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jefferson County, Kentucky		
Council District(s):	All	Zip Code(s):	All Metro zip codes
SECTION 2 - PROGRAM INFORMATION			
PROGRAM/PROJECT NAME: Friend for Life Cancer Support Network			
Total Request: (\$)	6,000	Total Metro Award (this program) in previous year: (\$)	3050
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
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:

The Mission of Friend for Life Cancer Support Network is to help persons recently diagnosed with cancer and their loved ones navigate the path through diagnosis, treatment and recovery by pairing them with a trained survivor of a similar experience so they can face cancer with someone who's been there.

Friend for Life's Vision is that no one face cancer alone.

Services: Friend for Life (FFL) pairs adults recently diagnosed with any form of cancer with a trained survivor of the same form of cancer and course of treatment for emotional support and encouragement throughout their cancer journey. FFL volunteers offer the unique understanding that comes from having experienced cancer firsthand. We help patients and loved ones sort through the overwhelming fears and uncertainties so common following a cancer diagnosis.

Currently, our network consists of 264 trained volunteers who have survived a range of over 50 different forms of cancer. We also have increasing numbers of caregivers available to provide support. A significant strength of our program is a thorough screening process and training provided by mental health professionals.

A distinct advantage of one-on-one peer support is accessibility. Much of the support provided by FFL volunteers is over the phone or via e-mail. For persons who are unable to attend a support group, or for whom there is little to no support available, talking with a Friend for Life survivor can be a lifeline of hope and encouragement. Once matched with a volunteer, the support seeker can access support through contacting their volunteer match when they are most in need of support, including evenings and weekends.

An additional highly successful program initiated in 2007 with the University of Louisville School of Medicine brings together FFL volunteers in face-to-face meetings with medical students and faculty. For many students, this experience "puts a face on cancer."

Together, cancer survivors, students and faculty discuss and explore ways patients and clinicians can better communicate and improve the overall quality of care. Similar programs are active at U of L's School of Nursing and Kent School of Social Work, at Galen College of Nursing and ITT Breckinridge School of Nursing. The program at the School of Medicine is held annually, with Nursing and Social Work programs occurring more frequently.

JKH



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Funds are requested to support the organization's ongoing mission of providing high-quality, cost-free emotional support services to persons in Metro Louisville affected by cancer. Funds would support key elements of the organization's ability to provide services through community outreach and education, and accessibility to support seekers and prospective volunteers. Specific requests are for a 12-month supply of outreach/educational materials that are provided in area hospitals, physician offices, clinics, community and faith settings. Funds are also requested for a portion of the costs of the essential tools required to connect cancer patients with trained cancer survivors: database maintenance and telephone costs. Friend for Life's overhead costs are modest. Trained volunteers, qualified staff, communication tools and a robust database are the central, vital needs required to sustain and expand this program of peer support.

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

Printing of 5,000 rack cards: These cards are distributed to area hospitals, cancer resource centers, physician offices, community settings and places of worship. Funds requested: \$586.00

Database expenses for 12 months: Friend for Life uses a NEON database that is low in cost, but near perfect for the organization's needs. This highly secure database houses detailed records on all of our volunteers, used by FFL staff to identify close matches with support seekers in a timely, efficient manner. Monthly costs are \$99. Funds requested: \$1,188

Telephone expenses for 12 months: The telephone remains central to facilitating matching of support seekers with FFL volunteers. To meet the increasing numbers of calls, the organization recently added a second line. Monthly costs are approximately \$130. Funds requested: \$1,560

Total funds requested: \$3,334.00



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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



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:

There is increasing evidence for the positive impact of peer support in improving for a wide variety of health conditions while reducing healthcare costs. Jane Weida, MD, President of the American Academy of Family Physicians Foundation states "Evidence shows that peer support helps engage patients and link them to their providers. It helps them carry out in their daily lives the plans and strategies they worked out with those providers." Since inception, Friend for Life has recorded and tracked a range of data including zip code, age, gender, cancer details, and referral source for support requesters and volunteers. Zip code data, in particular, are linked with reports on socioeconomic information and cancer incidence, to enable staff to determine if we are reaching those in our community most at risk for having limited psychosocial support. Since 2000 we have collected feedback from support seekers and volunteers. We collect and record open-ended responses as well as ratings of satisfaction level and likelihood of referring others to FFL. This process is now streamlined: a FFL volunteer e-mails or mails forms on a defined schedule, collecting and recording data and reporting any requests or concerns to FFL staff. Feedback is also collected following volunteer trainings. Staff also collect feedback from volunteers, students and faculty participating in sessions at the University of Louisville and other locations. In addition to the indicators described, we also record spontaneous feedback and record the numbers of former support seekers choosing to serve as volunteers, definitely a measure of program success.

