

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

REC 004 4M229 #


Applicant/Program: Arthur S. Kling Center / Senior Program

Executive Summary of Request:
The Arthur S. Kling Center, Inc. is a center that works with seniors to help them live more independently, and has been doing so since 1978. Due to the downfall in the economy, the Kling Center has endured hard times in meeting the facility needs. The Kling Center is seeking help to pay facility bills (LGE and Water), which totals \$10,000.00

File ID: 0-569-14

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 District #  Primary Sponsor Signature \$10,000 Amount 12/8/14 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: _____

OFFICE OF METRO COUNCIL CLERK
REVIEWED

DATE 12-15-14 TIME 11:53am #

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Arthur S. Kling Center		
Program Name: Senior Program	Request Amount: \$10,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		yes
Request form: Is the funding proposed less than or equal to the request amount?		yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		N/A
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		yes
Operating Budget: Is the organization's current fiscal year operating budget included?		yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		yes
Board Members: Is the entity's board member list (with term length/term limits) included?		yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		yes
Rent Requests: Is a copy of signed lease included?		N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		yes
IRS Form W-9: Is the IRS Form W-9 included?		yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		NO
Prepared by: Allison Olives		Date: 12/8/2014



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Arthur S. Kling Center	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 219 W. Ormsby Avenue, Louisville, Ky 40203			
Website: theklingcenter.org (presently under construction)			
Applicant Contact:	Theresa Carter / Stephen Gahafer	Title:	Co-Exe. Director / Board President
Phone:	502-636-3424	Email:	tcarterklingctr@att.net
Financial Contact:	Theresa Carter / Kathy Shields	Title:	Co-Exe. Director / Treasurer
Phone:	502-445-1263	Email:	tcarterklingctr@att.net
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	219 W. Ormsby Avenue, Louisville, Ky 40203		
Council District(s):	6	Zip Code(s):	40203 & 40208
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Senior Program			
Total Request: (\$)	10,000	Total Metro Award (this program) in previous year: (\$)	21700
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement. <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor, if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro City	Amount: (\$)	10,000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Since 1978, The Kling Center has provided assistance for seniors 55 and older who wish to enjoy active, healthy and independent lives. The Center accomplishes this mission through a range of services provided in a neighborhood, community center setting.

One of the center's most important programs is the Nutrition Program where we serve clients 60+ Monday-Friday. We also offer meals to our clients who can not come to the Center with home delivery.

Remaining active and connected to others is important to seniors physical and mental-well being. At the Kling Center seniors find a welcome caring environment where they can meet and share time and activities with people their own age.

The center offers recreational activities for our seniors such as crafts, social events, games, and trips. These activities keep seniors challenged, engaged and involved.

The Center hosts a calendar of guest speakers who present topics of interest to seniors, such as aging, Medicare, Medicaid, crime, finances and Health. We also offer computer classes and the ability to be able to access the Internet.

We also have a Referral Services, Outreach, Counseling and Health Related Services which is administered by our senior social worker.



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.):

Program started as of July 2014, this will be an ongoing service for the Kling Center. The center has been doing business since 1978 and needs help paying for operating expenses such as, LG&E, Water, and Phone. By helping us with our Operating Funds we will be able to provide a warm place for our clients to come to eat lunch, a place where they can use the water to wash or use the phone for setting up appointments at their doctor. Our social worker Linda Wheeler who has worked at the center for approximately 21 years helps our clients with their housing, social security, Medicare, medication etc. problems. She calls everyone to help our clients set up doctor appointments, to help our clients find free medications, and many other issues.

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

The funding will be used to help pay for our LG& E bill every month which averages around \$800.00 per month. For our Water Bill, and Phone bill.



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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.



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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 Staff and the Clients of the Kling Center project a positive vibrant picture in the Louisville Metro. Not only does it service the seniors in District 6 it is open to seniors throughout Louisville Metro. The old Louisville neighborhood council, each of the 12 neighborhood associations in old Louisville, I.D.E.A.S. 40203, and all other non-profit entities in the region have the opportunities of using the facilities. It is a goal of the Kling Center to be the first and primary focal for seniors in Louisville Metro. Along with all of these non-profits we have an amazing re-pore with the labor unions in Louisville Metro. Not only do the labor unions support us with words they support us with deeds. They provide us with manpower, board members and funds to enhance the quality of life of Louisville metro Seniors. The Kling Center communicates with all of the above entities as per programming needs and facility usage. I do not think there is any way to track how much electricity or water they use, but I can take a count of all clients who come to the center on a daily basis and report this to you. We also would show you data where we have paid our bills (operating funds)

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.

