

SECTION:1—APPLICANT INFORMATION						
Legal Name of Applica	_	- Harn	or House o	of Louisville, Inc.		
(as listed on: http://www.so.		411,000,000				
Main Office Street & Mailing Address: 2231 Lower Hunters Trace, Louisville, KY 40216						
Website: www.hhlou.org						
Applicant Contact:	Maria S		Title:	CEO		
Phone:	-	9-0072 x539	Email:	msmith@hhlou.org		
Financial Contact:	Tom E		Title:	Controller		
Phone:	502-71	9-0072 x517	Email:	tevans@hhlou.org		
Organization's Represe	entative	who attended NDF Train	ing: Jane White			
		L AREA(S) WHERE PROGE	RAM ACTIVITIES ARE (WILL BE) PROVIDED		
Program Facility Locati	ion(s):	2231 Lower Hunters 7	race, Louisville, KY			
Council District(s):		District 12	Zip Code(s):	40216		
	SECTI	ON 2 – PROGRAM REQUI	ST & FINANCIAL INFO	PRMATION		
PROGRAM/PROJECT N	AME: Th	e Ken-Ducky Derby Feti	val			
Total Request: (\$)	\$52,000	Total Metro Av	ward (this program) ir	previous year: (\$) \$14,200		
Purpose of Request (ch	eck all ti	nat apply):				
		erally cannot exceed 33%				
Programming	g/services	e/events for direct benefi	t to community or qua	alified individuals		
······································		organization (equipment,	furnishing, building, e	etc)		
The Following are Requ	uired Att	achments:				
IRS Exempt Status Dete		ı Letter	Signed lease if rent	costs are being requested		
Current Year Projected	_		IRS Form W9			
List of Board of Directo		e term & term limits		used in the proposed program		
Current financial states Most recent IRS Form		20.11	Annual audit (if requ	uired by organization)		
Articles of Incorporation		(U-N		ation Certification Form, if required		
Cost estimates from pr		endor if request is for	Staff including the	3 highest paid staff		
······································	capital expense					
For the current fiscal ye	ear endin	g June 30, list all funds a	ppropriated and/or re	ceived 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: N	DF		Amount: (\$) \$	14,200		
Source: Ex	xternal A	gency	Amount: (\$) \$2	25,000		
Source:			Amount: (\$)			
Has the applicant contacted the BBB Charity Review for participation?						
Has the applicant met the BBB Charity Review Standards? 🔳 Yes 🔲 No						

Page 1 Effective April 2014

Applicant's Initial n.S.



SECTION 3 - AGENCY DETAILS Describe Agency's Vision, Mission and Services: The vision of Harbor House of Louisville, Inc. is for the 30,000 Louisville-area reside:

The vision of Harbor House of Louisville, Inc. is for the 30,000 Louisville-area residents living with developmental and intellectual disabilities to feel part of their community by providing opportunities for socialization and employment. The mission of Harbor House of Louisville, Inc is to empower individuals with disabilities and their families to lead fulfilled and productive lives. The services of Harbor House include:

Case Management - Helps families coordinate the services they want and need.

Supported Employment - Employment Coordinators help candidates find jobs in the community based on their skills and interests.

Bulk Mail and Fulfillment Services - On-site employment that allows participants to work and earn a paycheck

Adult Day Training - Program teaches responsibility and self-sufficiency

Bramer Respite House - Provides short-term respite for family members of people with disabilities



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.):

The Ken-Ducky Derby Family Festival is a community-wide event that raises money for the mission of Harbor House. In its 11 year, the event has captivated the community each year with the annual launching of 25,000 rubber ducks in the Ohio River.

The 25,000 ducks that race in the river comprise the most significant part of the event. People in the community adopt the 25,000 ducks over an 8 week period leading up to the festival. The first place winner receives a car donated by Sam Swope Honda World. Adopters of the second and third place finishers receive a cash prize. In 2014, we have also secured a Million Dollar Duck sponsor. If the duck who finishes third has been anonymously selected prior to the race, the adopter of that duck may win \$1,000,000. All proceeds from the Ken-Ducky Derby benefit the programs and services at Harbor House.

Marketing efforts for the event includes the distribution of 100,000 duck adoption forms around the community through retail outlets including Republic Bank, The Comfy Cow, Starbucks and Texas Roadhouse. Additionally, social media and other advertising will be used to advertise the event.

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

The funds requested would be used towards the payment of our contract with Great American Merchandise Event (Game) and for marketing of the festival at other community festivals and events.

Harbor House contracts with Great American Merchandise Event (GAME) who developed the concept of the duck race. The contract (\$22,000) gives Harbor House the exclusive rights to the trademarked duck race within a certain range of Metro Louisville. The contract also includes the shipping and rental of the ducks, printing for the duck adoption forms (100,000) and access to an online site, e-Quack, for securing duck adoptions on line.

The remainder of the funds (\$3,000) will be used to fees for selling ducks at various community events. During the course of the summer, Harbor House attends many community festivals as well as the Kentucky State Fair. The remainder of the funds requested would go toward fees associated with participation at these events.



: If this request is a fundraiser, please detail how the proceeds will be spent:
he request for funding from the Louisville Metro Council Neighborhood Development Fund is for sponsorship f the Harbor House Ken-Ducky Derby Family Festival on September 28, 2014 at Waterfront Park. All net roceeds from the event supports programming at Harbor House of Louisville.
ase Management - Helps families coordinate the services they want and need.
supported Employment - Employment Coordinators help candidates find jobs in the community based on their kills and interests.
ulk Mail and Fulfillment Services - On-site employment that allows participants to work and earn a paycheck
dult Day Training - Program teaches responsibility and self-sufficiency
ramer Respite House - Provides short-term respite for family members of people with disabilities
The Ken-Ducky Derby gives Harbor House the opportunity to raise awareness of services and options to housands in the community needing specialized services.
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.



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:

By staging the Ken-Ducky Derby Festival, a community-wide event, Harbor House is able to raise awareness in Louisville about the organization and the services provided to adults with intellectual and developmental disabilities while also raising money to benefit programming.

Our overall goal is to increase awareness and money raised to support the programming needs at Harbor House.

- 1) To increase the number of ducks adopted by 20% (from 21,000 to 26,000)
- 2) To increase the total revenue of the event by 10% (from \$186,555 to \$209,596)

In order to meet these goals we will track:

- 1) Track duck adoptions through our online purchasing software, e-Quack
- 2) Track financial reports
- 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.

Harbor House has collaborative relationships with the following community organizations:

- 1) Jewish and Saints Mary & Elizabeth's Hospital where participants volunteer in various departments.
- 2) Meals on Wheels and SeniorCare Experts Participants from Harbor House deliver meals to the elderly
- 3) Bellarmine University's School of Nursing, Spalding University's School of Occupational Therapy and the University of Louisville's Kent School of Social Work students complete a portion of their training at Harbor House giving students the opportunity to work with disabled population.
- 4) The Kentucky Humane Society Harbor House participants volunteer to feed animals and to clean the cages at KHS.



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.

	Colum 1	n	Colu 2		Colun (1+2)	12.00
Program/Project Expenses	Propos Metro Fi	Proceedings of	No Mel Fun	ro	Tota Func	3.14
A: Personnel Costs Including Benefits						
B: Rent/Utilities						····
C: Office Supplies						
D: Telephone						
E: In-town Travel	<u> </u>					
F: Client Assistance (Attach Detailed List)	<u> </u>					
G: Professional Service Contracts						
H: Program Materials						
I: Community Events & Festivals (Attach Detail List)	52,00	00	45,	700	\$97,7	700
J: Small Equipment						
K: Capital Equipment					<u> </u>	
L: Other Expenses (Attach Detail List)	<u> </u>		19,	000	19,0	
*TOTAL PROGRAM/PROJECT FUNDS	52,0	00	64,	700	\$116	,700
% of Program Badget	45	%	55	%	100)%

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

Total Revenue for Columbus 2 Expenses (2)	\$209,596
Other (please specify)	39,167 (in-kind, sales of merchandise)
Fees Collected from Program Participants	91,800 (projectedduck adoptions)
Private Contributions (do not include individual donor names)	78,629 (Projected sponsors)
United Way	-0-
Other State, Federal or Local Government	-0-

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

^{**}Must equal or exceed total in column 2.





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
Donation of car f	or prize/Sam Swo	18,000	dealer invoice
Auction items for	kick-off (attached	1,000	
	e of In-Kind	19,000	
ONOR INFORMATION I	tion &Other In Kind)	THE IN KIND CONTRIBUTIO ON ONE LINE AS A TOTAL N	N. VOLUNTEERS NEED NOT BE IOTING HOW MANY HOURS PER
Volunteer Contribu ONOR INFORMATION I FED INDIVIDUALLY, BU ISON PER WEEK Ency Fiscal Year Start D	tion &Other In Kind) REFERS TO WHO MADE T GROUPED TOGETHER ate: July 1, 2014 ate a significant increase	ON ONE LINE AS A TOTAL N	IOTING HOW MANY HOURS PER
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Volunteer Contribu ONOR INFORMATION I FED INDIVIDUALLY, BU SON PER WEEK Ency Fiscal Year Start D SON SON PER WEER	tion &Other In Kind) REFERS TO WHO MADE T GROUPED TOGETHER ate: July 1, 2014 ate a significant increase	ON ONE LINE AS A TOTAL N	IOTING HOW MANY HOURS PER



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

- 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
- 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).
- 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.
- 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 and
- 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.
- 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.
- 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 feisification. If faisification 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 initiated each page of the application.

Signature of Legal Signatory: Thanks Smith Date:

Legal Signatory: (please print): Maria Smith Title: CEO

Phone: 502-719-0072 Extension: x539 Email: msmith@hhlou.org

Page 8 Effective April 2014 Applicant's Initials

Internal Revenue Service

Date: April 21, 2005

HARBOR HOUSE OF LOUISVILLE INC 2231 LOWER HUNTERS TRCE LOUISVILLE KY 40216-1358 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

513-263-3756

Stephanie Swartzbaugh 31-07594 Customer Service Specialist Toll Free Telephone Number: 8:30 a.m. to 5:30 p.m. ET 877-829-5500 Fax Number:

Dear Sir or Madam:

This is in response to your request of April 21, 2005, regarding your organization's tax-exempt status.