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.

Friend for Life actively seeks collaborative relationships out of the conviction that through building a stronger, better connected web of support, persons affected by cancer will have a less stressful experience and better overall quality of care. The organization partners with all area hospitals, including board representation on our Board of Directors. Staff and volunteers also collaborate with the Kentucky Cancer Program, American Cancer Society, Gilda's Club Louisville, the Leukemia and Lymphoma Society, Komen Louisville, Ovarian Awareness of Kentucky, the Colon Cancer Prevention Project, Kentucky Cancer Link, Kentucky Cancer Consortium and others, large and small, through making referrals to, and receiving referrals from, these organizations. A cancer diagnosis changes one's entire world in a heartbeat. Having a strong community web of support helps to reduce stress during an overwhelming time and eases the path through treatment to recovery for patients and their loved ones.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 2 - PROGRAM/PROJECT BUDGET PERSONNEL

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

Program/Project Expense	Column 1	Column 2	Column 3
A: Personnel Costs Including Benefits	2066	77934	80000
B: Rent/Utilities	0	0	0
C: Office Supplies	0	2740	2740
D: Telephone	2160	0	2160
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	600	600
H: Program Materials	586	1914	2500
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	1188	10812	12000
*TOTAL PROGRAM/PROJECT FUNDS	6000	94000	100000
% of Program Budget	6 %	94 %	100%

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

Other State, Federal or Local Government	0
United Way	200
Private Contributions (do not include individual donor names)	35000
Fees Collected from Program Participants	0
Other (please specify) <i>Attached</i>	64800
Total Revenue for Columns 2 Expenses **	100000

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Rows include Baptist Health Louisville/Overhead (1,133), 264 Volunteers (78,720), and a Total Value of In-Kind (79,853).

* 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: May 1

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

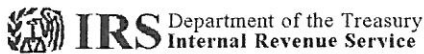
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Judy Kasey Houlette</i> Judy Kasey Houlette	Date:	July 8, 2014
Legal Signatory: (please print):	Judy Kasey Houlette	Title:	Executive Director
Phone:	(502) 893-0643	Extension:	
Email:	judy@friend4life.org		



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164838
Jan. 17, 2013 LTR 4168C E0
61-1139410 000000 00

00014743

BODC: TE

FRIEND FOR LIFE A CANCER SUPPORT
NETWORK INC
4007 KRESGE WAY
LOUISVILLE KY 40207-4604

4087

Employer Identification Number: [REDACTED]
Person to Contact: MR. BROWN
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Jan. 08, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in SEPTEMBER 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Friend for Life Cancer Support Network
 Approved Budget
 May 1, 2014 - April 30, 2015

Description	Program Services	Administration	Fund Raising	Totals
Revenue				
Donations				\$ 35,000
Grants				\$ 40,000
Fund Raisers				\$ 25,000
Total				\$ 100,000
Expenses				
Salary & Payroll Taxes	\$ 72,000.00	\$ 4,000.00	\$ 4,000.00	\$ 80,000
Telephone/Internet	\$ 2,500.00	\$ 250.00	\$ 250.00	\$ 3,000
Print Materials	\$ 2,500.00			\$ 2,500
Volunteer Training, Education, Support	\$ 4,000.00			\$ 4,000
Postage, Mailing fees	\$ 1,350.00	\$ 100.00	\$ 100.00	\$ 1,550
Corporate Fees, Insurance	\$ 1,250.00	\$ 700.00	\$ 100.00	\$ 2,050
Fund Raising			\$ 4,000.00	\$ 4,000
Office Expenses	\$ 2,500.00	\$ 200.00	\$ 200.00	\$ 2,900
Total				\$ 100,000

Board Member Terms 2014

Name	Joined Board	Term Limits*
Jeffrey M. Allen	July, 2010	December, 2014 up to July, 2017
Bart Bushong, President	October, 2008	October, 2015 up to October, 2018
Karen Donahue	July, 2011	December, 2014 up to July, 2017
Jude Gallagher	July, 2007	December, 2014 up to July, 2017
Carla Hermann	June, 2011	December, 2014 up to June, 2017
Steve Jecker	April, 2010	December, 2014 up to April, 2017
Barbara Lechner	April, 2008	December, 2014 up to April, 2017
Tammy L. McClanahan	October, 2001	December 31, 2014
Richmond Simpson	July, 1996	December, 2014 up to July, 2017
Tina Toole-Harper	July, 2007	December, 2014 up to July, 2017
Denny Carr, Treasurer	April, 2013	April, 2016 up to April, 2019**
Bob Iliff	April, 2014	April, 2017 up to April, 2020
DeeAnna Oliver	April, 2014	April, 2017 up to April, 2020

*Board Member Term Limits were revised and made effective June 5, 2014.