We collaborate with the following community organizations:

Kent School - send over social workers

Spalding School - sends social workers, and Occupational Therapist to help with our seniors

Crossroads - Brings volunteers to the center to help serve lunch twice a month.

Elderserve - Senior companions (Linda Wheeler is supervisor for this program)

UPS - help our centers with a Christmas party for our seniors and helps us with taking care of our building.

UAW - When our nutrition department is closed UAW brings in food to give to our seniors since they will not receive food for the day.

Jewish Community Center - we work together trying to help the seniors in both groups by sharing our facilities.



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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	10000	7400	17400
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
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	10000	7400	17400
% of Program Budget	57 %	42 %	100%

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

Other State, Federal or Local Government	21,700
United Way	67,000
Private Contributions (do not include individual donor names)	8000
Fees Collected from Program Participants	
Other (please specify)	8000
Total Revenue for Columns 2 Expenses **	7400

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

**Must equal or exceed total in column 2.



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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 ² /Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

* 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

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Theresa Carter</i>	Date:	12/5/14
Legal Signatory: (please print):	Theresa Carter	Title:	Co-Exe. Director / Board President
Phone:	502-636-3424	Extension:	
		Email:	tcarterklingctr@att.net

Internal Revenue Service
District Director

Department of the Treasury

Date: NOV 17 1980

Employer Identification Number:

Accounting Period Ending:

September 30

Form 990 Required: 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: '810 23 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 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,

A handwritten signature in cursive script, appearing to read "D. L. James, Jr.", written in dark ink.

D. L. James, Jr.
District Director

Kling Center 2014-2015 Budget	Total
Metro Gov	\$21,700.00
Metro United Way	\$67,000.00
Zoo Project from Union	\$5,000.00
Vending	\$1,500.00
NDF Grant	\$5,000.00
CFC Grant	\$1,000.00
Miscellaneous Grants	\$ 28,333.48

Charitable Organization Donations

Donations from Churches	\$1,000.00
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Fundraising Revenue

Nest Egg	\$3,000.00
Holiday Appeals	\$3,000.00
SpringFest	\$1,000.00
Total Revenue	\$137,533.48

Expenses

Alarm System	\$300.00
Audit Fees & 990	\$5,000.00
Bank Fees	\$500.00
Building Grounds & Maintenance	\$5,000.00
Cell Phone	\$1,200.00
Comp Liability	\$1,896.00
Insurance	\$3,024.00
Health Insurance	\$3,840.00
Workers Comp Insurance	\$1,500.00
Mileage Reimbursements	\$600.00
Professional Insurance	\$50.00
Memberships	\$100.00
Office Equipment	\$2,800.00
Office Supplies	\$600.00
Organizational Dues	\$600.00
Pension	\$1,600.00
Program Supplies	\$1,200.00
Rent	\$1.00
Terminix	\$528.00
Union Dues	\$488.16
Web Hosting & email	\$1,000.00

Salaries

Executive Directors	\$28,000.00
Receptionist/Activity Helper	\$11,000.00

Social Worker	\$32,000.00
Payroll Services	\$1,740.00
Taxes	\$15,898.08

Utilities

LG&E	\$8,500.00
Phone Computer & Internet	\$3,600.00
Rumpke	\$768.24
Vending	\$1,500.00
Water	\$1,500.00

Fundraising Expense

Special Events	\$1,200.00
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Total Expenses	\$137,533.48
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BOARD OF DIRECTORS LIST

