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

**Applicant/Program:** Arthur S. Kling Center, Inc./ Pantry Helps Feed Seniors

**Executive Summary of Request:**

The Arthur Kling Center works with senior citizen clients who are at poverty level or below. Presently, lunch meals are feed Monday-Friday, however there are several seniors who do not have the means to eat and have toiletries during the weekend. The program intends to meet that need to supply food and toiletries on Fridays to last through the weekend.

The NDF request of $4,500 will be used to purchase food for the Kling Center Pantry, and toiletries to disburse. The remaining $500 will be used as payment for a Kling Center employee to disburse the much needed items every Friday.

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

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

| 6 | [signature] | 4,500.00 | 8-17-16 |
|---|---|---|---|
| District # | Council Member Signature | Amount | Date |

**Primary Sponsor Disclosure**

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

**Approved by:**

Appropriations Committee Chairman ______________________ Date

**Clerk's Office Only:**

Request Amount: ______________ Committee Amended Appropriation: ______________

Original Appropriation: ______________ Council Amended Appropriation: ______________

# LOUISVILLE METRO COUNCIL
# NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

**Legal Name of Applicant Organization:** Kentucky Shakespeare, Inc.

**Program Name and Request Amount:** Kentucky Shakespeare in Central Park

| | Yes/No/NA |
|---|---|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | Yes |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | Yes |
| Is the proposed public purpose of the program viable and well-documented? | Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | Yes |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | Yes |
| Has prior Metro Funds committed/granted been disclosed? | Yes |
| Is the application properly signed and dated by authorized signatory? | Yes |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | Yes |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | N/A |
| Is the entity in good standing with:<br>• Kentucky Secretary of State?<br>• Louisville Metro Revenue Commission?<br>• Louisville Metro Government?<br>• Internal Revenue Service?<br>• Louisville Metro Human Relations Commission? | Yes |
| Is the current Fiscal Year Budget included? | Yes |
| Is the entity's board member list (with term length/term limits) included? | Yes |
| Is recommended funding less than 33% of total agency operating budget? | Yes |
| Does the application budget reflect only the revenue and expenses of the project/program? | Yes |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | N/A |
| Is the most recent annual audit (if required by organization) included? | N/A |
| Is a copy of Signed Lease (if rent costs are requested) included? | N/A |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | No |
| Are the Articles of Incorporation of the Agency included? | Yes |
| Is the IRS Form W-9 included? | Yes |
| Is the IRS Form 990 included? | Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included? | No |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | Yes |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | N/A |

Prepared by: Wanda Mitchell-Smith Date: Aug. 17, 2016

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---|---|---|---|
| Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) | Arthur S. Kling Center, Inc. | | |
| Main Office Street & Mailing Address: | 219 W. Ormsby Avenue, Louisville, KY 40203 | | |
| Website: | arthurklingcenter.org | | |
| Applicant Contact: | Theresa Carter | Title: | Executive Director |
| Phone: | 502-636-3424 | Email: | tcarterklingctr@att.net |
| Financial Contact: | Theresa Carter | Title: | Executive Director |
| Phone: | 502-445-1263 | Email: | tcarterklingctr@att.net |
| Organization's Representative who attended NDF Training: | Joan Stewart/Theresa Carter | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | Arthur Kling Center 219 W. Ormsby Avenue - Louisville, KY | | |
| Council District(s): | David James | Zip Code(s): | 40203 |

| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
|---|---|---|---|
| PROGRAM/PROJECT NAME: | Pantry Helps Feed Seniors | | |
| Total Request: ($) | ~~5,000~~ 4,500 | Total Metro Award (this program) in previous year: ($) | |

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

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

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

| | | | |
|---|---|---|---|
| Source: | Metro City | Amount: ($) | 20,000 |
| Source: | | Amount: ($) | |
| Source: | | Amount: ($) | |

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

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



Applicant's Initials ______

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 3 – AGENCY DETAILS**

**Describe Agency's Vision, Mission and Services:**

The Kling Center's mission is to assist seniors to live a healthy and more independent life. The center offers a variety of services such as nutrition program where we feed approximately 55-65 clients per day Monday-Friday. We provide educational speakers, to help our clients learn more about their health, legal matters, and community affairs. The Kling Center has a Licensed Social Worker who offers, counseling, medcare/ medicaid insurance assistance, computer lab, home delivered meals, bereavement and outreach programs. We also try to take our clients on trips such as; the state fair, Derby parade, U of L Ball games, and much more.



Applicant's Initials

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.):**<br>The Kling Center works with clients who are at poverty or below. Presently, we feed them lunch Monday - Friday. The majority of our clients eat Monday through Friday but very few have enough money to buy food and toiletries for the weekend. Our goal is to be able to purchase food and toiletries for our pantry to help our clients so we know that they have something to eat on the weekend, or have toilet paper/depends to use.<br><br>In the past month we have had two clients who blacked out and when they came to I ask them the usual questions are you a diabetic, do you take blood pressure mediation, etc. and found out that they both had not eaten since Friday and this happened on a Monday. We are very concerned about our clients. |
| **B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**<br>Approximately $4,500 will be spent on food and toiletries and $500 will be spent on the employee who will be handing food out to clients every Friday. |



Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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



Applicant's Initials ___

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

The center will keep track of each client that the food is handed out to and they will have to sign for it also. Every six months we will do a survey that will ask questions about are they eating on the weekend and do they have enough food to eat.