Current board members who have served on the board for three years or more may renew membership for three additional years (ending during the month they joined, 2017) [pending board approval], or may retire from the board effective December 31, 2014.

Board members of less than three years may renew membership for an additional three years at the time their current term is up [pending board approval].

Retiring members are requested to identify at least one prospective board member prior to December.

*Officers may continue to serve an additional three years on the board after retiring from their positions [pending board approval].

3:58 PM
07/08/14
Accrual Basis

Friend for Life Cancer Support Network
Balance Sheet
As of July 8, 2014

	<u>Jul 8, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
10010 · Old National Bank	15,290.74
10040 · Petty Cash	5,592.73
Total Checking/Savings	<u>20,883.47</u>
Accounts Receivable	
11400 · Grants Receivable	-15,712.71
Total Accounts Receivable	<u>-15,712.71</u>
Total Current Assets	<u>5,170.76</u>
TOTAL ASSETS	<u>5,170.76</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	135.00
Total Accounts Payable	<u>135.00</u>
Total Current Liabilities	<u>135.00</u>
Total Liabilities	135.00
Equity	
30000 · Opening Balance Equity	20,345.98
32000 · Unrestricted Net Assets	-25,724.42
Net Income	10,414.20
Total Equity	<u>5,035.76</u>
TOTAL LIABILITIES & EQUITY	<u>5,170.76</u>

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.**

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

A For the 2012 calendar year, or tax year beginning 5-1, 2012, and ending 4-30, 20 13

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

FRIEND FOR LIFE A CANCER SUPPORT NETWORK INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

4007 KRESGE WAY

City or town, state or country, and ZIP + 4

LOUISVILLE, KY. 40207-4605

D Employer

E Telephone

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,695**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	53,483
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	26,212
c Less: direct expenses from gaming and fundraising events	6c	8,647	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,565	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	71,048	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	66,286
	13 Professional fees and other payments to independent contractors	13	6,630
	14 Occupancy, rent, utilities, and maintenance	14	6,786
	15 Printing, publications, postage, and shipping	15	1,291
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16 ▶	17	80,993	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(9,945)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,330
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	6,185

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a 0	
b	Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
40e			
41	List the states with which a copy of this return is filed ▶ <u>KENTUCKY, IF APPLICABLE</u>		
42a	The organization's books are in care of ▶ <u>P.L. VAUGHN</u> Telephone no. ▶ <u>502-558-7191</u> Located at ▶ <u>163 RIDGEWOOD DR., PEWEE VALLEY, KY.</u> ZIP + 4 ▶ <u>40056-9074</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: *[Handwritten Signature]*
 Date: 6-15-13
 Type or print name and title: P.H. VANCE JR. Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No



Friend for Life Cancer Support Network
 4007 Kresge Way
 Louisville, Kentucky 40207-4604
 Phone: 502.893.0643
 Fax: 502.896.3010
 Toll-free: 866.FRIEND.4 / 866.374.3634
 Web: Friend4Life.org
 E-mail: Staff@Friend4Life.org

OUR MISSION

To help persons recently diagnosed with cancer and their loved ones navigate the path through diagnosis, treatment and recovery by pairing them with a trained survivor of a similar experience so they can face cancer with someone who's been there. Friend for Life volunteers are cancer survivors and caregivers who are trained by healthcare professionals to prepare them to support others as they confront the emotional, psychological and practical uncertainties posed by a cancer diagnosis. We refer to our volunteers as Peer Navigators. Callers are matched with Peer Navigators by diagnosis and course of treatment and, to the extent possible, by age and gender. No other organization in the area offers this form of one-on-one support for all types of cancer. At the end of 2012, Friend for Life volunteers numbered 232. They range in age from 22 to 90, with age at diagnosis ranging from 16 to 75 and represent survival of over 50 cancer types.