Steve Gafaher – President – 1st term – 1 year left

Bob Bracy – VP – 1st term – 2 ½ years left

Kathy Shields – Treasurer – 2nd term 2 years left

Kristah Lavallo – Secretary – 1st term 2 years left

Charlie Clephas – 2nd term – 2 years left

Ched Jennings – 2nd term – 2 ½ years left

Leonard Douglas – 2nd term – 3 years left

Lillian Williamson – 2nd term – 1 year left

Benjamin Vaughn – 1st term – 2 ½ years left

Linda Simpson – 2nd term – 1 year left

Theresa Carter – Co Executive Director

Joan Stewart – Co Executive Director

The Kling Center

PROFIT AND LOSS

July 1 - December 5, 2014

	TOTAL
Income	
3001-00 Endowment Distributions	9,330.37
3002-00 Grant Income	0.00
3002-01 Metro United Way	32,934.00
3002-02 Metro City Grant	10,850.00
Total 3002-00 Grant Income	43,784.00
3003-00 Interest & Investments	0.00
3003-01 Trust Fund Deposits	204.00
Total 3003-00 Interest & Investments	204.00
3004-00 Contributions & Fundraising	658.69
3004-01 Private Donations	6,490.50
3004-02 Organizational Contributions	5,182.50
Total 3004-00 Contributions & Fundraising	12,331.69
3006-00 Uncategorized Income	0.00
3006-02 Other Primary Income	193.00
3006-03 Pepsi Vending	826.00
Total 3006-00 Uncategorized Income	1,019.00
3100-00 Miscellaneous Income	812.49
Total Income	\$67,481.55
Cost of Goods Sold	
4016-01 Cost of Goods Sold	510.05
Total Cost of Goods Sold	\$510.05
Gross Profit	\$66,971.50
Expenses	
4002-00 Bank Fees & Charges	36.00
4004-00 Contract Services	2,307.84
4004-01 Payroll Services	885.00
Total 4004-00 Contract Services	3,192.84
4005-00 Memberships & Subscriptions	0.00
4005-01 Center for Non-Profit Excellence	100.00
Total 4005-00 Memberships & Subscriptions	100.00
4007-00 Insurance	561.48
4007-02 Workers Comp Insurance	2,162.99
Total 4007-00 Insurance	2,724.47
4009-00 Office Expense	600.00
4009-01 Equipment Maintenance	968.57
4009-02 Office Supplies	656.35
Total 4009-00 Office Expense	2,224.92

4011-00 Payroll & Payroll Taxes	21,418.55
4011-01 Health Insurance	1,662.90
4011-02 Pension Contribution	252.42
4011-03 Union Dues	325.44
4011-10 Federal Tax Withheld	13,047.31
4011-21 Indiana Taxes	588.06
4011-25 Kentucky State Tax	951.19
4011-30 Louisville Metro Tax	343.04
4011-40 SUTA	224.71
Total 4011-00 Payroll & Payroll Taxes	38,813.62
4012-00 Petty Cash Fund	300.00
4014-00 Building Repair & Maintenance	1,029.88
4015-00 Utilities	0.00
4015-01 Computer, Internet, Telephone	1,717.52
4015-02 Garbage Services	273.15
4015-03 LG&E	3,979.00
4015-04 Louisville Water Company	797.49
4015-05 Alarm System	99.00
Total 4015-00 Utilities	6,866.16
Total Expenses	\$55,287.89
Net Operating Income	\$11,683.61
Other Income	
3005-00 Reimbursed Expenses	216.95
Total Other Income	\$216.95
Net Other Income	\$216.95
Net Income	\$11,900.56

Friday, Dec 05, 2014 11:10:14 AMPST GMT-5 - Cash Basis

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning 07/01/12 , and ending 06/30/13

Arthur S. Kling Center, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>261,232</u>
Revenue		
Contributions		
Program service revenue	<u>108,870</u>	
Investment income	<u>1,282</u>	
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue	<u>110,152</u>	
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses	<u>147,793</u>	
Excess / (deficit)		<u>-37,641</u>
Other changes		<u>12,518</u>
Net Asset / Fund Balance at End of Year		<u><u>236,109</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>_____</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>_____</u>

	Beginning	Ending	Differences
Assets	<u>266,604</u>	<u>238,061</u>	
Liabilities	<u>5,372</u>	<u>1,952</u>	
Net assets	<u><u>261,232</u></u>	<u><u>236,109</u></u>	<u>-25,123</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/13
 Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

Name and title of officer
Arthur S. Kling Center, Inc.
Theresa Carter
Executive Director

[Redacted]

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 ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	110,152
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2012 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 **Freeman & Associates** to enter my PIN [Redacted] as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 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 2012 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 ▶ **02/13/14**

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.