In August 1992 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Janua K. Stufer

Janna K. Skufca, Director, TE/GE Customer Account Services

BUDGET FOR FISCAL YEAR 2015

**	4101	111	IFS

KEVENUES:	
in-Kind Contributions	38,000.00
Contributions	50,000.00
Contributions Benevon	104,000.00
Grants	118,000.00
Pyt Pay Services	8,700.00
Participant Act. Fees	2,400.00
Medicaid CLS	125,700.00
Medicaid Case Mgmt	16,500.00
Medicaid Respite	21,000.00
Medicaid SE	400.00
Medicaid OT	2,000.00
Medicaid ST	32,500.00
Medicald PT	9,700.00
Medicald DME	11,000.00
Medicaid ADT On-Site	710,000.00
Vocational Rehab	185,000.00
Mail Revenue	90,000.00
Promotional Sales	3,000.00
KDD Spons. Revenue	68,000.00
KDD Duck Sales	100,000.00
KDD Merchandise	4,000.00
KDD Booth Sponsor	600.00
KDD Donation	22,700.00
Miscellaneous income	350.00
Land to the second second	Å4 795 FF6 60

TOTAL REVENUE

\$1,723,550.00

EXPENSES:

EXPENSES:	
PR/Marketing	80,000.00
HH Autos	10,000.00
Dues & Subscriptions	9,000.00
Equip Maint/Contracts	15,000.00
Liability insurance	16,700.00
Workers Comp	10,000.00
KY Unemployment	570.00
Interest Expense	3,500.00
Janitorial	3,000.00
Bank Charges	2,000.00
Depreciation	70,000.00
Provider Tax	30,000.00
Rent	3,700.00
Printing	12,000.00
Supplies	32,000.00
DME	11,000.00
Postage	30,000.00
Delivery Chgs - Sales	2,500.00
Bld. Maintenance	6,000.00
Employee Benefits	105,000.00
Payroll Expense	997,000.00
Payroll Tax Expense	76,271
Telephone	7,000.00
Activities Expense	2,500.00
Meals	23,500.00
Travel	22,200.00
Professional Fees	85,500.00
Licenses & Fees	6,000.00
Utility Expense	16,500.00
Training	3,500.00
Bad Debt Expense	9,500.00
TOTAL EXPENSES:	1,701,440.50
•	

NET INCOME:

22,109.50

Harbor House Ken-Ducky Derby Projected Budget 2014

Revenue

In-Kind Donations Ken-Ducky Derby Sponsors Duck Adoptions Duck Derby Merchandise Ken-Ducky Derby Booth Sponsors Other KDD Donations	23,942 78,629 91,800 4,806 751 14,610
TOTAL PROJECTED INCOME	\$214,538
Expenses	
PR/Marketing	61,800
Bank Service Charges	400
Rent Expense	2,000
Printing and Reproduction	600
Supplies	14,000
Postage	7,100
Training	300
Travel	1,500
Feathers & Friends Catering	12,500
Professional Fees (Special Event Consultant)	12,000
Licenses and Fees	4,500
	Add Address in the Ad
TOTAL PROJECTED EXPENSES	\$116,700
NET PROCEEDS TO BENEFIT HARBOR HOUSE	\$ 97,838

Harbor House Board of Directors

Reba Doutrick

Retired from Insight Communications

August 2011

Rick Farrar

Retired from IBM Corporation in Field Engineering, Management and COS

January 2010 Interim board - March 2006

Pat Fallon Operations Manager for AVI

January 2010 Interim board - March 2006

Alicia Heazlitt – Vice President Innovate LTC Market Research Manager 201 East Jefferson St. Ste 100-Louisville, KY 40202

Wk: 502-569-0301

aheazlitt@innovateltc.com

August 2012

Darrell Jarrett
JCPS Administrator

djjarrett@insightbb.com

November 2012

David Jett - Secretary
Sales-ClAgent Solutions
11760 Commonwealth Drive, Louisville, KY 40299

Wk: 502-267-0101

davej@ciagent.com

January 2010

Interim board - March 2008

Dr. Sam Kad Physician Dept. of Corrections KY State Reformatory 3001 West Highway 146, LaGrange, KY 40032

May 2014

Rene' Kesterson Community and Public Relations Papa John's International 2002 Papa Johns Blvd.- Louisville, KY 40299

Wk: 502-261-4209

rene kesterson@papajohns.com

August 2012

Roger LeMaster
Director of Internal Audit, Louisville Water Co.
550 S 3rd St., Louisville, KY 40202

Wk: 502-569-3647

rlemaster@lwcky.com May 2012

Pat MacDonald

Managing Partner- W. M. Holdings, LLC

January 2010 Interim board – March 2008 Father Christian Moore
Pastor of Incarnation Catholic Church
Wk: 502-448-6277

January 2010

Interim board - March 2006

Jim Morris – President Retired Administrator at Jefferson Manor

January 2010 Interim board – August 2009

Phil Stuecker – Treasurer Retired CFO of Thomas Industries

January 2010 Interim board – March 2006

Diana Sumner
Manager – UPS
2200 Outer Loop, Bldg. 1, Louisville, KY 40219

Wk: 502-961-1234

dlbullen@ups.com February 2014

Wayne Thieneman
Jefferson County Public School Bus Driver

Jenerson Councy (abite serious Bas error

January 2010 Interim board – January 2007 Michael Valenti Lawyer at Valenti, Hanley & Robinson 401 W Main St, Suite 1950 Louisville, KY 40202

Wk: 502-568-2100

mvalenti@vhrlaw.com
January 2010
Interim board – January 2007

John Zoeller CEO/President of Zoeller Company 3649 Cane Run Road – Louisville, KY 40211

Wk: 502-778-2731 ext: 8126

iohnz@zoeller.com May 2010

updated 7/14/14

According to the bylaws, tenure is defined as a three year term from time of election and each member is eligible for re-election to a consecutive three year term. After two three-year terms, member is ineligible for re-election for a minimum of one year.

The bylaws were adopted in January 2010. Interim board members were "grandfathered" in the existing board and their terms started in January 2010 when the by-laws were adopted.

Income Statement

For The 12 Periods Ended 6/30/2014

Harbor House of Louisville, Inc.

		Yea	er to Date
Revenue			
	In Kind Contributions	\$	37,059
	Contributions	\$	133,393
•	Grants	\$	141,213
	Tuition Clients	\$	7,800
	Participant Fees	\$	2,735
	Medicaid	\$	952,974
	Vocational Rehab	\$	183,960
	Mail Sales Revenue	\$	66,060
	Mail Postage Revenue	\$	21,990
	Pickup/Delivery Mail Revenue	\$	20
	Appreciation DEV SPON	\$	5
	Promotional Sales	\$	3,374
	KDD-Sponsor	\$	70,870
	Duck Sales	\$	79,819
	KDD Merchandise	\$	4,222
	KDD Booth Fee	\$	653
	KDD Donation	\$	12,704
	Vending Machine Revenue	\$	34 83
	Miscellaneous Income	\$ \$	63 9
	Interest Income	\$	1,718,977
		\$	1,718,977
Expenses		•	1,7 10,071
	PR/Marketing	\$	73,905
	HH Auto PRO CH	\$	5,015
	Dues & Subscription	\$	8,834
	Eqpt Maint/Contract	\$	11,544
	MAS90 Maint/Contracts	\$	3,943
	Liability Insurance	\$	18,459
	Workmans Comp	\$	8,398
	KY Unemployment Insurance	\$	408
	Interest Expense	\$	3,377
	Janitorial	\$	2,428
	Bank Service Charge	\$	1,946
	Depreciation Expense	\$	64,630
	Health Care Provider Tax	\$	33,890
	Rent Expense	\$	3,319
	Printing	\$	10,978
	Supplies	\$	30,333
	Durable Medical Equipment	\$	10,252
	Postage & Delivery	\$	9,657
	Postage Mail Sales	\$	22,080
	Delivery Charges	\$	1,899
	Building Maintenance	\$	7,818
	Office Equip/Maint	\$	5,768
	Building Supplies Respite Hous	\$	6
	Activities Expense	\$	2,838
	Employee Benefits	\$	93,583
	Payroli Salary Expense	\$	971,980
	Payroll Tax Expense	\$	72,573
	Telephone Expense	\$	7,234
	Utilities Expense	\$	15,531
	. Training	\$	3,342

Travel	\$ 22,503
Meal & Entertainment	\$ 31,903
Professional Fees	\$ 76,419
Licenses & Permits	\$ 4,642
Bad Debt/Write Off	\$ 4,000
Contractual Medicaid	\$ 42,526
	\$ 1,687,961
NET INCOME (LOSS)	\$ 31,016

Russell, Smith & Associates 4165 Westport Road Louisville, KY 40207

Harbor House of Louisville, Inc. 2231 Lower Hunters Trace Louisville, KY 40216

Idalllanddadhllaladl

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CLIENT'S COPY

Filing Instructions Prepared by: Prepared for: Russell, Smith & Associates Harbor House of Louisville, Inc. 4165 Westport Road 2231 Lower Hunters Trace Louisville, KY 40216 Louisville, KY 40207 2012 FORM 990 Electronic Filing: This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 18, 2014.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Charmo of organization D Employer identification number	-		and en a calendar year, or tax year beginning JUL 1, 2012 and en	nding J	UN 30, 201	3	
Control Services Control Ser	В		C Name of organization		The second secon	**************************************	
Doing Business As Doin		Add	Harbor House of Louisville. Inc.		į		
Number and street (or V.D. tox if mails in of cellevers to street address) Source Tacophone number Source Tacophone number Source Ta		Nar	nge Doing Business As				
Signature State	L	!retu	m Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numb	oer .	
City, town, or post office, state, and ZIP code G. Green accepted G. Total Providing Four and address of brincipal officer, Mar 1a Smith He) is this a group return for affinitates? Yes No He) is the agroup return of a similar and address of brincipal officer, Mar 1a Smith He) is the agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and address of brincipal officer, Mar 1a Smith He) are agroup return for affinitates? Yes No He) knew and affinites included? Yes No He) are agroup return for affinition of high part o	느	Jate	2231 HOWEL HUNCERS Trace				
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Tree-exempt estatus:							
J. Websites № Www. h.h.Lou.org From of organization: I.X. corporation Trust Association Other Lyear of formation: 1992 M State of legal dominitie: KY	1	Toyo					
Part Summary				527	If "No," attach	a list. (see instructions)	
Bartil Summary				1. ٧	H(c) Group exempt	ion number 🕨	
Briefly describe the organization's mission or most significant activities: To empower disabled individuals and their families to lead fulfilled and productive lives.				IL Year o	of formation: 1992	M State of legal domicile: KY	
And Cheir Families to lead fulfilled and productive lives. Cheir Record Cheir Families Cheir Record Ch		T_{J}		nower	disabled	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Š	1	and their families to lead fulfilled and r	orogin	ctive live	THUIVIQUAIS	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ž	2	Check this box If the organization discontinued its operations or dispose	d of more	than 25% of He not	200040	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Š	3	Number of voting members of the governing body (Part VI, line 1a)		د ا		
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		1		
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	je Se	5	rotal number of individuals employed in calendar year 2012 (Part V. line 2a)		=		
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Š	6	rotal number of volunteers (estimate if necessary)		a		
S Net Unrigitated Dusiness taxable income from Form 990T, line 34 Prior Year Current Year 210 , 161 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 , 581 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 301 . 30	Ş	7 8	Frotal unrelated business revenue from Part VIII, column (C), line 12		70	0.	
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19 Revenue less expenses. Subtract line 18 from line 12 29,648. 89,182.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,385,560.		
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 Waria Smith, Chief Executive Officer Print/Type or print name and title Print/Type preparer's name Date 11/30/13 self-employed Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495	<u> </u>		Revenue less expenses. Subtract line 18 from line 12		29,648.		
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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 Waria Smith, Chief Executive Officer Type or print name and title Print/Type preparer's name Preparer's signature David L. Smith, CPA Preparer Use Only Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495					1,387,463.		
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 Waria Smith, Chief Executive Officer Type or print name and title Print/Type preparer's name Preparer's signature David L. Smith, CPA Preparer Use Only Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495	Net	22		···			
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 Waria Smith, Chief Executive Officer Type or print name and title Prieparer's signature Date Prieparer's signature Date Check Lit is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Pate Prieparer's signature Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Prieparer is any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Prieparer is any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct, and complete. Declaration of preparer has any knowledge. Date Check Lit is true, correct has any knowledge. Date Check Lit is true, correct has any knowledge. Date Check Lit is true, correct has any knowledge. Date Check Lit is true, correct has any knowledge. Date Check Lit is true, correct has any knowledge. Check Lit is true, correct has any knowledge. Dat			Signature Block		1,100,688.	1,255,870.	
Sign Here Maria Smith, Chief Executive Officer Print/Type or print name and title Preparer's signature Date Print/Type preparer's name David L. Smith, CPA Preparer Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495				d etataman	te and to the heat of m	us beautiful and the first terminal	
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Print/Type preparer's name David L. Smith, CPA Preparer Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Preparer Preparer Use Only Date Check 11/30/13 self-employed Firm's EIN Preparer's signature Preparer's sig	Sigr	1			Date		
Paid David L. Smith, CPA 11/30/13 self-employed Preparer Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495	Here	9	Maria Smith, Chief Executive Officer Type or print name and title	A			
Paid David L. Smith, CPA 11/30/13 self-employed Preparer Firm's name Russell, Smith & Associates Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495		*******		l Dat	8 Chard		
Preparer Firm's name Russell, Smith & Associates Firm's Ell 2 Use Only Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495			David L. Smith, CPA		. I MISON I		
Use Only Firm's address 4165 Westport Road Louisville, KY 40207 Phone no. 502-897-9495			Firm's name ▶ Russell, Smith & Associates		Firm's Fin	31	
Louisville, KY 40207 Phone no. 502-897-9495	Use	Only	Firm's address 4165 Westport Road		· ATTI O LI	4	
			Louisville, KY 40207		Phone no. 5	02-897-9495	
	May	the II	3S discuss this return with the preparer shown above? (see instructions)				