PROGRAM SUCCESS

During 2012, Friend for Life...

- received a record 977 inquiries; total inquiries since program inception totals 7,096
- volunteers donated over 3,500 hours
- participated for the 6th consecutive year in the training of first-year students at the University of Louisville School of Medicine. for the 4th year in a similar program with Galen College of Nursing, and began programs at the University of Louisville School of Nursing and Kent School of Social Work
- increased outreach to minority and underserved populations locally and throughout Kentucky and Southern Indiana through collaborations with local and regional organizations
- continued to expand outreach through social networking tools Facebook and Twitter
- continued to partner with other one-on-one cancer support organizations across the country in order to provide optimal peer matches for persons diagnosed with less common cancers
- published our first Peer Navigator manual and began production of online training modules

PROGRAM GOALS

Friend for Life seeks to...

- continue to provide cost-free peer support to persons diagnosed with cancer and to their loved ones
- continue to provide quality training and ongoing support and education to volunteers
- enhance outreach to minority and underserved populations
- expand and improve infrastructure to keep up with advances in cancer knowledge and treatment, and increased numbers of survivors

Friend for Life (FFL) is a not-for-profit, 501(c) 3 organization. Federal Tax ID: 61-1139410

Facing cancer, with someone who's been there



TAX SCHEDULE-FORM 990EZ PART III

EIN-61-1139410

Activity Report

Friend for Life Cancer Support Network

4/30/2013

Inquiries for Fiscal Year May 1, 2012 - April 30, 2013

EIN 61-1139410

	<i>MAY</i>	<i>JUN</i>	<i>JULY</i>	<i>AUG</i>	<i>SEPT</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>	<i>JAN</i>	<i>FEB</i>	<i>MAR</i>	<i>APR</i>	<i>TO DATE</i>
Total Inquiries	104	81	75	86	90	97	71	65	83	86	123	109	1070
New Assignments	16	10	10	8	12	11	10	10	14	14	15	15	145

Friend for Life Board of Directors 2012-13

Jeffrey M. Allen

Regional Medical Liaison, Amgen Pharmaceuticals

Julie C. Andersen

Banking Center Assistant Manager, Old National Bank

Tiffany Berry, MD

Breast Surgeon, Medical Coordinator, Norton Breast Health Program

Bart Bushong, President

Vice-President, Operations, RFX Technologies

Dennis 'Denny' Carr, Incoming Treasurer

Chief Actuarial Officer, Stonewood Financial Solutions

Karen Donahue

Vice President, Operations and Finance, Norton Cancer Institute

Doug Dressman

Executive Director, American Cancer Society, Louisville Market

Judith 'Jude' Spring Gallagher, Past President

Chronic Domain Leader, Humana, Inc.

Lisa Hazel

Coordinator, Support and Education, Jewish Cancer Care

Carla Hermann, PhD, RN

Professor, University of Louisville School of Nursing

Steve Jecker

President, InsurNet

Barbara Lechner

Mentor, Louisville Public Schools

Tammy L. McClanahan

System Vice-President, Cancer Service Line, Norton Healthcare

Angela Overton

Director, HOPE Ministry, Green Castle Baptist Church

Richard 'Rich' Revell

Attorney, Mediator/Arbitrator, retired Circuit Court Judge

Larry Roberts

Senior Executive, Finance and Operations

Richmond Simpson

President, vimarc group

Tina Toole-Harper, RN

Cancer Resource Center Nurse Specialist, Baptist Hospital East

Patrick 'Pat' Vaughn, Outgoing Treasurer

Retired CFO, Bencor, Inc.

Amy Walton

Director, Pediatric Service Line, Kosair Children's Hospital

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employ

FRIEND FOR LIFE A CANCER SUPPORT NETWORK, INC

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,810	57,922	68,722	53,938	53,483	266,875
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	32,810	57,922	68,722	53,938	53,483	266,875
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)						145,670
6 Public support. Subtract line 5 from line 4.						121,205

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	32,810	57,922	68,722	53,938	53,483	266,875
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37	3	3	1	0	44
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						266,919
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	45 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	45 %
16a 33 1/3% support test—2012. 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—2011. 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—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.)						N/A

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2011. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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

SCHEDULE OF CONTRIBUTORS FROM 2008-2012
 WHOSE CONTRIBUTIONS EXCEEDED 2% OF THE
 AMOUNT ON SCH.A FORM 990EZ, PART II, LINE 11