**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.**



Applicant's Initials JC

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

| Program/Project Expenses | Column 1<br>Proposed Metro Funds | Column 2<br>Non-Metro Funds | Column (1+2)=3<br>Total Funds |
|---|---|---|---|
| **A: Personnel Costs Including Benefits** | 500 | 1000 | 1500 |
| **B: Rent/Utilities** | | | |
| **C: Office Supplies** | | | |
| **D: Telephone** | | | |
| **E: In-town Travel** | | | |
| **F: Client Assistance** (Attach Detailed List) | 4500 | 9,000.00 | 13500 |
| **G: Professional Service Contracts** | | | |
| **H: Program Materials** | | | |
| **I: Community Events & Festivals** (Attach Detail List) | | | |
| **J: Small Equipment** | | | |
| **K: Capital Equipment** | | | |
| **L: Other Expenses** (Attach Detail List) | | | |
| ****TOTAL PROGRAM/PROJECT FUNDS*** | 5000 | 10,000.00 | 15000 |
| % of Program Budget | % | % | **100%** |

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

| | |
|---|---|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | 5000 |
| Fees Collected from Program Participants | |
| Other (please specify) | 5000 |
| Total Revenue for Columns 2 Expenses ** | 10,000 |

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

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



Applicant's Initials DJ

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| *Total Value of In-Kind* (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind) | | |

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

Agency Fiscal Year Start Date: July 1, 2015

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

If YES, please explain:



Applicant's Initials JW

# 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:** | Theresa Carter | | | **Date:** | 3/22/2016 |
| **Legal Signatory: (please print):** | Theresa Carter | | | **Title:** | Executive Director |
| **Phone:** | 502-636-3424 | **Extension:** | | **Email:** | tcarterklingctr@att.net |



Applicant's Initials TC

RECEIVED NOV 1 8 19

Internal Revenue Service
District Director

Department of the Treasury

Date: NOV 17 1980

[redacted]n Number:

[redacted]ding:

September 30

Form 990 Required: [X] Yes [ ] No

The Arthur S. Kling Center, Inc.
219 West Ormsby Avenue
Louisville, Kentucky 40203

Person to Contact:
June Smallwood
Contact Telephone Number:
513-684-3578

CIN: EO: '81 0 2 3 3

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

mg
P.O. Box 2508, Cincinnati, Ohio 45201

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

D. L. James, Jr.

D. L. James, Jr.
District Director

**Kling Center Budget 2015-16 (including program cost)**

| Expense | | Annual Amount |
|---|---|---|
| Salaries | $ | 70,789.86 |
| Taxes | $ | 1,500.00 |
| LG&E | $ | 10,000.00 |
| Water Company | $ | 1,560.00 |
| Phone | $ | 2,220.00 |
| Uverse | $ | 480.00 |
| Elevator Maintenance Contract year | $ | 1,455.00 |
| Copier Maintenance Contract Year | $ | 264.93 |
| Copier per copy charge | $ | 661.00 |
| HVAC Maintenance Year | $ | 664.00 |
| Memberships and Subscritions | $ | 100.00 |
| Insurance Building(Comm Prop Coverage) | $ | 3,199.00 |
| Insurance Liability(Prof SW Exe Dir) | $ | 1,447.00 |
| Insurance Surcharges and Fees | $ | 350.93 |
| Health Insurance | $ | 4,020.00 |
| Workers Comp insurance | $ | 1,000.00 |
| Union Dues | $ | 488.16 |
| Budget Business Sevices | $ | 1,740.00 |
| Cell Phone | $ | 600.00 |
| Primeamerica Investment Linda | $ | 2,004.00 |
| Rent Expense | $ | 1.00 |
| Allotment for Daily Expenses | $ | 3,600.00 |
| Building Maintenance | $ | 5,000.00 |
| Professional Education | $ | 750.00 |
| Senior Programs Supplies & Activities | $ | 10,000.00 |
| Equipment Maintenance | $ | 1,008.00 |
| Computer Maintenance | $ | 1,000.00 |
| Kling Center Events(promotional/celebration) | $ | 1,210.14 |
| Tax Preparation Audit | $ | 5,000.00 |
| Activity Director Salary | $ | 12,000.00 |
| Security Alarm | $ | 545.00 |
| Terminex | $ | 552.00 |
| **Total** | **$** | **145,210.02** |

## Kling Center Budget 2015-16

| Revenue | Amount |
|---|---|
| MUW | $ 64,000.00 |
| Metro City | $ 20,000.00 |
| United Labor Picnic | $ 5,000.00 |
| Holiday Appeal | $ 8,000.00 |
| Nest Egg | $ 8,500.00 |
| Fundraisers | $ 12,000.00 |
| Donations---private | $ 7,000.00 |
| Anonymous Grant | $ 20,000.00 |
| First Med. Church | $ 1,000.00 |
| **Total** | **$ 145,500.00** |