Form	Page 2
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To empower individuals with disabilities and their families to lead
	fulfilled and productive lives. Harbor House empowers individuals
	through employment, education, and community building opportunities.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes." describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, If any, for each program service reported.
4a	(Code:) (Expenses \$ 1,285,422. including grants of \$) (Revenue \$ 1,211,923.)
	Provided support to individuals with disabilities by allowing them to
	enjoy integration into the community through on-site and community
	employment, workshops, vocational training, and activities.
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 ▶ 1,285,422.
	Form 990 (2012
23200 12-10	2 -12 3

			Yes	TALL
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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors	1 2	X	┼
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	12	 ^	
4	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			
5	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	1
	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.			1
	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 Did the organization report an amount in Part X, line 21, for appropriate organization report an amount in Part X, line 21, for appropria	8		х
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?			
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	 -	X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its fotel			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
đ	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		х
e	the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	X	
1	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	115	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			*******
	Schedule D, Parts XI and XII	12a	Х	
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			
4 100	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 assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			**
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines			43
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\mathbf{x}	
19	bid the diganization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	-10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\Delta}{X}$
b	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		ZU0		-

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
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			v
	Schedule K. If "No", go to line 25	24a		<u> </u>
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	04-		
	any tax-exempt bonds?	24c 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			77
	person outstanding as of the end of the organization's tax year? 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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	The sea	- A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		3.4	
	instructions for applicable filing thresholds, conditions, and exceptions):	1017		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	 	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	1	x
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
•	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	-	 	
31	If "Yes," complete Schedule N, Part I	31		X
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
32	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	<u> </u>	X
34	the state of the s			
٠.	Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
ı	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilne 2	35b	 	<u> </u>
36				1,,
	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		38	x	
	Note, All Form 990 filers are required to complete Schedule O	1 20		

Form **990** (2012)

Pa	Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response to any question in this Part V			
10	Enter the number reported in Pay 2 of Form 1000 Fator 0 Knot and fator	U28959	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1a 8	110 10 101		
c	10 1			
•	and the state of t	- 465		
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	X	
	filled for the galery and an array and the south to the state of the s			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	100 3545.23		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	N TOWN
За	Did the examination have unrelated freelesses suggested and the page.		1840	X
	If "Vee " has it filled a Form 000 T for this year? If "Ale " mention as a mile at a contraction in O. b. at the O.	3a	├	 ^
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	├	┼
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			x
b	If "Yes," enter the name of the foreign country:	4a	1.00	1
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		PANIC	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 -	$\frac{\Lambda}{X}$
c	TERNAL HAR THE WAY AND A SECOND OF THE PARTY	5c	 	1-
6a		50		
	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	- Oa	 	┼≏-
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	V.	100 A	4,878
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-15		
	to file Form 8282?	7c		x
d	If "Yes," Indicate the number of Forms 8282 filed during the year	\$.K	\$24.57 SA.55	3 4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-44, 27,36	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		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	3.50	200 AV	\$.XX
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	28 ° 6''.	
9	Sponsoring organizations maintaining donor advised funds.		3N, 32	\$ \$ P
a	Did the organization make any taxable distributions under section 4966?	9a	* 1 **** \$1.9	
	Policy 11			

b Did the organization make a distribution to a donor, donor advisor, or related person?

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

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 ilcensed to issue qualified health plans

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

c Enter the amount of reserves on hand 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

12a

13a

14b

Form 990 (2012)

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Harbor House of Louisville, Inc.

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.

	4.114 - 114			X
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	*****	****	LEAJ
260	tion A. Governing Body and Management	······1	Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year 17		()	10
18	Enter the number of voting members of the governing body at the end of the tax year	430		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	10.10	(X.)	
2		2	Part Property	X
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
/a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-, -		
b		7b		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	13.47
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)			
900	Sell Mr. College (1700 College) is required in the college of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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 filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1138		
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	
	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	Ī
15	Did the process for determining compensation of the following persons include a review and approval by independent	774.5		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		7.32	
	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	XEX.		
	exempt status with respect to such arrangements?	16b	<u>L</u>	<u> </u>
Sec	tion 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)	availal	elc	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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, at	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	-	
	The Organization - 502-719-0072			,
	2231 Lower Hunters Trace, Louisville, KY 40216			

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ta 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 organiza (A) Name and Title	(B) Average	(do	(C) Position (do not check more than one				one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi	box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director			Key employes	Highest compensated emplayee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christian Moore Board member	1.00	x						0.	0	0
(2) Patrick Fallon	1.00	┝	-		<u> </u>			U +	0.	0.
Board member	1.00	x						0.	0.	0.
(3) Pat Franc	1.00	 				_		V •	٧.	<u> </u>
Board member		x						0.	0.	0.
(4) Rick Farrar	1.00									
Board member		X						0.	0.	0.
(5) Glenn Jennings	1.00									
Board member		X						0.	0.	0.
(6) David Jett	1.00									
Board member		X						0.	0.	0.
(7) Wayne Thieneman	1.00								***************************************	
Board member		X						0.	0.	0.
(8) Pat McDonald	1.00									
Board member		X						0.	0.	0.
(9) Dan Neal	1.00			Ì						
Board member	4 00	X		_			_	0.	0.	0.
(10) Jim Morris	1.00								_	_
Board member (11) Michael Valenti	1 00	X					_	0.	0.	0.
Board member	1.00	x								
(12) Phil Stuecker	1.00							0.	0.	0.
Board member	1.00	x		- 1			ı	0.	0.	
(13) John Zoeller	1.00	4	\dashv	\dashv				U.		0.
Board member	1.00	x					- 1	0.	0.	^
(14) Roger Lemaster	1.00			\dashv	-			<u> </u>	U +	0.
Board member		x	-	- 1	ı			0.	0.	0.
(15) Reba Doutrick	1.00	-			\dashv		ᅥ			
Board member	V	x	- [- 1				0.	0.1	0.
(16) Alicia Heazlitt	1.00		_	7	_					
Board member		X					- 1	0.	0.1	0.
(17) Rene Kesterson	1.00			\neg		7	7			
Board member		X	- 1	- 1	I	- 1	- 1	0.1	0.	0.

232007 12-10-12

Form **990** (2012)

Part VII Section A. Officers, Directors, Trus					-			ompensated Employe	es (continueo)	
(A) Name and title	(B) Average hours per	(do	not ci	((Pos heck ss pe	ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	ee or director	Institutional trustee	Officer	Γ-	Highest compensated Employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(18) Maria Smith	40.00			х				104,515.	0.	3,873.
Chief Executive Officer (19) Phil Kremer	40.00			^	-	\vdash	-	101,313.		1 3,0,00
Chief Operating Officer				X			_	62,301.	0.	2,821.
				_		-	_			
		_	-		<u> </u>	<u> </u>	-			
		1								
Sub-total Total from continuation sheets to Part \ d Total (add lines 1b and 1c) Total number of individuals (including but	/II, Section A					>	ho r	166,816. 0. 166,816. eceived more than \$100	0	0.
compensation from the organization										1 Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual							****************	***************************************	3 X
 4 For any individual listed on line 1a, is the sand related organizations greater than \$1. 5 Did any person listed on line 1a receive or 	50,000? If "Yes	, " cc	mpl	ete	Sch	edul	le J	for such individual	***********	4 X
rendered to the organization? If "Yes," co. Section B. Independent Contractors										5 X
Complete this table for your five highest or										sation from
the organization. Report compensation fo	r the calendar y	/ear	end	ing '	with	or v	vithi	n the organization's tax (B)	year.	(C)
Name and busines	s address	N	ON.	E		······································		Description of	services	Compensation
		,,,,,,,,,,,,								
2 Total number of independent contractors		not I	imite	ed to			Iste	d above) who received	more than	
\$100,000 of compensation from the organ	nization >					0			1/2/25	Form 990 (2012)

		Check if Schedule O con	tains a response	to any question	in this Part VIII	•••••		
		Sie j			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts		a Federated campaigns						
g g		Membership dues						
Ş.₹	۰ ا	Fundraising events	1c					
펿	(d Related organizations	1d					
ςΈ	€	 Government grants (contribute 		16,500.				
語を	f	All other contributions, gifts, gran						
듗	İ	similar amounts not included abo		285,081.				
50		Noncash contributions included in lines		36,627.				
<u>Q #</u>	ŀ	Total. Add lines 1a-1f			301,581.			
				Business Code				
9		Medicaid reimbu		900099	977,293.	977,293.		
12 es		Mail fulfillmer		900099	221,612.	221,612.		†
Program Service Revenue	C	Tuition and fee	s	900099	13,018.	13,018.		
ran Pev	d	i						
S.	e)						
Œ.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,211,923.			
	3	Investment income (including					<u> </u>	
		other similar amounts)			23.			23.
	4	Income from investment of ta						
	5	Royalties	***************************************				***************************************	····
			(i) Real	(ii) Personal		TARREST NAME		A SOLAND PARTY
	6 a	Gross rents						
	b	Less: rental expenses						
]		Rental Income or (loss)						
		Not rental Income or (least)	***************************************	—		7, 11 11 11 11 11	and a said to have t	
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	- 1/	(V, S.N.19)				
	b	Less: cost or other basis						
		and sales expenses						
J	c	Gain or (loss)			AND THE PARTY OF T			
- 1	d	Net gain or (loss)	Ł		Notes in the Control of the Control		1 1011 1 1 101 W F B	Carlo de Maria de la cale
	8 a	Gross income from fundraising	a events (not			U (1888), 4879 41 40.2		
Revenue		including \$	of					
8		contributions reported on line						
		Part IV, Ilne 18	•	157,633.				
Other	b	Less: direct expenses		113,574.				
0	c			.	44,059.		The Holy of the Park Section	// OFO
		Gross income from gaming ac			86.20 W (1) PS (2) PS (2)		AND RESERVED TO SERVE A BE	44,059.
		Part IV, line 19						
ļ	b	Less: direct expenses	b					
- 1		Net income or (loss) from gami			Constitution of the Constitution of the	Per Le Session de Marie	A COMMON PORTER	e estudiade activities volumes
		Gross sales of inventory, less i			Alexandida sectemb	o Cola de Basa de Basa.	ESTA PAREKTYZA	The advantage of the fire to
l		and allowances						
1	ď	Less: cost of goods sold	b					
- 1		Net income or (loss) from sales		A	and the second s	** * * * * * * * * * * * * * * * * * *		
Γ		Miscellaneous Revenue		Business Code			o de la participal de la constant	NAMES OF THE PARTY OF
Γ	11 a				and the second of the		San A. Strangel	9 % (P. 42) \$ 20 (P. 7) (P. 7)
1	b							
- 1	C							
ļ	đ	All other revenue						
	e	Total. Add lines 11a-11d				1438/A 1846/S FORM	付け後 Mathieles Man	DYCALAY ARCOLAS AS
	12	Total revenue. See instructions.	•••••		.,557,586.1	.211 923	0.	44,082.
232009 12-10-1	2					-,,,,,,,		Form 990 (2012)