	2008	2009	2010	2011	2012	TOTAL	EXCESS TOTAL - 2% LIMITATION
SUSAN G. KOMEN FNDTN	\$ 13,000	31,670	37,500	25,000	12,500	\$ 119,670	119,670
AMGEN			\$ 10,000			\$ 10,000	10,000
NORTON HEALTH CARE					\$ 10,000	\$ 10,000	10,000
KENTUCKY COLONELS					\$ 6,000	\$ 6,000	6,000

AMOUNT ON SCH.A FORM 990EZ, PART II, LINE 11

\$ 145,670
 266,875
 2% 5,338

Schedule of Contributors

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

FRIEND FOR LIFE A CANCER SUPPORT NETWORK,INC

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

Name of organization FRIEND FOR LIFE A CANCER SUPPORT NETWORK INC	Employer identification number [REDACTED]
---	---

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	SUSAN G. KOMAN - LOUISVILLE 2301 HURSTBOURNE VILLAGE DRIVE , SUITE 700 LOUISVILLE,KY. 40299	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NORTON HEALTHCARE P.O. BOX 35070 LOUISVILLE,KY.40232-5070	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HONORABLE ORDER OF KENTUCKY COLONELS 1717 ALLIANT AVE. - SUITE 14 LOUISVILLE,KY.40299	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FRIEND FOR LIFE A CANCER SUPPORT NETWORK INC.



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	NONE	\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization
 FRIEND FOR LIFE A CANCER SUPPORT NETWORK INC.

Employer identification number
 [REDACTED]

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ NOT APPLICABLE
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE 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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

FRIEND FOR LIFE A CANCER SUPPORT NETWORK INC.

Employer identification number



Part I

Fundraising 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. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

KENTUCKY

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
		DINNER & AUCTION (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	26,212			26,212
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	26,212			26,212
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500			500
	7 Food and beverages	2,697			2,697
	8 Entertainment	700			700
	9 Other direct expenses	4,750			4,750
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(8,647)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				17,565	

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		NOT APPLICABLE		
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. Combine line 1, column d, and line 7 ▶				

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

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

JUL 21 1988

Bruce Elder
SECRETARY OF STATE

AMENDED
ARTICLES OF INCORPORATION
OF
friend for LIFE...A Cancer Support Network, Inc.
PURSUANT TO KRS 273.267

*** **

ARTICLE I

The name of the corporation is friend for Life...A Cancer Support Network, Inc.

ARTICLE II

The following amendment is adopted for purposes of complying with the Internal Revenue Code.

1. The corporation is not a membership corporation.
2. Its purpose shall be to offer information and support to newly diagnosed cancer patients and their families. It is organized exclusively for this purpose or any other purpose which qualifies the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding section of any future federal tax code), including the making of distributions to other organizations that qualify under such code section.
3. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to the trustees, 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 corporation's exempt purpose. 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. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (or corresponding section of any future federal tax code), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code (or corresponding section of any future federal tax code).

4. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (or corresponding section of any further federal tax code), or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the state court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

5. The foregoing Amendment was adopted at a meeting of the members of the initial Board of Directors held on July 7, 1988, and said Amendment received over two-thirds of the votes of the members present at such meeting.

Witness the signatures of the President and Secretary of the

corporation on this 7th day of July, 1988.

Janet L. Walker
President

Betty L. Fawcett
Secretary

STATE OF KENTUCKY)
) ss
COUNTY OF JEFFERSON)

I, Charles I. Sandmann, a Notary Public, do hereby certify that on this 7th day of July, 1988, personally appeared before me Janet L. Walker, President, and Betty L. Fawcett, Secretary of friend for LIFE...A Cancer Support Network, Inc., by and in behalf of the corporation, who, after first being duly sworn, declare that the statements therein contained are true.

Witness my hand this 7th day of July, 1988.

My commission expires 8/10/89

[Signature]
NOTARY PUBLIC, State at Large, Kentucky

PREPARED BY:

[Signature]
CHARLES I. SANDMANN
621 West Main Street
Louisville, Kentucky 40202
Phone: 502/585-4283

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAR 28 1988

Brener Erler
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

friend for LIFE ... A Cancer Support Network, Inc.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, Phil E. Bramlette, does hereby form a corporation under and pursuant to Chapter 273 of the Kentucky Revised Statutes.