**ARTHUR S. KLING CENTER**
**BOARD OF DIRECTORS**

Steve Gahafer – President - 2012-Present
Bob Bracy – Vice President - 2014-Present
Kathy Shields – Treasurer - 2009-Present
Kristah Lavalle – Secretary - 2014-Present
Ched Jennings - 2013-Present
Charlie Clephus- 2011-Present
Leonard Douglas - 2011-Present
Lilliam Williams - 2009-Present
Linda Simpson - 2009-Present
Ben Vaughn - 2014-Present
Suzy Post - 2015-Present
Beck Poe - 2015-Present

Cash Basis

# The Kling Center
## BALANCE SHEET
As of February 29, 2016

| | TOTAL |
|---|---|
| **ASSETS** | |
| **Current Assets** | |
| **Bank Accounts** | |
| **1001-00 PNC Bank** | 54,201.58 |
| **Total Bank Accounts** | **$54,201.58** |
| **Other current assets** | |
| **Investments - Other** | 48.00 |
| **Total Other current assets** | **$48.00** |
| **Total Current Assets** | **$54,249.58** |
| **TOTAL ASSETS** | **$54,249.58** |
| **LIABILITIES AND EQUITY** | |
| **Liabilities** | |
| **Total Liabilities** | |
| **Equity** | |
| **Opening Balance Equity** | 697.05 |
| **Retained Earnings** | 39,286.99 |
| **Net Income** | 14,265.54 |
| **Total Equity** | **$54,249.58** |
| **TOTAL LIABILITIES AND EQUITY** | **$54,249.58** |

# The Kling Center
## PROFIT AND LOSS
July 2015 - February 2016

| | TOTAL |
|---|---|
| Income | |
| 3002-00 Grant Income | 16,850.00 |
| 3002-01 Metro United Way | 46,777.21 |
| 3002-02 Metro City Grant | 15,000.00 |
| Total 3002-00 Grant Income | **78,627.21** |
| 3003-00 Interest & Investments | |
| 3003-01 Trust Fund Deposits | 1,030.50 |
| Total 3003-00 Interest & Investments | **1,030.50** |
| 3004-00 Contributions & Fundraising | 941.00 |
| 3004-01 Private Donations | 18,691.22 |
| Total 3004-00 Contributions & Fundraising | **19,632.22** |
| 3006-00 Uncategorized Income | 500.00 |
| 3006-01 Non-Profit Income | 200.00 |
| 3006-03 Pepsi Vending | 397.00 |
| Total 3006-00 Uncategorized Income | **1,097.00** |
| 3100-00 Miscellaneous Income | 150.00 |
| Total Income | **$100,536.93** |
| Cost of Goods Sold | |
| 4016-01 Cost of Goods Sold | 1,025.00 |
| Total Cost of Goods Sold | **$1,025.00** |
| Gross Profit | **$99,511.93** |
| Expenses | |
| 4004-00 Contract Services | |
| 4004-01 Payroll Services | 1,850.00 |
| Total 4004-00 Contract Services | **1,850.00** |
| 4007-00 Insurance | |
| 4007-02 Workers Comp Insurance | 484.14 |
| 4007-03 Liability Insurance | 3,378.80 |
| Total 4007-00 Insurance | **3,862.94** |
| 4009-00 Office Expense | |
| 4009-01 Equipment Maintenance | 226.23 |
| 4009-02 Office Supplies | 52.12 |
| Total 4009-00 Office Expense | **278.35** |
| 4011-00 Payroll & Payroll Taxes | 36,360.97 |
| 4011-01 Health Insurance | 2,993.22 |
| 4011-02 Pension Contribution | 941.59 |
| 4011-03 Union Dues | 366.12 |
| 4011-10 Federal Tax Withheld | 6,690.28 |
| 4011-21 Indiana Taxes | 544.64 |
| 4011-25 Kentucky State Tax | 2,478.74 |
| 4011-30 Louisville Metro Tax | 917.74 |

| | TOTAL |
|---|---|
| 4011-40 SUTA | 12.60 |
| Total 4011-00 Payroll & Payroll Taxes | **51,305.90** |
| 4014-00 Building Repair & Maintenance | 8,669.02 |
| 4015-00 Utilities | |
| 4015-01 Computer, Internet, Telephone | 2,227.79 |
| 4015-03 LG&E | 5,568.98 |
| 4015-04 Louisville Water Company | 1,248.21 |
| 4015-05 Alarm System | 280.00 |
| Total 4015-00 Utilities | **9,324.98** |
| 4016-00 Purchases | 194.45 |
| 4100-00 Miscellaneous Expense | 994.70 |
| 4100-01 Other Miscellaneous Expense | 8,766.05 |
| Total 4100-00 Miscellaneous Expense | **9,760.75** |
| Total Expenses | **$85,246.39** |
| Net Operating Income | **$14,265.54** |
| Net Income | **$14,265.54** |

Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning** 07-01 **, 2014, and ending** 06-30 **, 2015**

| | |
|---|---|
| **B** Check if applicable: | **C** Name of organization ARTHUR S KLING CENTER INC |
| ☐ Address change | Doing business as THE KLING SENIOR CENTER |
| ☐ Name change | Number and street (or P.O. box if mail is not delivered to street address): 219 WEST ORMSBY AVENUE — Room/suite: |
| ☐ Initial return | City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40203 |
| ☐ Final return/terminated | |
| ☐ Amended return | |
| ☐ Application pending | |

**D Employer identification no.** [redacted]

**E** Telephone number (502) 636-3424

**G** Gross receipts$ 159,578

**F** Name and address of principal officer: THERESA CARTER
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.KLINGCENTER.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1978 **M** State of legal domicile: KY

## Part I Summary



**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SENIORS 55 AND OLDER A SAFE AND CONVENIENT MEETING AND ACTIVITY CENTER.

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 5 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| **Revenue** | 8 | Contributions and grants (Part VIII, line 1h) | 116,650 | 159,578 |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 116,650 | 159,578 |
| **Expenses** | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 62,776 | 100,067 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 55,573 | 57,120 |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 118,349 | 157,187 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | (1,699) | 2,391 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| **Net Assets or Fund Balances** | 20 | Total assets (Part X, line 16) | 229,063 | 231,454 |
| | 21 | Total liabilities (Part X, line 26) | | 0 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 229,063 | 231,454 |

## Part II Signature Block

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

**Sign Here**

KATHY SHIELDS — 09-03-2015
Signature of officer — Date

KATHY SHIELDS, FINANCIAL SECRETARY
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | |
|---|---|---|---|---|
| Robert L Reed EA | Robert L Reed EA | 09-17-2015 | | [redacted] |

Firm's name ▶ Budget Business Service Inc — Firm's EIN ▶

Firm's address ▶ 7600 Shepherdsville Road, Louisville KY 40219 — Phone no. 502-968-8406

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

## Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE SENIORS 55 AND OLDER A SAFE AND CONVENIENT MEETING AND ACTIVITY CENTER.

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

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

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

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

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

4a (Code: ) (Expenses $ 103,830 including grants of $ ) (Revenue $ )

TO PROVIDE SENIORS 55 AND OLDER WITH A SAFE AND CONVENIENT MEETING AND ACTIVITY CENTER THAT HOSTS EDUCATIONAL, RECREATIONAL, FELLOWSHIP AND LOCAL TRAVEL OPPORTUNITIES DESIGNED TO HELP SENIORS MAINTAIN A FULL AND ACTIVE LIFESTYLE.



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

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

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

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

4e Total program service expenses ▶ 103,830

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 5 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | | X |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | | X |
| **b** | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | 3b | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| **b** | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | X |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | X |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | X |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | X |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | X |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | | |
| **a** | Gross income from members or shareholders | 11a | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| **c** | Enter the amount of reserves on hand | 13c | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| **b** | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 14b | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 12 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . | 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . | | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . | | 9 | | X |

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

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

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☐ Upon request ☒ Other (explain in Schedule O)

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

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

KATHY SHIELDS (502)636-3424, 219 WEST ORMSBY AVENUE, LOUISVILLE, KY 40203

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) BENJAMIN VAUGHAN<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (2) BOB BRACY<br>VICE PRESIDENT | 2.00 | X | | | | | | 0 | 0 | 0 |
| (3) CHARLIE CLEPHAS<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (4) STEPHEN GAHAFTER<br>PRESIDENT | 2.00 | X | | | | | | 0 | 0 | 0 |
| (5) CHED JENNINGS<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (6) KATHY SHIELDS<br>FINANCIAL SECRETARY | 2.00 | X | | | | | | 0 | 0 | 0 |
| (7) KRISTAH LAVALLE<br>RECORDING SECRETARY | 2.00 | X | | | | | | 0 | 0 | 0 |
| (8) LEONARD DOUGLAS<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (9) LILLIAN WILLIAMSON<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (10) LINDA SIMPSON<br>BOARD MEMBER | 2.00 | X | | | | | | 0 | 0 | 0 |
| (11) THERESA CARTER<br>EXECUTIVE DIRECTOR | 20.00 | | | X | | | | 0 | 0 | 0 |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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