	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D)
b, 8	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 010	152 471	11,677.	1,668
	trustees, and key employees	166,816.	153,471.	11,077	1,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	701 575	663,849.	50,510.	7,216
7	Other salaries and wages	721,575.	003,043+	20,210.	7,610
8	Pension plan accruals and contributions (include	15 050	14 502	1,110.	159
	section 401(k) and 403(b) employer contributions)	15,862.	14,593.	4,443.	634
9	Other employee benefits	63,469.	58,392. 59,541.	4,443.	648
0	Payroll taxes	64,719.	59,541.	4,550.	V 2 V
11	Fees for services (non-employees):				
a	Management				
b	Legal		<u> </u>	3 600	
C	Accounting	5,600.	2,912.	2,688.	
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,		20 001	00 542	
	column (A) amount, list line 11g expenses on Sch O.)	59,464.	30,921.	28,543.	8,944
12	Advertising and promotion	14,907.	5,963.		2,706
13	Office expenses	122,532.	91,600.		4,700
14	Information technology	11,812.	9,718.	2,094.	
15	Royalties			2 600	196
16	Occupancy	24,142.	21,048.		588
17	Travel	29,396.	22,929.	5,879.	200
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	62,119.	62,119.	6 000	
23	Insurance	26,698.	18,689.	8,009.	ner region (A) to the first of the control of
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)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
e	Healthcare provider tax	33,627.	33,627		
ŧ		19,687.	15,750		
(14,804.	14,804		
(Training	6,175.	5,496	679.	
•		5,000.		5,000.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
25	Total functional expenses. Add lines 1 through 24e	1,468,404.	1,285,422	160,223.	22,759
== 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)				Form 990 (201

Part X Balance Shee	

21.74		Check if Schedule O contains a response to any question in this Part X			
			(A)	T	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,514.	1	6,653.
	2	Savings and temporary cash investments	7,593.		16,763.
	3	Pledges and grants receivable, net	108,569.		140,943.
	4	Accounts receivable, net	95,305.	4	152,486.
	5	Loans and other receivables from current and former officers, directors,		1	
	İ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	a complete a partition of a second	5	
	6	Loans and other receivables from other disqualified persons (as defined under		450	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		3.3	
(0		employees' beneficiary organizations (see instr). Complete Part II of Sch L	A SERVICE CONTRACTOR SERVICES	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,602.	9	20,170.
	10a	Land, buildings, and equipment: cost or other			20,170.
	1	basis. Complete Part VI of Schedule D 10a 1,683,502.			
	b	Less: accumulated depreciation 10b 603,990.		10c	1,079,512.
	11	Investments - publicly traded securities		11	1,010,012.
	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	30,942.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,387,463.	16	1,416,527.
	17	Accounts payable and accrued expenses	54,142.	17	52,897.
	18	Grants payable		18	
	19	Deferred revenue	475.	19	27,480.
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees,		2007	101579.0039990051
iat		key employees, highest compensated employees, and disqualified persons.			
~		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	150,788.	23	61,972.
		Unsecured notes and loans payable to unrelated third parties		24	
l	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		- 1	
l		Schedule D	15,370.	25	18,308.
	26	Total liabilities. Add lines 17 through 25	220,775.	26	160,657.
		Organizations that follow SFAS 117 (ASC 958), check here X and		77.L	
8		complete lines 27 through 29, and lines 33 and 34.			
퇿	27	Unrestricted net assets	1,047,177.	27	1,129,927.
<u> </u>	28	Temporarily restricted net assets	119,511.	28	125,943.
Ē		Permanently restricted net assets		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.	ASSESSMENT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		
Net Assets or Fund Balances	31	Capital stock or trust principal, or current funds		30	
3	32	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž	33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	1 1/2	32	
- 1			· · · · · · · · · · · · · · · · · · ·	33	1,255,870.
		Total liabilities and net assets/fund balances	1,387,463.	34	1,416,527.

Form **990** (2012)

Form	990 (2012) Harbor House of Louisville, Inc.			Pag	₁₉ 12
Par	t XI Reconciliation of Net Assets		·		
-	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,468		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,16	5,6	88.
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	1,25	5,8	70.
Pa	t XIII Financial Statements and Reporting				/
	Check if Schedule O contains a response to any question in this Part XII	*******			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
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	e basis,			
	consolidated basis, or both:		40.44		
	X 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	e audit,	33.4		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (TWEE	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1.00		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	lred audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990	(2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

Inspection Employer identification number

Part I	Reserv	Harbor	House of Lo	uisvi	<u>lle, :</u>	Inc.				3	
200000	neasu	TIOF Public Cha	rrity Status (All organ	izations m	ust comple	ete this pa	art.) See in:	structions			
ine orga	inization is not	i a private foundation	n because it is: (For lines	1 through	11, check	conly one	box.)				
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										
	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							r the hospital's name,				
city, and state:											
5 📖	An organiza	nization operated for the benefit of a college or university owned or operated by a governmental unit described in									
<u> </u>)	170(b)(1)(A)(iv). (Complete Part II.)									
6 <u> </u>	A federal, s	I, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 L							ne genera	il public described in			
	section 17(n 170(b)(1)(A)(vi). (Complete Part II.) nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 <u> </u>	A communi	ty trust described in	section 170(b)(1)(A)(vi).	(Complete	e Part II.)		*				
9 LAJ		tion that normally re	ceives: (1) more than 33	1/3% of it	s support	from cont	ributions, i	memberst	nip fees, a	and gross receipts from	
	activities rei	ated to its exempt to	unctions - subject to cert	ain except	tions, and	(2) no moi	re than 33	1/3% of it	ts suppoi	rt from aross investment	
	income and	unrelated business	taxable income (less sec	tion 511 t	ax) from b	usinesses	acquired l	by the org	anization	after June 30, 1975.	
40 [See section	and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. tion 509(a)(2). (Complete Part III.) nization organized and operated exclusively to test for public safety. See section 509(a)(4).									
10	An organiza	tion organized and o	perated exclusively to te	est for pub	ilio safety.	See secti	on 509(a)(4).			
11	An organiza	tion organized and d	perated exclusively for t	he benefit	of, to perf	orm the fu	unctions of	f, or to car	rry out th	e purposes of one or	
	more public	ly supported organiz	rations described in sect	ion 509(a)	(1) or secti	on 509(a)	(2). S ee se	ction 509	(a)(3). Cl	neck the box that	
	describes tr		organization and comp					-			
_ []	a L Type		ype II c T	ype III - Fu	unctionally	integrated	d (d	pe III - No	on-functionally integrated	
ei	By checking	this box, I certify th	at the organization is no	t controlle	d directly o	or indirecti	y by one c	or more dis	squalifled	persons other than	
	Toundation r	nanagers and other	than one or more public	y support	ed organiza	ations des	scribed in s	section 50	9(a)(1) oı	r section 509(a)(2).	
f	ir the organi	zation received a wri	tten determination from					e III			
_		organization, check t				•					
g	Since Augus	it 17, 2006, has the	organization accepted a	ny gift or c	ontribution	n from any	of the foll	lowing per	rsons?		
	(i) A perso	on who directly or inc	directly controls, either a	lone or tog	ether with	persons	described	in (ii) and	(iii) below	Yes No	
	the gov	erning body of the s	supported organization?	***************************************		····				11g(i)	
	(ii) A tamily	/ member of a perso	n described in (i) above?						**********	11g(li)	
h.	(III) A 3070	controlled entity of a	a person described in (i) :	or (II) abov	e?					11g(iii)	
h	Provide the	rollowing information	about the supported or	ganization	(s).						
//\ A1.		T	1	<u> </u>							
	of supported	(ii) EIN	(III) Type of organization (described on lines 1-9	(iv) is the organization (v) Did you notify the					(vii) Amount of monetary		
organization			above or IRC section (see instructions))				nization in col. (i) organiza your support?		ced in the	support	
								(i) organized in the U.S.?		1	
				168	No	Yes	No	Yes	No		
		<u> </u>						ĺ	1	``	
***************************************				 	ļ		ļ	ļ			
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	······										
	***************************************			9,63,34,38,55	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET	10.3012404	SANGERIA	17世紀世紀20年2年	N 55 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Total									SERIE		
LHA For P	aperwork Re	duction Act Notice	see the Instructions fo)r		Targett State Confession	MELECULAR CO	Cob-+	1.00 (C. c.)		
	or 990-EZ.	·	,					ocneaul	e a (Forn	n 990 or 990-EZ) 2012	

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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Girts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 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. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f). 6 Public support. Subteat line 5 ten line 4. 8 Gross income from hiterest, dividends, payments received on securities loans, rents, royalties and income from smillar sources. 9 Not income from interest, dividends, payments received on securities loans, rents, royalties and income from brillar sources. 9 Not income from the related business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Interest income from cellular assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Interest income from cellular assets (Explain in Part IV.) 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Interest income from cellular assets (Explain in Part IV.) 11 Total support Add lines 7 through 10 Interest income from cellular assets (Explain in Part IV.) 12 Total support becentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 9 96	Sec	tion A. Public Support								
membarship foes received. (Do not Include any "unusual grants".) 2 Tax revenues levied for the organization bundled and either paid to or expended on its behalf and either paid to or expended on its behalf unusual grants in the the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add fines it through 3 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, selvinative of semilies. 8 Section B. Total Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securilles loans, ronts, royalities and income from similar sources. 8 Nat income from interest, dividends, payments received on securilles loans, ronts, royalities and income from similar sources. 9 Nat income from threated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support, percentage for 2012 (line 6, column (f) clivided by line 11, column (f)) 12 Gross receipts from related activities, etc. (see instructions) 12 Sirist five years. If the Form 990 is for the organization of left, second, third, fourth, or lifth tax year as a section 501(c)(3) consultation, check this box and stop here. 14 Public support percentage for 2012 (line 6, column (f) clivided by line 11, column (f)) 15 First five years. If the Form 990 is for the organization of included by ine 11, column (f)) 16 3 3 First five years. If the Form 990 is for the organization of line 1 check he box on line 13, and line 1 is 10% or more, and the next the organization media to the five the box on line 13, and line 1 is 10% or more, and if the organization media the "facts and circumstances" test. The organization did not check he box on line 13, 16a, 6, or 17a, and	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
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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										
	18									

(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.)