[Redacted]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ **J Stephen Freeman**

Date ▶

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 back of form.

Form **8879-EO** (2012)

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Arthur S. Kling Center, Inc.	D Employer identification number [REDACTED]
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 219 West Ormsby Avenue	E Telephone number 502-636-3424
	City or town, state or country, and ZIP + 4 Louisville KY 40203	F Group Exemption Number ▶

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

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

I Website: ▶ **www.theklingcenter.org**

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **110,152**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	108,870
	3	Membership dues and assessments	3	
	4	Investment income	4	1,282
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,152	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	83,771
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	64,022
17	Total expenses. Add lines 10 through 16	17	147,793	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-37,641
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	261,232
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	12,518
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	236,109

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	11,109	22	11,359
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	255,495	24	226,702
25 Total assets	266,604	25	238,061
26 Total liabilities (describe in Schedule O)	5,372	26	1,952
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	261,232	27	236,109

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 See Schedule O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	794
32 Total program service expenses (add lines 28a through 31a)		32	794

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charlie Cephas Board Member	2.00	0	0	0
Steve Gahafer Board Member	2.00	0	0	0
Ched Jennings Board member	2.00	0	0	0
Robert Phillips Board member	2.00	0	0	0
MJ Robinson Board member	2.00	0	0	0
Ward Robinson Board member	2.00	0	0	0
Kathy Shields Board member	2.00	0	0	0
Linda Simpson Board member	2.00	0	0	0
Lillian Williamson Board Member	2.00	0	0	0
Kristah Lavelle Board member	2.00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	None	
42a	The organization's books are in care of	Organization	
	219 West Ormsby Ave	Telephone no.	502-636-3424
	Located at	Louisville	KY ZIP + 4 40203
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

Form 990-EZ (2012) **Arthur S. Kling Center, Inc.**

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

46

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a

b If "Yes," was the related organization a section 527 organization? Yes No

49b

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

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

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

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

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

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

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

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

Sign Here Date
 Signature of officer: **Theresa Carter**
 Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name J Stephen Freeman	Preparer's signature J Stephen Freeman	Date 02/11/14	Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
Firm's name ▶ Freeman & Associates		Firm's EIN ▶ [REDACTED]		
Firm's address ▶ 10620 Meeting Street Unit 101 Prospect, KY 40059-7545		Phone no. 502-426-7802		

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

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Arthur S. Kling Center, Inc.

Employer identification number

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

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

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,919	141,182	89,870	113,174	108,870	748,015
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	294,919	141,182	89,870	113,174	108,870	748,015
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.						748,015

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	294,919	141,182	89,870	113,174	108,870	748,015
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					280	280
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						748,295
12 Gross receipts from related activities, etc. (see instructions)					12	108,872
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.96%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



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

A series of horizontal dotted lines providing a ruled area for entering supplemental 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.

OMB No. 1545-0047

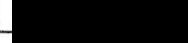
2012

Open to Public
Inspection

Name of the organization

Arthur S. Kling Center, Inc.

Employer identification number



Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Advertising and Promotion	\$ 500
Office	\$ 26,897
Royalties	\$ 18,969
Professional fees	\$ 6,338
Non-investment Depreciation	\$ 11,318
Total	\$ 64,022

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Gain on Investments	\$ 12,518

Form 990-EZ, Part II, Line 24 - Other Assets

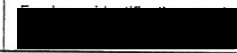
Description	Beg. of Year	End of Year
Improvements and equip	\$ 0	\$ 453,724
Less Accumulated Depreciation	\$ 0	\$ 335,154
Endowment Funds	\$ 125,608	\$ 108,132
Improvements and fixtures-net	\$ 129,887	\$ 0
Total	\$ 255,495	\$ 226,702

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 4,298	\$ 0

Name of the organization

Arthur S. Kling Center, Inc.



Payroll withholdings \$ 1,074 \$ 1,952

Form 990-EZ, Part III - Primary Exempt Purpose

To provide seniors 55 and older a safe and convenient meeting and activity center.

Form 990-EZ, Part III, Line 28 - First Accomplishment

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.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

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.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Arthur S. Kling Center, Inc.