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

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

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

## Section B. Independent Contractors

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

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

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

## Part IX Statement of Functional Expenses

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

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

| | Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 67,060 | 44,500 | 22,560 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,308 | 2,308 | | |
| 9 | Other employee benefits | 3,991 | | 3,991 | |
| 10 | Payroll taxes | 26,708 | 15,000 | 11,708 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 2,275 | | 2,275 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 10,259 | 5,130 | 5,129 | |
| 12 | Advertising and promotion | 225 | | 225 | |
| 13 | Office expenses | 2,652 | 1,061 | 1,591 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,343 | 11,343 | | |
| 23 | Insurance | 6,473 | 4,000 | 2,473 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | UTILITIES | 16,724 | 13,379 | 3,345 | |
| b | REPAIRS AND MAINTENANCE | 7,169 | 7,109 | 60 | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 157,187 | 103,830 | 53,357 | 0 |
| 26 | **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| **Assets** | 1 | Cash - non-interest-bearing | 10,361 | 1 | 22,349 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 453,724 | | | |
| | b | Less: accumulated depreciation — 10b: 346,497 | 118,570 | 10c | 107,227 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 100,132 | 15 | 101,878 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 229,063 | 16 | 231,454 |
| **Liabilities** | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 0 | 26 | 0 |
| **Net Assets or Fund Balances** | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 229,063 | 27 | 231,454 |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 229,063 | 33 | 231,454 |
| | 34 | Total liabilities and net assets/fund balances | 229,063 | 34 | 231,454 |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 159,578 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 157,187 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,391 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 229,063 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 231,454 |

## Part XII Financial Statements and Reporting

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

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

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
ARTHUR S KLING CENTER INC

**Employer identification number**
[redacted]

## 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ☐
- g Provide the following information about the supported organization(s).

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|---|
| (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 89,870 | 113,174 | 108,870 | 116,649 | 112,567 | 541,130 |
| 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 | 89,870 | 113,174 | 108,870 | 116,649 | 112,567 | 541,130 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 541,130 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 89,870 | 113,174 | 108,870 | 116,649 | 112,567 | 541,130 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 541,130 |

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** . . . ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . 14 100.00 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . 15 100.00 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☒

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

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

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

## Section C. Computation of Public Support Percentage

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

## Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization: ARTHUR S KLING CENTER INC

[redacted]

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

## Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ____________

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si**[redacted]**ontinued)**

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | 453,724 | | 346,497 | 107,227 |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ | | | | 107,227 |

## Part VII Investments - Other Securities.

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

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

## Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

## Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|---|
| (1) ENDOWMENT FUNDS | 101,878 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 101,878 |

## Part X Other Liabilities.

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

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

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

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

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

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

## Part XIII Supplemental Information.

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

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization: ARTHUR S KLING CENTER INC

**Employer identification number** [redacted]

## 01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS RECIEVED FROM TAXPREPARER. REVIEWED INTERNALLY, THEN FORWARDED TO REVIEW BY THE GOVERNING BODY.

## 02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD PERIODICALY REVIEWS CONFLICT OF INTEREST POLICY AND COMPLIANCE

## 03. CEO, executive director, top management comp (Part VI, line 15a)

MINIMUM WAGE

## 04. Other officer or key employee compensation (Part VI, line 15b

NO OTHER OFFICER IS COMPENSATED, OTHER THAN PART VI, LINE 15A

## 05. Form 990 availability to public (Part VI, line 18)

AVAILABILITY TO PUBLIC□

## 06. Governing documents, etc, available to public (Part VI, line 19)

FILED WITH KY-SOS, AND AVAILABLE TO THE PUBLIC THRU SOS OFFICE.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

**2014**

Attachment Sequence No. 179

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| ARTHUR S KLING CENTER INC | FORM 990 - 1 | [redacted] |



**Part I** **Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** **Special Depreciation Allowance and Other Depreciation** (**Do not** include listed property.) (See instructions.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 11,343 |

**Part III** **MACRS Depreciation** (**Do not** include listed property.) (See instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

**Part IV** **Summary** (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 11,343 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2014)

EEA

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07-01-2014, and ending 06-30-2015

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

OMB No. 1545-1878

**2014**

Name of exempt organization: ARTHUR S KLING CENTER INC

**Employer identification number** [redacted]

Name and title of officer: KATHY SHIELDS, FINANCIAL SECRETARY

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | |
|---|---|---|---|
| **1a** Form 990 check here ▶ ☒ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | 159,578 |
| **2a** Form 990-EZ check here ▶ ☐ | **b Total revenue,** if any (Form 990-EZ, line 9) | **2b** | |
| **3a** Form 1120-POL check here ▶ ☐ | **b Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a** Form 990-PF check here ▶ ☐ | **b Tax based on investment income** (Form 990-PF, Part VI, line 5) | **4b** | |
| **5a** Form 8868 check here ▶ ☐ | **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) | **5b** | |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize Budget Business Service Inc (**ERO firm name**) to enter my PIN 54321 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 09-03-2015

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 610815 12345 (**do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robert L Reed EA Date ▶ 09-17-2015

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2014)

EEA

FILED
JEFF. CO., KY.
19 1978
BREMER EHRLER, Clerk
BY [signature] D.C.