- (a) The name of the corporation is "friend for LIFE ... A Cancer Support Network, Inc."
- (b) The duration of the corporation shall be perpetual.
- (c) Its purpose shall be to offer information and support to newly diagnosed cancer patients and their families.
- (d) The friend for LIFE ... A Cancer Support Network shall be a non-profit corporation and will not issue any share of stock of any kind.
- (e) The address of its initial registered office shall be 1310 Pollitt Drive, Louisville, Kentucky 40223 and the name of its initial registered agent at such address is Phil E. Bramlette.

The principal office address is 1310 Pollitt Ct.
Louisville, KY 40223.

- (f) Three (3) directors shall constitute the initial Board of Directors and the name and address of the persons who are to directors are:

Phil E. Bramlette

Eleanor Dougherty

[REDACTED]

Sherrill Thirlwell

[REDACTED]

(g) The name and address of the incorporator is:

Phil E. Bramblette

1310 Pollitt Court



(h) The corporation shall possess all of the corporate powers enumerated in Chapter 273 of the Kentucky Revised Statutes.

WITNESS the signature of the incorporator this 18th day of March 1988.

Phil E Bramblette

STATE OF KENTUCKY)

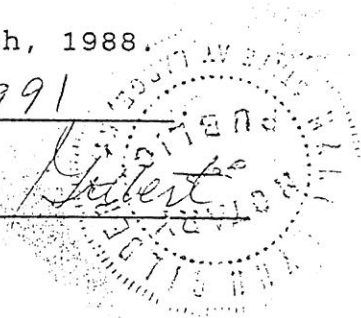
COUNTY OF JEFFERSON)

I, Mary Lynn Gilbert, a Notary Public, do hereby certify that on this 18th day of March, 1988, personally appeared before me Phil E. Bramblette, who, being by me first duly sworn, declared that he is the incorporator of friend for LIFE ... A Cancer Support Network, Inc. and that he signed the foregoing document as incorporator of said corporation, and that the statements therein contained are true.

Witness my hand this 18 day of March, 1988.

My commission expires: March 24, 1991

Mary Lynn Gilbert
NOTARY PUBLIC

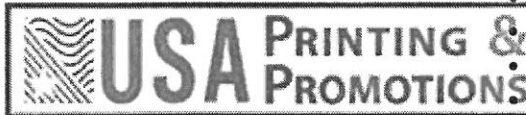


Prepared by:

Phil E. Bramblette
1310 Pollitt Court
Louisville, Kentucky 40223
502 244-2844

PAID \$
JUL 10 1988 J.C.C.
LODGED BY Phil E. Bramblette
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SKURACK1

14pt or 16pt UV Coated Postcard. Full color both sides, or black on back, or blank back.

Standard Turnaround Time: 2-4 Days + Shipping

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Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Friend for Life...a Cancer Support Network, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 4003 Kresge Way, Suite 100	Requester's name and address (optional)
City, state, and ZIP code Louisville, KY 40207-4652		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> <td style="width: 15%; height: 20px;"> </td> </tr> </table> - <table border="1" style="width: 10%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"> </td> </tr> </table> - <table border="1" style="width: 20%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"> </td> </tr> </table>								

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

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).
- 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 ▶ <i>Judy Kasey Haullette</i>	Date ▶ <i>July 8, 2014</i>
------------------	--	----------------------------

General Instructions

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

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

Purpose of Form

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

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

- 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

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

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

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

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

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

Volunteer Training Program Evaluation

We would appreciate your feedback. Please take a minute to fill out this form before you leave.

Please rank the following points on a scale of 1 to 5: 1 = poor; 3 = fair; 5 = excellent

How well did the training program prepare you for your role as volunteer in these areas?

The concept and role of the volunteer	1	2	3	4	5
Understanding ourselves/Self awareness	1	2	3	4	5
Understanding others/Other awareness	1	2	3	4	5
Identification of healthy coping mechanisms	1	2	3	4	5
Tasks of Grief/Grief process	1	2	3	4	5
Understanding helping relationships	1	2	3	4	5
Understanding and using good communication skills	1	2	3	4	5
Active listening	1	2	3	4	5
Developing and maintaining healthy boundaries	1	2	3	4	5

Do you feel some topics should have been covered in more depth? If so, which ones?

What was most helpful during today's training?

Were there any topics you would suggest for future trainings?

Please provide further comments you may have:

Thank you for your valued input!

Support Seeker Feedback #1

Hello,

Recently, you asked to be matched with a Friend for Life volunteer for emotional support. We hope that the volunteer has been in touch with you and that the match is satisfactory. However, we realize that sometimes things happen that we don't anticipate.