Se	ction A. Public Support		piece r care st.						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	T (-) 0040	(O.T.)		
	Gifts, grants, contributions, and	(6) 2000	(0) 2003	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	membership fees received. (Do not								
	include any "unusual grants.")	355,109.	232.102.	291.131.	210,161.	301 591	1 200 004		
2	Gross receipts from admissions.				210,101.	301,301.	1,390,084		
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	934,059.	1,030,275.	1,040,411.	1,131,005.	1,211,923.	E 247 572		
3	Gross receipts from activities that					2,022,025.	5,347,673		
	are not an unrelated trade or bus-	ļ.							
	iness under section 513	146,079.	138,216.	135.140.	177,790.	157 633	754,858.		
4	Tax revenues levied for the organ-					20170001	734,030.		
	ization's benefit and either paid to								
	or expended on its behalf	ļ							
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	1,435,247.	1,400,593.	1,466,682.	1,518,956.	1,671,137.	7,492,615.		
7 a	Amounts included on lines 1, 2, and						1,422,023,		
	3 received from disqualified persons	20,000.	12,000.	47,425.	56,000.	44,758.	180,183.		
þ	Amounts included on lines 2 and 3 received					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100,100.		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				İ				
	amount on line 13 for the year	701,594.	766,478.	774,487.	842.006.	961.369.	4,045,934.		
C	Add lines 7a and 7b	721,594.	778,478.	821,912.	898,006.	1,006,127.	4,226,117.		
8	Public support (Subtract line 7c from line 8.)				15.760 ECANA		3,266,498.		
	ction B. Total Support			1		ALC: ASSESSMENT OF THE SEASON	-,,,		
	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9	Amounts from line 6	1,435,247.	1,400,593.	1,466,682.	1,518,956.	1,671,137.	7,492,615.		
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	256.	135.	44.	5.	23.	463.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses			1	1	[
	acquired after June 30, 1975								
C	Add lines 10a and 10b	256.	135.	44.	5.	23.	463.		
11	Net income from unrelated business activities not included in line 10b,	l							
	whether or not the business is		ĺ		j				
	regularly carried on								
	Other income. Do not include gain or loss from the sale of capital	ľ							
	assets (Explain in Part IV.) L								
	Total support (Add lines 9, 10c, 11, and 12.)	1,435,503.	1,400,728.	1,466,726.	1,518,961.	1,671,160.	7,493,078.		
4	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) organiza	tion,		
	check this box and stop here	**********							
ec	tion C. Computation of Publi	c Support Per	centage						
9	Public support percentage for 2012 (lin	ne 8, column (f) div	ided by line 13, co	olumn (f))		15	43.59 %		
0	Public support percentage from 2011	Schedule A, Part I	II, line 15		<u></u>	16	55.28 %		
7	tion D. Computation of Inves	tment income	Percentage						
7	7 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 .01 %								
0 0~	investment income percentage from 2011 Schedule A, Part III, line 17								
Jd	Da 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								
h i	more than 33 1/3%, check this box an	a stop here. The c	organization qualifi	es as a publicly su	pported organizat	ion	▶ X		
Q.	33 1/3% support tests - 2011, If the c	irganization did no	t check a box on li	ne 14 or line 19a,	and line 16 is more	e than 33 1/3%, an	nd		
ו ח	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	ization qualifies as	a publicly suppor	ted organization	▶□		
2022	Private foundation. If the organization	aid not check a b	ox on ilne 14, 19a,	or 19b, check this			>		
KUZ:	1 12-04-12		_		Sche	dule A (Form 990	or 990-EZ) 2012		

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Trey Grayson, Secretary of State Received and Filed: 11/18/2010 12:56 PM Fee Receipt: \$16.00

SECOND AMENDED AND RESTATED ARTICLES OF INCORPORATION OF HARBOR HOUSE OF LOUISVILLE, INC.

Know All Persons By These Presents:

That we, the undersigned, have this day voluntarily associated ourselves together for the purposes of forming a non-profit corporation under the laws of the Commonwealth of Kentucky, and to that end do hereby adopt articles of incorporation as follows:

ARTICLE I (Name)

The name of the corporation is HARBOR HOUSE OF LOUISVILLE, INC. (the "Corporation") and by such name it shall be known as a body corporate and its duration shall be perpetual, and it shall have all powers granted under Kentucky Revised Statutes.

ARTICLE II (Purpose)

The purpose of the Corporation is:

To engage in and operate a training and development center for adults with Mental Retardation/Developmental Disabilities (MR/DD) emphasizing relationship building and life skills training, including, but not limited to, workshop activities, physical education, therapeutic activities and crafts, for and on behalf of those individuals and to offer recreational, social, cultural and athletic activities.

ARTICLE III (Charitable Organization)

This corporation is organized exclusively for charitable, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV (Registered Office/Principal Office)

The address of the Registered Office of the Corporation in the Commonwealth of Kentucky is 2231 Lower Hunters Trace, Louisville, Kentucky 40216. The name of the Registered Agent of the Corporation is Maria A. Smith. The mailing address of the Corporation's Principal Office is 2231 Lower Hunters Trace, Louisville, Kentucky 40216.

ARTICLE V (Directors)

The number of Directors shall be set by the Bylaws of this Corporation.

ARTICLE VI (Corporate Powers)

Under the name of the Corporation it may adopt a corporate seal, and it has the power to contract and be contracted with, to sue and be sued, and it may receive, accept, purchase or acquire and hold in any other lawful manner real and personal property, and it may dispose of same by gift, deed, or in any other lawful manner, for the benefit of the Corporation.

ARTICLE VII (Not For Profit Status)

The Corporation is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member or director. However, this does not prevent a member or director from being a paid employee of this corporation. The balance, if any of all money received by the Corporation from its operations after the payment in full of all debts and obligations of the corporation, of whatsoever kind and nature, shall be used and distributed exclusively for purposes as enumerated in Article II herein.

ARTICLE VIII (Members)

The Corporation formed hereby shall have no capital stock and shall be composed of members rather than shareholders.

ARTICLE IX (Classes of Members)

The various classes of members of the Corporation and the requirements for becoming a part thereof, shall be set forth in the Bylaws of the Corporation, as may be amended from time to time.

ARTICLE X (Articles/Bylaws-Amendment)

The Articles of Incorporation and Bylaws of the Corporation may be adopted or amended by a two-thirds (2/3) majority vote of the Voting Members of the Corporation in accordance with the procedures set forth in the Bylaws.

ARTICLE XI (Termination of Membership)

Membership in the Corporation may be terminated in the manner provided in the Bylaws of the Corporation, and unless otherwise provided in the Bylaws, all rights of a member in the Corporation shall cease on termination of his membership.

ARTICLE XII (Removal of Directors)

The Voting Members of the Corporation may remove any director of the Corporation in accordance with the procedures for removal of directors set forth in the Corporation's Bylaws.

ARTICLE XIII (No Personal Liability)

Members, directors, officers and employees of the Corporation shall not be personally liable for any debt or obligation of the Corporation.

ARTICLE XIV (Limitation on Activities Related to 501(c)(3) Status)

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in XIV. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, and any amendment thereto, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future tax code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE XV (Dissolution)

Upon the dissolution of the Corporation, assets shall be distributed to one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or

to a state or local government, for public purpose. Any assets not so disposed of shall be disposed of by Order of Jefferson Circuit Court, Jefferson County, Kentucky, exclusively for such public purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

CERTIFICATION OF ADOPTION

I, Julie Gustines Secretary of the Corporation, hereby state and certify that the foregoing Second Amended and Restated Articles of Incorporation of Harbor House of Louisville, Inc. have been duly adopted by a two-thirds (2/3) majority vote of the Voting Members of the Corporation as required by law on this <a href="https://distriction.org/line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-english-state-line-pi-en

Storetary of the Corporation

COMMONWEALTH OF KENTUCKY))
COUNTY OF JEFFERSON)

Subscribed and sworn to before me this 11th day of November, 2010, by Julie Guethner, Secretary of the Corporation.

My Commission expires:

Notary Public

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

1111011100	1442192 001100				
	Name (as shown on your income tax return)				
6 2	Harbor House of Louisville, Inc				
page	Business name, if different from above	, , , , , , , , , , , , , , , , , , , 		-	
ફ					
Print or type Specific Instructions	Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership			_	
주품	Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=p	artnership) ▶	Exempt payee		
9 5	Other (see instructions)		payos		
in Si	Address (number, street, and apt. or suite no.)	Requester's name and a	dress (optional)		
وَ يَهُ	2231 Lower Hunters Trace		., .		
7	City, state, and ZIP code				
	Louisville, KY 40218				
See	List account number(s) here (optional)				
Par	Taxpayer Identification Number (TIN)				
backı	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 up withholding. For individuals, this is your social security number (SSN). However, for a re sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity	sident	ity number		
your e	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 whoser to enter.				
Par	t II Certification			<u></u>	
i Inde	consisting of pariting I partify that				

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 falled to report all interest and dividends on your tex 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 Signature of U.S. person ► Date ►

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiarles of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident allen of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN, $% \left(1\right) =\left(1\right) \left(1\right)$

- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
- 2. The United States or any of its agencies or instrumentalities.
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An International organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of Issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- A futures commission merchant registered with the Commodity Futures Trading Commission,
 - A real estate investment trust.
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000'	Generally, exempt payees 1 through 7

See Form 1099-MISC, Miscellaneous Income, and its instructions.

However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company* (LLC) on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see Exempt Payee on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the

- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account)	The actual owner of the account or if combined funds, the first individual on the account
Custodian account of a minor (Uniform Gift to Minors Act)	The minor 2
 a. The usual revocable savings trust (grantor is also trustee) 	
 b, So-called trust account that not a legal or valid trust under state law 	is The actual owner '
Sole proprietorship or disregard entity owned by an individual	ded The owner *
For this type of account:	Give name and EIN of:
Disregarded entity not owned by individual	y an The owner
7. A valid trust, estate, or pension tr	ust Legal entity 1
Corporate or LLC electing corporate status on Form 8832	The corporation
 Association, club, religious, charitable, educational, or othe tax-exempt organization 	The organization
Partnership or multi-member Li	LC The partnership
1. A broker or registered nominee	The broker or nominee
 Account with the Department of Agriculture in the name of a pu- entity (such as a state or local government, school district, or prison) that receives agriculture 	blic

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk,

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an iRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TiN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TiN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

Harbor House of Louisville, Inc. Financial Statements Years Ended June 30, 2013 and 2012

Contents

	Page
Independent Auditors' Report	1-2
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7-16

Russell, Smith & Associates

Certified Public Accountants

4165 Westport Road Suite 202 Louisville, Kentucky 40207-2785 Phone: 502-897-9495

Fax: 502-896-9723

Independent Auditor's Report

To the Board of Directors Harbor House of Louisville, Inc. Louisville, Kentucky

We have audited the accompanying financial statements of Harbor House of Louisville, Inc. (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, statements of functional expenses, and statements of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

(continued)

In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Harbor House of Louisville, Inc. as of June 30, 2013 and 2012, and the changes in its net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Russell, Smith & Associates, CPA's, PLLC

Louisville, Kentucky September 16, 2013

Harbor House of Louisville, Inc. Statements of Financial Position June 30, 2013 and 2012