Identifying number

Business or activity to which this form relates

Indirect Depreciation

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	500,000
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	2,000,000
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 2011 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 2013. 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	11,318

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 2012	17	0
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 2012 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
19a 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a 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	11,318
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** (2012)

Federal Asset Report
Form 990, Page 1

FYE: 6/30/2013

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Improvements and equip	7/01/00	453,724			453,724	40 MO S/L	323,836	11,318
	Total Other Depreciation		<u>453,724</u>			<u>453,724</u>		<u>323,836</u>	<u>11,318</u>
	Total ACRS and Other Depreciation		<u>453,724</u>			<u>453,724</u>		<u>323,836</u>	<u>11,318</u>
	Grand Totals		453,724			453,724		323,836	11,318
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>453,724</u>			<u>453,724</u>		<u>323,836</u>	<u>11,318</u>

FYE: 6/30/2013

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Future Depreciation Report FYE: 6/30/14

FYE: 6/30/2013

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Improvements and equip	7/01/00	<u>453,724</u>	<u>11,343</u>	<u>0</u>
	Total Other Depreciation		<u>453,724</u>	<u>11,343</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>453,724</u>	<u>11,343</u>	<u>0</u>
	Grand Totals		<u>453,724</u>	<u>11,343</u>	<u>0</u>

Federal Statements

FYE: 6/30/2013

Schedule A, Part II, Line 9(e)

Description	Amount
Dividends	\$ 1,280
Less: Deductions	-1,000
Total	\$ 280

Schedule A, Part II, Line 12

Description	Amount
Donations and support	\$ 108,870
Total	\$ 108,872

FILED
JEFF. CO., KY.

19 1978

BREMER EHRLER, Clerk
BY *PJ* D.C.

ARTICLES OF INCORPORATION

OF

KLING CENTER ADVISORY BOARD, INC.

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

SEP 18 1978

 Dorell P. Davis
SECRETARY OF STATE

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
Computer & 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

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

Annette V. Crutcher
221 West Barnett Street
Louisville, Kentucky

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

William Friedlander
706 East Broadway
Louisville, Kentucky

Richard L. Miller
Hillebrand House
Louisville, Kentucky

Fern Rachford
Hillebrand House
1235 South Third
Louisville, Kentucky

Ellen Corey Patrie
Room 406
208 South Fifth.
Louisville, Kentucky

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

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

Gussie Smith
1424 St. James Court
Louisville, Kentucky


Gail Tucker
1430 S. Second
Louisville, Kentucky

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

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



BARBARA BRADSHAW



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 Patric
ELLEN COREY PATRIC

Sara A. Pratt
SARA PRATT

Helen L. Sligar
HELEN SLIGAR

Gussie Smith
GUSSIE SMITH

Gail Tucker
GAIL TUCKER

Susan Reed
SUSAN REED

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: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 219 W. Ormsby Avenue	Requester's name and address (optional) <i>[Handwritten signature]</i>
	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																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>										

Part II Certification

Under penalties of perjury, I certify that:

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

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 ▶ <i>Theresa Carter</i>	Date ▶ <i>12/5/14</i>
------------------	--	-----------------------

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:

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

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

Joan Stewart – Co-Executive Director (part-time) - \$7,000

Linda Wheeler – Senior Social Worker (full-time) - \$31,000

Margaret Owens – Receptionist (part-time) - \$11,000

ARTHUR S. KLING CENTER, INC.

EQUAL OPPORTUNITY POLICY

It is the policy of the Arthur S. Kling Center to offer its service to all members of the community, regardless of race, color, religion, national origin, sex, disability, or ability to pay. It is also the policy of the Arthur Kling Center to recruit and hire, and thereafter to assign, transfer, promote, and compensate employees on the basis of merit and ability without discrimination based on race, color, religion, national origin, sex, disability, or age between 40 and 70. The Arthur Kling Center is an equal opportunity employer.

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	7/31/2014
Principal Office	219 W. ORMSBY AVE. LOUISVILLE, KY 40203
Registered Agent	BRYAN MATHEWS 219 W. ORMSBY LOUISVILLE, KY 40203

Current Officers

President	Stephen Fein
Vice President	Ward Robinson
Secretary	Kathy Shields
Treasurer	Deanna Fein
Director	Stephen Fein
Director	Ward Robinson
Director	Deanna Fein
Director	Kathy Shields
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	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	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
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