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY
SEP 18 1978
[signature]
SECRETARY OF STATE

# ARTICLES OF INCORPORATION
# OF
# KLING CENTER ADVISORY BOARD, INC.

KNOW ALL MEN BY THESE PRESENTS:

We, the undersigned, BARBARA BRADSHAW, ELIZABETH BUSH, ANNETTE V. CRUTCHER, ELIZABETH FERGUSON, WILLIAM FRIEDLANDER, RICHARD L. MILLER, FERN RACHFORD, ELLEN COREY PATRIE, SARA PRATT, HELEN SLIGAR, GUSSIE SMITH, GAIL TUCKER AND SUSAN REED, pursuant to Chapter KRS 273 of the Kentucky Revised Statutes adopt the following Articles of Incorporation.

## ARTICLE I

The name of the Corporation is Kling Center Advisory Board, Inc.

## ARTICLE II

The period of the Corporation is perpetual.

## ARTICLE III

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

1. To conduct and carry on its work, not for profit, but exclusively for charitable, scientific, literary or educational purposes, in such manner that no part of its income or property shall inure to the private benefit of any donor, member, trustee or individual having a personal or private interest in the activities of the Corporation, and in such manner that it shall

not directly or indirectly engage in carrying on propaganda or otherwise attempting to influence legislation.

2. To organize, promote, foster, assist (whether financially or otherwise) and conduct such charitable, scientific, literary and educational enterprises, movements, activities and institutions in the Commonwealth of Kentucky, all of such nature that the work and functions of the Corporation shall be to operate purely as a public charity in Kentucky as from time to time may be determined, selected or decided upon by the Corporation's Board of Directors, including the following objects, purposes and powers.

3. To develop, establish and promote community programs designed to foster cooperation in better living for **Senior Citizens** through benevolence, meaningful philanthropy and education.

To do and perform all acts reasonably necessary to accomplish the purposes of the Corporation.

In the event of the dissolution of the Corporation or the winding up of its affairs, or other liquidation of its assets, the Corporation's property shall not be conveyed to any organization created or operated for profit or to any individual for less than the fair market value of such property, and all assets remaining after the payment of the Corporation's debts shall be conveyed or distributed only to an organization or organizations created and operated for nonprofit purposes similar to those of the Corporation.

4. To buy, own, sell, convey, assign, mortgage or lease any interest in real estate and personal property, and to construct,

maintain and operate improvements thereon necessary or incident to the accomplishment of the purposes set forth in this ARTICLE III hereof.

5. To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business, and to secure the same by mortgage, pledge or other lien on the Corporation's property.

ARTICLE IV

By-Laws of the Corporation may be adopted by the directors at any regular meeting or any special meeting called for that purpose, so long as they are not inconsistent with the provisions of these Articles.

ARTICLE V

The number of directors of the Corporation shall be thirteen (13) members, and shall be elected by the members of the Corporation. The directors of the Corporation must, at all times, be members of the Corporation. No non-member of the Corporation may sit as a director. The original directors listed below shall serve a term of one (1) year. The directors shall serve without compensation.

The initial Board of Directors shall consist of thirteen (13) members and shall serve until their successors have been elected and qualified. The names and addresses of the initial Board of Directors are as follows:

Barbara Bradshaw
Kent Model Demon. Project
U of L Gerontology Center
Louisville, Kentucky

Annette V. Crutcher
221 West Barnett Street
Louisville, Kentucky

William Friedlander
706 East Broadway
Louisville, Kentucky

Fern Rachford
Hillebrand House
1235 South Third
Louisville, Kentucky

Sara Pratt
Ky. Human Right Committee
701 West Walnut
Louisville, Kentucky

Gussie Smith
1424 St. James Court
Louisville, Kentucky

Susan Reed
Director Kling Center
706 East Broadway
Louisville, Kentucky

Elizabeth Bush
Neighborhood Development
Room 102, City Hall
Louisville, Kentucky

Elizabeth Ferguson
Kent Model Demon. Project
Computor & System, U of L
Louisville, Kentucky

Richard L. Miller
Hillebrand House
Louisville, Kentucky

Ellen Corey Patrie
Room 406
208 South Fifth
Louisville, Kentucky

Helen Sligar
Visiting Nurse Association
207 W. Market
Louisville, Kentucky

Gail Tucker
1430 S. Second
Louisville, Kentucky

## ARTICLE VI

The address of the initial registered office of the Corporation is Phil Williams, DENTON WILLIAMS WAGONER & ROBERTS, Attorneys at Law, Landrum Building, Suite 208, 3703 Taylorsville Road, Louisville, Kentucky 40220. The name and address of the initial registered agent of the Corporation is Phil Williams, DENTON WILLIAMS WAGONER & ROBERTS, Attorneys at Law, Landrum Building, Suite 208, 3703 Taylorsville Road, Louisville, Kentucky 40220.