Assets

	2013	2012
Current Assets		
Cash (Note B)	\$ 23,416	\$ 11,107
Accounts receivable (Note C)	152,486	95,305
Unconditional promises to give (Note D)	53,389	58,602
Contributions and grants receivable (Note E)	20,500	30,942
Prepaid expenses	20,170	23,602
Total current assets	269,961	219,558
Unconditional promises to givelong term (Note D)	67,054	49,967
Property and Equipment (Notes F and G)		
Equipment, furniture and vehicles	354,354	377,127
Building and leasehold improvements	1,329,148	1,282,682
	1,683,502	1,659,809
Less accumulated depreciation	603,990	541,871
	1,079,512	1,117,938
Total assets	\$ 1,416,527	\$ 1,387,463
Liabilities and Net Assets	3	
Current Liabilities		
Line of credit (Note F)	\$ -	\$ 47,066
Accounts payable	1,102	8,453
Accrued and withheld payroll taxes	18,307	15,370
Accrued expenses	51,796	45,689
Current portion of long-term debt (Note G)	61,972	41,750
Deferred revenue (Note A)	27,480	475
Total current liabilities	160,657	158,803
Long-Term Debt, less current portion (Note G)	*	61,972
Total liabilities	160,657	220,775
Net Assets (Notes A and H)		
Unrestricted	1,129,927	1,047,177
Temporarily restricted	125,943	119,511
Total net assets	1,255,870	1,166,688
Total liabilities and net assets	\$ 1,416,527	\$ 1,387,463

See Notes to Financial Statements

Harbor House of Louisville, Inc. Statements of Activities Years Ended June 30, 2013 and 2012

		2013			2012	
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenues and Support:						
Program service income (Notes A,B,C)	\$ 1,211,923	\$ -	\$ 1,211,923	\$ 1,131,005	\$ -	\$ 1,131,005
Contributions and grants (Notes A,D, E)	90,518	211,063	301,581	63,120	147,041	210,161
Fund raising events	157,633	-	157,633	177,790	-	177,790
Interest income	23	₩	23	5	•	5
	1,460,097	211,063	1,671,160	1,371,920	147,041	1,518,961
Net assets released from restrictions	204,631	(204,631)	·	193,614	(193,614)	
Total revenues and support	1,664,728	6,432	1,671,160	1,565,534	(46,573)	1,518,961
Expenses: (Note A)						
Program services	1,285,422	~	1,285,422	1,201,421	-	1,201,421
Management and general	160,223	-	160,223	163,984	-	163,984
Fund raising (Note K)	136,333	-	136,333	123,908	-	123,908
Total expenses	1,581,978	**	1,581,978	1,489,313	-	1,489,313
Increase (decrease) in net assets	82,750	6,432	89,182	76,221	(46,573)	29,648
Net assets at beginning of year	1,047,177	119,511	1,166,688	970,956	166,084	1,137,040
Net assets at end of year (Note H)	\$ 1,129,927	\$ 125,943	\$ 1,255,870	\$ 1,047,177	\$ 119,511	\$ 1,166,688

See Notes to Financial Statements

Harbor House of Louisville, Inc. Statements of Functional Expenses Years Ended June 30, 2013 and 2012

•		2	013			20	312	
	Program	Management and	Fund	······································		Management		
	Services	general	rung raising	Total	Program Services	and general	Fund raising	Total
Wages and salaries	\$ 817,320	\$ 62,187	\$ 8,884	\$ 888,391	\$ 740,418	\$ 56,336	\$ 8,048	\$ 804,802
Payroll taxes	59,541	4,530	648	64,719	55,350	4,211	602	60.163
Employee benefits	72,985	5,553	793	79,331	69,544	5,291	756	75.591
Postage & delivery	23,434	1,496	-	24,930	38,952	1,486	130	40,438
Rent	1,908			1,908	2,854	1,700	-	2,854
Depreciation	62,119	-	-	62,119	62.334	· •	-	2,054 62,334
Supplies	24,386	16,258	-	40,644	23,507	20,426	•	
Repairs and maintenance	32,818	670	-	33,488	26,441	20,420 660	-	43,933
Professional fees	35,934	33,170	_	69,104	32,329	29,842	•	27,101
Printing and production	4,171	2,085	2,085	8.341	2,243	1,022	2 024	62,171
Utilities	11,731	2,169	183	14,083	12,034	1,925	2,021	5,286
Advertising	5,963	-,	8.944	14,907	5,056	•	187	14,146
Janitorial services	3,803	535	13	4,351	7,677	-	7,561	12,617
Interest	5,881	-	10	5,881		380	27	8,084
Telephone	5,780	1.849	77	7,706	10,151	4 040	-	10,151
Insurance	18,689	8,009	* *		5,777	1,848	77	7,702
Travel	22,929	5.879	- 588	26,698	25,071	10,745	<u>-</u>	35,816
Meals and entertainment	15,750	3,937	200	29,396	20,889	5,333	559	26,781
Training	5,496	5, 5 37 679	**	19,687	9,332	2,333	-	11,665
Bank charges	2,034	018	-	6,175	2,306	285	-	2,591
Licenses and fees	2,034	20	•	2,034	2,418	-		2,418
Miscellaneous	2,798	20 211	-	297	2,504	355	-	2,859
Dues and subscriptions	1,244		- 544	3,009	3,017	227	-	3,244
Uncollectible fees	14,804	5,986	544	7,774	726	2,993	317	4,036
Provider tax		-	-	14,804	7,830	-	-	7,830
Uncollectible pledges	33,627		-	33,627	32,661	-	-	32,661
Ouconeounte brandez	-	5,000		5,000	-	18,286	-	18,286
Fund raising events direct expenses	1,285,422	160,223	22,759 113,574	1,468,404 113,574	1,201,421	163,984	20,155 103,753	1,385,560 103,753
	\$ 1,285,422	\$ 160,223	\$ 136,333	\$ 1,581,978	\$ 1,201,421	\$ 163,984	\$ 123,908	\$ 1,489,313

See Notes to Financial Statements

Harbor House of Louisville, Inc. Statements of Cash Flows Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from operating activities: Cash received from program services Cash received from contributions and grants Cash received from special events and fundraising activities Interest received	\$ 1,139,938 285,527 157,633 23	\$1,108,894 196,464 177,790
Cash paid for payroli, employee benefits, and payroli taxes Cash paid to suppliers Cash paid for interest	(1,023,397) (429,025) (5,881)	(952,452) (442,221) (10,151)
Net cash provided by operating activities	124,818	78,329
Cash flows from investing activities: Purchase of property and equipment	(23,693)	(42,478)
Net cash used in investing activities	(23,693)	(42,478)
Cash flows from financing activities: Net repayments on line of credit Principal payments on long-term debt	(47,066) (41,750)	(39,227)
Net cash used in financing activities	(88,816)	(39,227)
Net increase (decrease) in cash	12,309	(3,376)
Cash at beginning of year	11,107	14,483
Cash at end of year	\$ 23,416	\$ 11,107
Reconciliation of increase in net assets to net cash provided by operating activities:		
Increase in net assets	\$ 89,182	\$ 29,648
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation Allowance for doubtful accounts	62,119 (4,500)	62,334
Allowance for uncollectible pledges Changes in assets and liabilities: (Increase) decrease in:	3,000	1,000
Accounts receivable Pledges receivable Grants receivable Prepaid expenses Increase (decrease) in:	(52,681) (14,874) 10,442 3,432	(14,281) 1,515 19,058 (631)
Accounts payable	(7,351)	1,307
Accrued and withheld payroll taxes Accrued expenses Deferred revenue	2,937 6,107 27,005	(6,005) (5,891) (9,725)
Total adjustments	35,636	48,681
Net cash provided by operating activities	\$ 124,818	\$ 78,329
See Notes to Financial Statements		

Note A Nature of Operations and Significant Accounting Policies

Nature of Operations:

Harbor House of Louisville, Inc. (Harbor House), a not-for-profit organization located in Louisville, Kentucky, is a certified training and development center for individuals with developmental disabilities and other mental limitations that can affect their ability to find suitable employment opportunities. Harbor House was founded by a group of parents of adult children with disabilities who recognized the importance of having a place where their adult children and others could receive the training and confidence to become involved in community activities that would enhance the lives of the individuals served. The individuals served are given employment opportunities through the onsite Mail Fulfillment Services program or through employers in the community identified by Harbor House staff.

Harbor House reaches out and serves individuals from every zip code within Jefferson County, Kentucky. The individuals receive not only training intended to improve their job skills, but also training that teaches them how to improve their specific life skills by being involved in activities such as creative arts projects, serving as community volunteers, and participating in various recreational activities. The intent is to give these individuals the same life experiences that are available for everyone.

The primary sources of revenue for Harbor House are payments from the Kentucky Medicaid program for providing training and development services to the aforementioned individuals; revenue from customers of the Mail Fulfillment Services program; and donations from the general public.

Significant Accounting Policies:

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

Harbor House is required to report financial information regarding its financial position and activities according to three classes of net assets:

<u>Unrestricted</u>: net assets that are not subject to donor-imposed restrictions; available for purposes deemed necessary by management.

<u>Temporarily restricted</u>: net assets restricted by donors or grantors to a specific time period or purpose. When the restriction expires, that is, when a stipulated restriction ends or a purpose restriction is accomplished, these net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

<u>Permanently restricted</u>: Net assets that are permanently restricted by the donor, such as endowment funds.

Accounts Receivable

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The allowance is based on experience, third-party contracts, analysis of past due accounts, and other circumstances which may affect the collectability of the amount receivable. Uncollectible accounts receivable are written-off when management determines the receivable will not be collected.

Property and Equipment

Property and equipment is stated at cost if purchased. Donations of property and equipment are recorded as contributions at estimated fair value on the date of the donation and are recorded as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose. Items in excess of \$1,000 are capitalized and depreciated using the straight-line method over their estimated useful lives, which range from three to thirty-nine years. Items not meeting this threshold are charged to expense accounts as incurred.

Deferred Revenue

Harbor House conducts an annual fund raising event. Cash is sometimes received from sponsors and other participants in this event prior to the fiscal year in which the event is held. These receipts are not recorded as revenue when received since the sponsors and other participants receive advertising space and other ancillary benefits in return for their payment. These amounts received are recorded as deferred revenue and will be recognized as revenue in the fiscal year in which the event is held.

Promises to Give

Unconditional promises to give (pledges) are recognized as revenues or gains in the period received and as assets, decreases of liabilities, or expenses, depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Unconditional promises to give are reported at net realizable value if, at the time the promise is made, collection is expected in one year or less. Unconditional promises that are expected to be collected in more than one year are reported at fair value initially and in subsequent periods because management has elected the fair value option in accordance with generally accepted accounting principles. Management believes that the use of fair value reduces the cost of measuring unconditional promises to give in periods subsequent to their receipt and provides equal or better information to users of its financial statements. Also see note D.

Contributions

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and nature of any donor restrictions. Contributions other than cash are recorded at fair market value.

Advertising Costs

Advertising costs are expensed as incurred.

Donated Services

Many individuals volunteer their time and perform a variety of tasks that assist Harbor House. Donated services are recognized as revenue if the services create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would otherwise be purchased if not provided by donation. Donated services that do not meet the above criteria are not recognized as revenues and are not reported in the financial statements.

Functional Expense Allocation

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies; square footage of space occupied; and miscellaneous other objective methods. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of Harbor House.

Shipping and Handling Costs

Shipping and handling costs related to the mail fulfillment program are expensed as incurred and are included in the postage and delivery amount on the statement of functional expenses.