If you have not heard from a volunteer or the match is not helpful for you and you would like us to match you with another volunteer, *please* let us know and we will do our best to remedy the situation.

With warm regards,

Judy and Nicole
Friend for Life staff

502.893.0643

866.374.3634 (toll-free for outside of Louisville, KY calling area)

staff@friend4life.org

www.friend4life.org

Support Seeker Feedback #2

Feedback Questionnaire

Your responses will be used to help us know what we're doing right, and what we might do to improve.

How would you rate your level of satisfaction with the support you received from a Friend for Life volunteer?
Please circle the area that best describes your response.

Poor Fair Good Very Good Excellent

Would you please briefly explain your answer?

How likely are you to recommend Friend for Life to a friend or relative who may be diagnosed with cancer?
Would you say the chances are...

Poor Fair Good Very Good Excellent

Do you have any suggestions for how we might improve our support?

Additional information (optional). Your answers will help us to better know what demographics we are reaching.

What is your Race/Ethnicity?	Gender	Zip Code	Age Range
<input type="checkbox"/> Asian	<input type="checkbox"/> M	_____	<input type="checkbox"/> 18 - 30
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> F		<input type="checkbox"/> 31 - 40
<input type="checkbox"/> Latino/Hispanic			<input type="checkbox"/> 41 - 50
<input type="checkbox"/> Native American			<input type="checkbox"/> 51 - 60
<input type="checkbox"/> White/Caucasian			<input type="checkbox"/> 61 - 70
<input type="checkbox"/> Biracial			<input type="checkbox"/> 71 - 80
			<input type="checkbox"/> 81+

We are continually recruiting volunteers for Friend for Life. If you would be interested in volunteering with us, please contact us directly: (502) 893-0643 / staff@friend4life.org, or include your name and mailing address below:

Thank you for your time and input.

Volunteer Feedback

Dear _____,

Providing empathic one-on-one support to someone confronting a cancer diagnosis and treatment is of great value, but is not an easy thing to do, by any means. Particularly because of the particular challenges of this role, we want your experience as a Friend for Life volunteer to be rewarding. In order to see how we're doing and how we might improve, each year we gather feedback from our volunteers regarding your experiences in providing one-on-one support to others recently diagnosed with cancer.

Feedback forms are also sent, from time to time, to those who receive our support, to get a sense of how the experience of talking with a FFL volunteer has impacted their experience of coping with their cancer diagnosis and treatment.

At your convenience, would you please complete the attached brief questionnaire? You do not need to include your name unless you wish. All personal identifying information will be kept confidential.

Please return the completed questionnaire in the enclosed postage-paid envelope. Only volunteers who have been connected with one or more callers over the past year are receiving these surveys.

Thank you for your time, input, and all you do for FFL!

Warmly,

Judy Kasey Houlette
Executive Director

enclosures: form & envelope

Volunteer Feedback Questionnaire

Your response will be used to help us better understand the experiences of Friend for Life volunteers. Any personal information you provide is kept confidential.

How would you rate your overall level of satisfaction with being a Friend for Life volunteer?

- Excellent Very Good Good Fair Poor

What is rewarding about your role as a FFL volunteer?

What is challenging about your role as a FFL volunteer?

How could FFL improve your experience as a volunteer?

Additional comments

Are there other pertinent questions we should be asking? If so, please let us know:

FFL Volunteer Feedback Form, used for projects with Medical, Nursing and Social Work programs

Reflecting on your interaction with the students and faculty, how would you describe your experience?

What was rewarding about the experience?

What was difficult about the experience?

Is there anything you would recommend to improve this experience in any way?

Friend for Life will soon begin a similar project with Galen College of Nursing (Zorn Avenue), visiting with nursing students in their fourth quarter. This opportunity will arise four times each year, with varying days and times. Would you be interested in being contacted to participate?

Friend for Life Cancer Support Network Staff

Judy Kasey Houlette, Executive Director 2000 – present
Nicole Guffey Wiseman, Assistant Director 2009 - present

Other Income

Foundation and Community Grants: \$40,000

Fundraising Income: \$24,800

TOTAL: \$64,800

Other Expenses

Volunteer Training, Continuing Education, Support (includes NEON database) [Training facilitation x 2 = \$1,200; Database = \$1188; SendOutCards (correspondence to recognize volunteer birthdays, other significant Events) = \$800; refreshments for bi-monthly gatherings, volunteer awards and celebrations: \$812]	\$5,000
Postage and Bulk Mail Expenses [Mailing of rack cards, Friend for Life newsletter, additional correspondence]	\$1,550
Administrative Expenses: Insurance, organization fees	\$1,450
Fundraising Expenses:	\$4,000
<hr/> TOTAL:	<hr/> \$12,000

FRIEND FOR LIFE...A CANCER SUPPORT NETWORK, INC.