## ARTICLE III

The names and addresses of the incorporators of the Corporation are as follows:

Barbara Bradshaw
Kent Model Demon. Project
U of L Gerontology Center
Louisville, Kentucky

Annette V. Crutcher
221 West Barnett Street
Louisville, Kentucky

William Friedlander
706 East Broadway
Louisville, Kentucky

Fern Rachford
Hillebrand House
1235 South Third
Louisville, Kentucky

Sara Pratt
Ky. Human Right Committee
701 West Walnut
Louisville, Kentucky

Gussie Smith
1424 St. James Court
Louisville, Kentucky

Susan Reed,
Director Kling Center
706 East Broadway
Louisville, Kentucky

Elizabeth Bush
Neighborhood Development
Room 102, City Hall
Louisville, Kentucky

Elizabeth Ferguson
Kent Model Demon. Project
Computor & System, U of L
Louisville, Kentucky

Richard L. Miller
Hillebrand House
Louisville, Kentucky

Ellen Corey Patrie
Room 406
208 South Fifth
Louisville, Kentucky

Helen Sligar
Visiting Nurse Association
207 W. Market
Louisville, Kentucky

Gail Tucker
1430 S. Second
Louisville, Kentucky

In witness whereof, we have hereunto subscribed our names this ____ day of ____________________, 1978.

Barbara Bradshaw
BARBARA BRADSHAW

Elizabeth K. Bush
ELIZABETH BUSH

Annette V. Crutcher
ANNETTE V. CRUTCHER

Elizabeth Ferguson
ELIZABETH FERGUSON

William Friedlander
WILLIAM FRIEDLANDER

Richard L. Miller
RICHARD L. MILLER

Fern E. Rachford
FERN RACHFORD

Ellen Corey Patrie
ELLEN COREY PATRIE

Sara L. Pratt
SARA PRATT

Helen L. Sligar
HELEN SLIGAR

Gussie Smith
GUSSIE SMITH

Gail Tucker
GAIL TUCKER

Susan Reed
SUSAN REED -

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

Name (as shown on your income tax return)
Arthur S. Kling Center

Business name/disregarded entity name, if different from above
The Arthur S. Kling Center

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

☐ Exempt payee

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

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
219 W. Ormsby Avenue

Requester's name and address (optional)

City, state, and ZIP code
Louisville, KY 40203

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

**Social security number**

    –   – 

**Employer identification number**

[redacted]

## Part II Certification

Under penalties of perjury, I certify that:

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

**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 4.

**Sign Here** **Signature of U.S. person ▶** Theresa A Carter **Date ▶** 2/1/2016

## General Instructions

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

## 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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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

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

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

# STAFF AT KLING CENTER

Theresa Carter – Co Executive Director (part-time) - $14,000

Linda Wheeler – Senior Social Worker (full-time) - $31,000
Margaret Owens – Receptionist (part-time) - $11,000

# Equal Employment Opportunity

The Arthur S. Kling Center, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

**DISABILITY**
The Kling Center, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

**AGE**
The Kling Center protects applicants and employees 40 years of age or older who are qualified from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

**SEX (WAGES)**
The Kling Center prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

# THE ARTHUR S. KLING CENTER, INC.

## General Information

| | |
|---|---|
| Organization Number | 0146633 |
| Name | THE ARTHUR S. KLING CENTER, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 9/18/1978 |
| Organization Date | 9/18/1978 |
| Last Annual Report | 8/24/2016 |
| Principal Office | 219 W. ORMSBY AVE.<br>LOUISVILLE, KY 40203 |
| Registered Agent | BRYAN MATHEWS<br>219 W. ORMSBY<br>LOUISVILLE, KY 40203 |

## Current Officers

| | |
|---|---|
| President | Stephen Gahafer |
| Vice President | Bob Bracy |
| Secretary | Tim Morris |
| Treasurer | Kathy Shields |
| Director | Stephen Gahafer |
| Director | Kathy Shields |
| Director | Tim Morris |
| Director | Bob Bracy |
| Director | Theresa Carter |
| Executive | Theresa Carter |

## Individuals / Entities listed at time of formation

| | |
|---|---|
| Director | BARBARA BRADSHAW |
| Director | ANNETTE V CRUTCHER |
| Director | ELIZABETH BUSH |
| Director | GAIL TUCKER |
| Director | SUSAN REED |
| Incorporator | BARBARA BRADSHAW |
| Incorporator | ELIZABETH BUSH |
| Incorporator | HELEN SLIGAR |
| Incorporator | GAIL TUCKER |
| Incorporator | SUSAN REED |