Exemption From Income Taxes

Harbor House is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2). However, net income from certain activities not directly related to Harbor House's tax-exempt purpose is subject to taxation as unrelated business income. Management believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements, including any net income from activities that could be subject to taxation as unrelated business income. Therefore, no provision for income taxes has been made in the financial statements.

The statute of limitations for the examination of tax returns is generally three years from the due date of the return, including extensions. The following years ended were open under the statute at June 30, 2013:

Fiscal year ended June 30:

2013

2012

2011 2010

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Fair Value Measurements

Assets and liabilities subject to fair value measurements are valued using a hierarchy that defines three levels of inputs. Level 1 inputs are based on quoted market prices within active markets. Level 2 inputs are based on observable market-based inputs other than quoted prices within active markets. Level 3 inputs are based on management's assumptions and unobservable inputs.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Note B Concentrations

Commonwealth of Kentucky charitable gaming regulations require Harbor House to maintain a bank account specifically for fund raising activities that involve charitable gaming. This account and other operating accounts are maintained at a bank located in Louisville, Kentucky. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000 per depositor. In the normal course of business, there may be deposits in excess of the insured balance. There were no deposits in excess of the insured balance at June 30, 2013.

Harbor House receives payments from the Kentucky Medicaid program for providing services to eligible participants. Net service revenue from Medicaid was approximately \$977,000 and \$852,000 for the years ended June 30, 2013 and 2012, respectively. These amounts were approximately 58% and 56% of total support and revenue for the years ended June 30, 2013 and 2012, respectively.

Also see Notes C, D, and E for additional concentrations.

Note C Accounts Receivable

Accounts receivable consists primarily of amounts due from the Kentucky Medicaid program; from customers for providing mail fulfillment services, and from program participants:

	June 30	
	2013	2012
Kentucky Medicaid program Less: contractual allowances	\$ 119,907 2,500	\$ 60,259 5,000
Mail fulfillment customers	117,407 12,040	55,259 13,244
Program participants (less \$8,000 and \$10,000 allowance for doubtful accounts in 2013 and		
2012, respectively)	23,039	26,802
	<u>\$ 152,486</u>	<u>\$ 95,305</u>

Approximately 49% of the mail fulfillment customers balance at June 30, 2013 was due from one customer.

Note D Unconditional Promises to Give

Unconditional promises to give (pledges) are as follows:

	J	<u>une 30</u>
	2013	2012
Gross unconditional promises to give \$ Less: allowance for uncollectible amounts	127,443 	\$ 112,569 4,000
Carrying amount \$	120,443	<u>\$ 108,569</u>
Future collections are as follows:		
Less than one year (net realizable value): \$	53,389	\$ 58,602
One to five years (fair value):	67,054	49,967
<u>\$</u>	120,443	\$ 108,569

Future collections in the one to five years category are based on Level 3 inputs.

Changes in unconditional promises to give for the years ended June 30, 2013 and 2012 are as follows:

Beginning balance	\$ 112,569 \$ 114,084
New promises	59,662 36,421
Collections	(43,193) (31,186)
Management write-offs	(1,595 (6,750)
Ending balance	\$ 127.443 \$ 112.569

Approximately 20% of the unconditional promises to give receivable at June 30, 2013 was due from one individual.

Note E Grants and Contributions Receivable

Grants and contributions receivable consist primarily of amounts receivable from entities and individuals for sponsorship of the annual fund raising event. Approximately 73% of the grants and contributions receivable amount reported on the statement of financial position at June 30, 2013 was due from one entity.

Note F Line of Credit

Harbor House has a \$100,000 line of credit expiring on November 21, 2013. Interest on the outstanding balance is computed at the prime rate. However, the minimum interest rate on borrowings will not be less than 4.0%. The interest rate at June 30, 2013 was 4.25%. The line of credit is secured by the building.

Note G Long-Term Debt

Long-term debt consists of the following:

	-	Jul	le 30
	***	2013	2012
Mortgage note payable to a bank,			
payable in monthly installments of			
\$3,921, including interest, through			
November 21, 2013. The interest			
rate is fixed at 6.25% per annum.			
The note is secured by the building.	\$	61,972	\$ 103,722

Less: current portion <u>61,972</u> <u>41,750</u>

<u>\$ - \$ 61,972</u>

Luna 20

Future maturities of long-term debt are as follows:

Years ending June 30: 2014 <u>\$ 61,972</u>

Note H Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods:

		une ou
	2013	2012
For subsequent years operating		
activities and purchase of fixed assets	<u>\$ 125,943</u>	<u>\$ 119,511</u>

Note I In-Kind Contributions

Included in the contributions and grants caption on the statement of activities are in-kind contributions of approximately \$37,000 and \$7,000 for the years ended June 30, 2013 and 2012, respectively.

Note J Retirement Plan

Harbor House sponsors a Simple IRA plan. Employees are eligible to participate in the plan after 90 days of full-time employment and the earning of at least \$5,000 in compensation during a calendar year. Harbor House contributes \$100 on behalf of an employee once the employee makes an initial contribution.

Harbor House also matches employee contributions. The match is the lesser of employee contributions or 3% of the employee's gross wages. Total contributions and employer matches recognized as expense was \$15,862 and \$11,139 for the years ended June 30, 2013 and 2012, respectively.

Note K Fund Raising Events Direct Expenses

Fund raising events direct expenses are primarily for an annual fund raising event and consist of the following:

		June 30
	2013	2012
Rent	\$ 2,121	\$ 1,438
Supplies	15,465	18,781
Professional fees	6,864	4,131
Advertising and marketing	65,571	52,785
Travel	1,112	1,174
Meals and entertainment	14,575	16,084
Licenses and fees	6,537	5,503
Miscellaneous	1,329	3,857
	<u>\$ 113,574</u>	\$103,753

Included in the above are donated amounts recognized as in-kind contributions of approximately \$27,000 and \$1,400 for the years ended June 30, 2013 and 2012, respectively.

Note L Subsequent Events

Management has evaluated subsequent events through September 16, 2013 which is the date the financial statements were available to be issued.

Staff List

Highest paid Staff:

Maria Smith – Chief Executive Officer Phil Kremer - Chief Operating Officer Tom Evans - Controller

Corey Anthony

Patricia Ash

Sara Beck

Brittany Cook

Kaye Dalton

Russell Deakins

Larry Eisenbeis

Diane Hunter

Robyn Lee

Katie McWhorter

Celena Olliges

Laura Perdue

Pat Pierce

Dee Pilkerton

Beth Poole

Erin Ray

Abby Skaggs

Jane White

Nancy Wissink

Coletta Zernick

Waterfront Development Corporation 129 River Road

Louisville KY 40202



p: 502.574.3768 / f: 502.574.4111

Reservation Worksheet/Invoice

Group	Reservation:	660	\$	
Ina Miller	Event Name:	Ken-Ducky De	erby	
Harbor House of Louisville	Status:	Tentative		
2231 Lower Hunters Trace	Phone:	502.719.0072		
Louisville, Kentucky 40216	Fax:	502.468.1516		
	Event Type:	Charitable Fu	ndraiser (othe	r)
	Refund Payable To:	Harbor House	of Louisville	
Bookings / Details		Quantity	Price	Amount

Full Balance Due (Due Date: 8/27/2014)

Load In/Out Schedule Due (Due Date: 9/12/2014)

A load in/load out schedule is due no later than 2 weeks before your event takes place.

Map Layout (Due Date: 9/12/2014)

A layout, drawn to scale is required no later than 2 weeks before your event takes place. Please include all infrastructure used for your event such as tents, chairs, tables and/or stage.

Completed Application Received

Yes

Daily Attendance Expected

475

Defined Map Received

No

Insurance Received

No

Load In Schedule Received

No

Refund Payable To:

Harbor House of Louisville 2231 Lower Hunter Trace Louisville, KY 40216

Signed Agreement Received

Yes

Friday, September 26, 2014

6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tear Down) Festival Plaza

setup & tear down			
Venue Rental Charge:	1	1,210.00	1,210.00
Less 70% Discount			-847.00
Miscellaneous Charges:			
Damage Deposit - W	1	1,375.00	1,375.00
Refundable Damage Deposit - Waterfront Park			
Electricity	1	165.00	165.00
A5, A6, A11			
B1, B8, B10, B12, B14, B 17, B18			
C16, C17, C18, C19, C20			
D1, D2, D3, D4, D9, D10, D16, D17, D18, D19, D20			
Bathroom Fee	1	77.00	77.00

Waterfront Development Corporation	Reservation:	66	60	Tentative
Bookings / Details		Quantity	Price	Amount
Splitting the Bathroom Fee with another event.		***************************************		
Stage:				
Stage	·	1	484.00	484.00
WDC Maintenance Staff:				
9:00 AM - 5:00 PM General				
Restrooms		1		
Group is using our restrooms on the Festival Plaza. them a key to unlock the restrooms.	Can you please ensure they are	cleaned for S	unday? lam	providing
Stage		1		
They will be using the WDC stage. Please see attac	hed map for placement.			
WDC Maintenance Staff:				
9:00 AM - 5:00 PM Imigation				
Irrigation Instructions		1		
Please ensure the green acre irrigation is turned Off	Thank youl - CCN	•		
WDC Maintenance Staff:	. Mank your - oor			
9:00 AM - 5:00 PM Electrical Outlets				
Electrical Outlets W		1		
Littling Calible IV		1		
A5, A6, A11				
B1, B8, B10, B12, B14, B 17, B18				
C16, C17, C18, C19, C20 D1, D2, D3, D4, D9, D10, D16, D17, D18, D19, D20	1			
6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tea	r Down) Wharf			
6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tea	•			
Saturday, September 27, 2014	Down, what booking			
6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tea	or Daym) Castival Dlama			
Festival	ii Dowiij Festivai Fiaza			
Venue Rental Charge:		4	4 040 00	4 040 00
Less 70% Discount		1	1,210.00	1,210.00
Stage:				-847.00
Stage		4		
Stage Reserved		1		
-	on Pharman Matternati			
6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tea Festival	r Down) whar			
6:00 AM - 11:00 PM Ken-Ducky Derby (Set Up & Tea	r Down) Whart Docking			
Sunday, September 28, 2014				
6:00 AM - 11:00 PM Ken-Ducky Derby (Tentative) Fe	stival Plaza			
Venue Rental Charge:		1	1,210.00	1,210.00
Less 33% Discount				-399.30
Activities:				
1:00 PM - 5:00 PM Activities				
The festival will include live music, vendors, kids act	ivities, food and the duck race on t	he River.		
Event Description:				
The Harbor House Ken-Ducky Derby Festival is a fami of the fastest 30 minutes in duck racing history. Join us food, music, games, vendors and to see 25,000 ducks your duck winsyou get a car!	on September 7, 2014 for			
Garbage Cans:				
Recycling Cans		7	5.00	35.00
Special Event Recycling Containers require a 55 gal Please take your recycling to a recycling center,. Fo Center at 235 E Jefferson Street. Please stack your Maintenance Staff will pick them up following your ev	r example it can be taken to the L recycling boxes next to your garb	than one eve	nt whenever p Department R	possible. ecyclina

Waterfront Development Corporation

Reservation:

660

Tentative

Amount

Bookings / Details

Quantity

Price 5.00

35.00

Garbage Cans

Event Producer: Please provide and use 55 gallon trash bags that meet the following specifications - 38" x 58" 1.4 mil heavy duty black plastic can liners. The special event garbage cans are used for more than one event whenever possible. After your event, please take your garbage bags to the dumpster and stack cardboard boxes flat and leave them in your area. WDC Maintenance staff will pick them up following your event. Please also remember to replace permanent trash cans with liners that meet the above listed specifications.