General Information

Organization Number	0241856
Name	FRIEND FOR LIFE...A CANCER SUPPORT NETWORK, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO -
Status	A - Active
Standing	G - Good
State	KY
File Date	3/28/1988
Organization Date	3/28/1988
Last Annual Report	3/27/2014
Principal Office	4003 KRESGE WAY, SUITE 100 LOUISVILLE, KY 40207
Registered Agent	JUDY KASEY HOULETTE 4003 KRESGE WAY, SUITE 100 LOUISVILLE, KY 40207

Current Officers

[S. Bart Bushong](#)
[Tina Toole-Harper](#)
[Dennis L. Carr](#)
[Judith Spring Gallagher](#)
[Steve Jecker](#)
[Barbara Lechner](#)
[Tammy L. McClanahan](#)
[Richmond Simpson](#)
[Jeffrey Allen](#)
[Karen Donahue](#)
[Carla Hermann](#)
[Angela Overton](#)

Individuals / Entities listed at time of formation

[PHIL E. BRAMLETTE](#)
[PHIL E. BRAMLETTE](#)
[ELEANOR DOUGHERTY](#)
[SHERRILL THIRLWELL](#)

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.

[Registered Agent
name/address change](#)

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[PDF](#)

Annual Report	3/27/2014	1 page	PDF	
Principal Office Address Change	3/13/2014 1:26:08 PM	1 page	PDF	
Annual Report	8/1/2013	1 page	PDF	
Annual Report	4/12/2012	1 page	tiff	PDF
Annual Report	4/8/2011	1 page	tiff	PDF
Annual Report	4/30/2010	1 page	tiff	PDF
Annual Report	8/31/2009	1 page	PDF	
Annual Report	4/14/2008	1 page	tiff	PDF
Annual Report	3/16/2007	1 page	tiff	PDF
Annual Report	9/27/2006	1 page	tiff	PDF
Annual Report	3/31/2005	1 page	tiff	PDF
Annual Report	7/17/2003	1 page	tiff	PDF
Annual Report	6/5/2002	1 page	tiff	PDF
Annual Report	6/25/2001	1 page	tiff	PDF
Statement of Change	5/2/2001	1 page	tiff	PDF
Annual Report	6/9/2000	1 page	tiff	PDF
Annual Report	7/20/1999	1 page	tiff	PDF
Annual Report	6/15/1998	1 page	tiff	PDF
Statement of Change	6/11/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Statement of Change	9/22/1992	1 page	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	9/1/1990	1 page	tiff	PDF
Sixty Day Notice	9/1/1990	1 page	tiff	PDF
Statement of Change	7/25/1989	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Amendment	7/21/1988	4 pages	tiff	PDF
Articles of Incorporation	3/28/1988	3 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/27/2014 1:05:20 PM	3/27/2014 1:05:20 PM	
Registered agent address change	3/27/2014 1:01:53 PM	3/27/2014 1:01:53 PM	
Principal office change	3/13/2014 1:26:08 PM	3/13/2014 1:26:08 PM	
Annual report	8/1/2013 3:02:40 PM	8/1/2013 3:02:40 PM	
Annual report	4/12/2012 3:14:19 PM	4/12/2012	

Annual report	4/8/2011 10:21:22 AM	4/8/2011
Annual report	4/30/2010 11:53:26 AM	4/30/2010
Annual report	8/31/2009 1:03:45 PM	8/31/2009 1:03:45 PM
Annual report	4/14/2008 2:19:13 PM	4/14/2008
Annual report	3/16/2007 1:37:07 PM	3/16/2007
Annual report	9/27/2006 1:54:15 PM	9/27/2006
Registered agent address change	5/2/2001 11:19:50 AM	5/2/2001
Registered agent address change	6/11/1998	6/11/1998
Principal office change	5/22/1998	5/22/1998
Amendment - Change purpose	7/21/1988	7/21/1988

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	3/21/2005	1 page
Annual Report	4/23/2004	1 page
Annual Report	7/17/2003	1 page
Annual Report	6/5/2002	1 page
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