## Images available online

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

| | | | | |
|---|---|---|---|---|
| Annual Report | 8/24/2016 | 1 page | PDF | |
| Annual Report | 6/25/2015 | 1 page | PDF | |
| Annual Report | 7/31/2014 | 1 page | PDF | |
| Registered Agent name/address change | 7/27/2013 11:37:57 AM | 1 page | PDF | |
| Annual Report | 1/9/2013 | 1 page | PDF | |
| Registered Agent name/address change | 7/15/2012 1:40:36 PM | 1 page | PDF | |
| Annual Report | 7/15/2012 | 1 page | PDF | |
| Annual Report | 8/2/2011 | 1 page | tiff | PDF |
| Annual Report | 7/14/2010 | 1 page | tiff | PDF |
| Registered Agent name/address change | 4/6/2009 | 1 page | tiff | PDF |
| Reinstatement | 3/12/2009 | 3 pages | tiff | PDF |
| Administrative Dissolution | 11/1/2008 | 1 page | PDF | |
| Annual Report | 2/8/2007 | 1 page | tiff | PDF |
| Annual Report | 7/20/2006 | 1 page | tiff | PDF |
| Annual Report | 8/19/2005 | 1 page | tiff | PDF |
| Statement of Change | 8/19/2005 | 1 page | tiff | PDF |
| Annual Report | 7/15/2004 | 1 page | PDF | |
| Annual Report | 5/2/2003 | 1 page | tiff | PDF |
| Annual Report | 4/30/2002 | 1 page | tiff | PDF |
| Annual Report | 6/25/2001 | 2 pages | tiff | PDF |
| Annual Report | 4/26/2000 | 2 pages | tiff | PDF |
| Annual Report | 4/21/1999 | 2 pages | tiff | PDF |
| Annual Report | 4/24/1998 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1997 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1996 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1995 | 2 pages | tiff | PDF |
| Annual Report | 3/23/1994 | 2 pages | tiff | PDF |
| Statement of Change | 6/4/1993 | 1 page | tiff | PDF |
| Annual Report | 3/23/1993 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1992 | 1 page | tiff | PDF |
| Annual Report | 7/1/1991 | 1 page | tiff | PDF |
| Statement of Change | 3/13/1991 | 1 page | tiff | PDF |
| Annual Report | 7/1/1990 | 4 pages | tiff | PDF |
| Annual Report | 7/1/1989 | 4 pages | tiff | PDF |
| Amendment | 5/13/1980 | 4 pages | tiff | PDF |

## Assumed Names

## Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---|---|---|---|
| Annual report | 8/24/2016 1:51:22 PM | 8/24/2016 1:51:22 PM | |

| | | | |
|---|---|---|---|
| Annual report | 6/25/2015 12:42:16 PM | 6/25/2015 12:42:16 PM | |
| Annual report | 7/31/2014 2:30:45 PM | 7/31/2014 2:30:45 PM | |
| Registered agent address change | 7/27/2013 11:37:57 AM | 7/27/2013 11:37:57 AM | |
| Annual report | 1/9/2013 1:19:10 PM | 1/9/2013 1:19:10 PM | |
| Registered agent address change | 7/15/2012 1:40:36 PM | 7/15/2012 1:40:36 PM | |
| Annual report | 7/15/2012 1:34:48 PM | 7/15/2012 1:34:48 PM | |
| Annual report | 8/2/2011 3:38:13 PM | 8/2/2011 | |
| Annual report | 7/14/2010 11:29:07 AM | 7/14/2010 | |
| Registered agent address change | 4/6/2009 12:55:42 PM | 4/6/2009 | |
| Reinstatement | 3/12/2009 10:15:34 AM | 3/12/2009 | |
| Admin Dis. A. report not in | 11/1/2008 | 11/1/2008 | |
| Annual report | 2/8/2007 1:47:55 PM | 2/8/2007 | |
| Annual report | 7/20/2006 1:57:55 PM | 7/20/2006 | |
| Registered agent address change | 8/19/2005 3:04:08 PM | 8/19/2005 | |
| Annual report | 7/15/2004 | 7/15/2004 | |
| Amendment - Miscellaneous amendments | 9/19/1980 | 9/19/1980 | |
| Amendment previous name | 5/13/1980 | 5/13/1980 | KLING CENTER ADVISORY BOARD, INC. |

## Microfilmed Images

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

| | | |
|---|---|---|
| Annual Report | 12/31/2004 2:11:27 PM | 1 page |
| Annual Report | 5/2/2003 | 1 page |
| Annual Report | 4/30/2002 | 1 page |
| Annual Report | 6/25/2001 | 2 pages |
| Annual Report | 4/26/2000 | 2 pages |
| Annual Report | 4/21/1999 | 2 pages |
| Annual Report | 4/24/1998 | 2 pages |
| Annual Report | 7/1/1997 | 2 pages |
| Annual Report | 7/1/1996 | 2 pages |
| Annual Report | 7/1/1995 | 2 pages |
| Annual Report | 3/23/1994 | 2 pages |
| Statement of Change | 6/4/1993 | 1 page |
| Annual Report | 3/23/1993 | 2 pages |

| | | |
|---|---|---|
| Annual Report | 7/1/1992 | 1 page |
| Annual Report | 7/1/1991 | 1 page |
| Statement of Change | 3/13/1991 | 1 page |
| Annual Report | 7/1/1990 | 4 pages |
| Annual Report | 7/1/1989 | 4 pages |
| Statement of Change | 9/3/1985 | 4 pages |
| Revocation of Certificate of Authority | 9/25/1984 | 3 pages |
| Revocation of Certificate of Authority | 9/25/1984 | 3 pages |
| Six Month Notice | 3/22/1984 | 2 pages |
| Amendment | 9/19/1980 | 3 pages |
| Amendment | 5/13/1980 | 3 pages |
| Annual Report | 6/11/1979 | 3 pages |
| Articles of Incorporation | 9/18/1978 | 8 pages |