WDC Maintenance Staff:

7:30 AM - 4:00 PM General

Garbage Cans

7

Please remember to pick up garbage cans after the event.

Recycling Containers

7

Please remember to pick up recycling containers after the event.

6:00 AM - 11:00 PM Ken-Ducky Derby (Tentative) Wharf 6:00 AM - 11:00 PM Ken-Ducky Derby (Tentative) Wharf Docking

Subtotal

3,707.70

Grand Total

3,707.70

Item	Contact	Company Name	address1
\$25.00 Gift Certificate to Eyedia	Diane Stege	Eyedia	1631 Mellwood Avenue
Lucida Guitar Autographed by Jason			
Gray and CD of Jason Gray, Christian			
Singer	Tracy Sumner		690 Ritchey Ln
2 Tickets to the Louisville Ballet			
performance of Giselle	Melanie Horn	Louisville Ballet	315 East Main Street
4 Frazier Musuem Passes	Erin Cooper	The Frazier Museum	829 West Main Street
4 Passes to the Kentucky Derby			
Museum	Julie Henry	Kentucky Derby Museum	704 Central Avenue
Chef dinner for 4 people at Bravol	Michael Hieatt	Bravo! Louisville	206 Bullitt Lane
2 Passes to the Kentucky Science			
Center	Carrie Cooke Ketterman	Kentucky Science Center	727 West Main Street
12 Boot Camp Sessions	Mike Jett and Kellyn Kelley	Pure Fitness Training	waiting on address
1 hour Massage		Ms. Becky Priddy-Heuser	173 Sears Avenue, Suite 270
Bottle of Liquor (Dee pick up 7/14)	Bowman Field Wine & Spirits	Mr. Chris Keeling	2800 Taylorsville Rd.
A His and Her Bag filled with items			
from Knob Creek Range including a			
\$20.00 Gift Card, valued at \$250.00	Tracy Sumner		690 Ritchey Ln
A Gift Certificate to Uptown Art valued			
at \$50.00	Ms. Kelly Rains	Uptown Art Uncorked Louisville	2458 Bardstown Rd.
10 Tickets to PGA 2014	·		
Championship on Monday August 4th			
Gift Certificate for \$30.00 Dinner for			
Two and Two Free Entrees Gift			
Certificates	Rosie Drury	Texas Roadhouse	
Two Tickets to Louisville Bats	Kate McGuire	Louisville Bats	
4 Tickets to Uptown Band Dance on			
July 27th	Tony Ratterman		
a shopping bag containing 3 coffee			
travel mugs and 6 boxes containing			
"stuff" to make Lattes. Total value is			
	Katie Peabody	Starbucks	'
2 Gift Certificate to Timmy's Car			
Wash, value \$34.90		Timmy's Carwash	

Bird Feeder		Stephenson Nursery	
Krispy Kreme Coffee and 2 Krispy			
Kreme Cups	Pete Slacum	Krispy Kreme	
2 Gift Cards to Marks Feed Store		Marks Feed Store	
One Hour Massage ?	Ina's Mom		need address and contact
Certificates from boutiques?			need address and contact
Sump Pump?	John Zoeller	Zoeller Company	
Concert Tickets from Mercury			
Ballroom ?			need address and contact
Tickets to Taste of Louisville?			need address and contact
UofK Autographed Football	Dan Neal		
UofK Autographed Basketball	Dan Neal		
Kroger Basket ?	Jackie Hall	Kroger	

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city	state	zip code	phone1	email		
Louisville	KY		502.540.4940	dstege@eyediashop.com		
West Point	KY	40177-6917	502-922-4174 Tracy			
Louisville	KY	40202	502.583.3150	ktil_99@yahoo.com		
Louisville	KY	40202				
Louisville	KY		502.637.1111	www.derbymuseum.org		
Louisville	KY	40222	502.326.0491			
Louisville	KY	40202	502.561.6563	www.kysciencecenter.org		
200.071110			502.593.3562	mike@pure-ft.com		
Louisville	KY	40207	502-895-2005			
Louisville	KY	40205	502-454-5360			
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West Point	KY	40177-6017	502-922-4174 Tracy			
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HARBOR HOUSE (P.O. BOX 37237 LOUISVILLE, KY 41 AXIDUO-NEX KY 40233-7237 OF LOUISVILLE, **BEREO**

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Stop By Any Of These Local Retailers And Adopt Your Duck Today!

COLORN TO THE REPUBLIC OF

official rules and regulations OF THE KEN-DUCKY DERBY

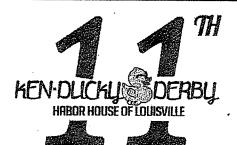
- 1. The Ken-Ducky Derby benefits Harbor House of Louisville, a charitable organization under Section 501(c)(3) of the Internal Revenue Code. The following is a summary of official rules. Copies of the complete Rules and Regulations, a list of prizes and, after the event, a list of prize winners can be obtained from Harbor House of Louisville by sending a written request and a self-addressed stamped envelope to: Ken-Ducky Derby, c/o Harbor House of Louisville, 2231 Lower Hunters Trace, Louisville, KY 40216.
- 2. All ducks for the Ken-Ducky Derby will be launched into the Ohio River on September 28, 2014 at approximately 4:00 p.m. The race course will be established by Harbor House and will conclude at Waterfront Park. The presenter reserves the right to postpone or reschedule the race or to determine a winner by random drawing in the event of inclement weather, acts of God or other circumstances beyond Harbor House's reasonable control.
- 3. Once the Ducks are launched, there will be no attempt to free or interfere with any duck while the duck race is in progress.
- 4. The entry portion of each adoption paper must be completely filled out and delivered to Harbor House or an authorized representative of Harbor House, or mailed to Harbor House at the address set forth in the first paragraph, and actually received by Harbor House prior to the race for an entry to be eligible to win any prize. All adoption forms and money received after the race has started will be considered a donation to Harbor House of Louisville. Entrants assume the risk of non-delivery of any entries to Harbor House or an authorized representative of Harbor House.
- 5. At least 20,000 ducks will be entered in the race. Chances of winning depend on the total number of qualified entries. A number will be attached to each duck which corresponds to the number on its adoption paper. Mulliple duck entries from one ticket will be assigned additional duck numbers for identification. Prizes will be awarded to the person whose name appears on the adoption paper corresponding to the first qualifying duck to finish and be gathered in the duck trap.
- 6. Prize winners will be announced following the race. Winners need not be present to win. If the winner does not claim his/her prize from Harbor House of Louisville within 30 days after the race date, Harbor House will select an alternate prize winner through a random drawing of adoption forms.
- 7. Free entries defeat the charitable fundraising purpose of this event and are not encouraged. However, one free entry per person may be obtained by presenting a written request on a 3x5 index card to Ken-Ducky Derby, 2231 Lower Hunters Trace, Louisville, KY 40216. A business size, self-addressed, stamped envelope must be included with the request for the request to be honored. Request must be made by 5:00 P.M. EST on Friday, September 6. 2014. Any request for free entries will not be honored if received after September 6, 2014 or after 20,000 ducks have been sold.
- 8. By adopting a duck, winners consent to the promotional use of their name and likenesses by Harbor House and its designees without additional compensation.
- 9. The Ken-Ducky Derby and its logo are registered trademarks of Harbor House and GAME and no other person or entity is authorized to copy or otherwise use either without the express written consent of Harbor House.
- 10. The Grand Prize will be a 2014 Honda Fit provided by Sam Swope Honda World. The winner of the grand prize must provide all necessary Federal and State tax reporting information before receiving the grand prize. All local, state and federal taxes, fees and license are the sole responsibility of the winner. The Grand Prize may not be exchanged for cash, another vehicle or other prize.
- 11. If a minor wins the Grand Prize, a 2014 Honda Fit, the transfer of the Grand Prize will be made to conservator for the minor or a custodian under the Uniform Transfers to Minors Act before the car can be claimed. If winner is present at time of annoucement, winner also receives \$1,200 gas card from Kroger and gift certificate for oil changes from Sam Swope Honda World.
- 12. Steering Committee Members of the Ken-Ducky Derby, their spouses and household members are not eligible to win.
- 13. Prior to the start of the race, one out of every 1,500 ducks will be randomly selected. If the number on the bottom of the duck finishing 3rd in the Harbor House Ken-Ducky Derby matches one of the preselected Million Dollar Duck Numbers, the adopter of that duck will win the \$1,000,000 prize. In the event the number on the bottom of the 3rd duck does not match one of the preselected numbers, the \$1,000,000 prize will not be awarded. The \$1,000,000 prize, if awarded will be payable in 40 annual installments of \$25,000 annually. PRESENTER reserves the right to refuse to make the award due to any irregularity in the application of the contest rules. Directors and principals of PRESENTER shall be ineligible to participate in the Million Dollar Duck Promotion and shall be incligible for any prize!
- 14. Prizes will not be awarded if adoptions were issued in exchange for a check issued for "insufficient funds" or credit card deemed "declined" "invalid" or "stolen.
- 15. The Derby Duck Race/Turbo Turtle Trek is a licensed fundraising event of GAME Great American Merchandise and Events. The logo and the name Derby Duck Race/Turbo Turtle Trek are registered trademarks of GAME and cannot be used or copied without its written consent. For more information, please log onto www.game-group.com or call 602-957-3825.

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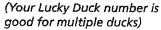
One Lucky Duck Will Win a 2014 Honda Fit!



Adopt a Duck

\$5 Adopts a Duck

Buy a Quack Pack and get a Duck FREE!





Grand Prize 2014 Sam Swope Honda Fit

If your duck comes in third place and is a preselected MILLION DOLLAR DUCK you will win \$1,000,000!!

2nd-Place Prize - \$1,000 • 3rd-Place Prize - \$500



Family Festival

Come down to the Louisville Waterfront for a one-of-a-kind event! September 28, 2014, 12pm-5pm

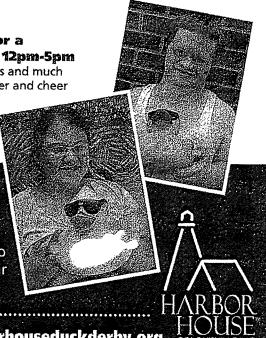
There will be fun for all: Live music, a food court, games and much more! Watch over 25,000 rubber ducks fill the Ohio River and cheer vour ducks on to victory!

If you are the Grand Prize winner and are present when it is announced you will also receive a year's worth of gas from Kroger and oil changes courtesy of Sam Swope!

Improve a Life

All proceeds of the Ken-Ducky Derby benefit Harbor House of Louisville, a non-profit training and development center that seeks to empower individuals with disabilities and their families to lead fulfilled and productive lives.

Adopt your Ducks online at www.harborhouseduckderby.org



DETACH FLAP BEFORE SEALING to adopt rubber duck: Tear envelope off at perforation above, till out adoption papers; and enclose your donation. Seal envelope by moistening gummed area.

DETACH FLAP BEFORE SEALING

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	Gnoose Tour Fackage
91	Single Duck @ \$5
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State	
Year of Birth	(14 ducks)
ne-	Flock of Ducks @ \$100 (30 ducks)
	Total Ducks Total \$
Checks payable to Harbor House, Use roverse side for credit cards.	License# - ORG0001797
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