# JUN 29 2015 to 4154

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

Applicant/Program: First Gethsemone Center	r for Family Development, Inc. /Center for Development Programs
quality facilities, services, and programs to indiverment, and educational, social and r	
The NDF request for \$7,000 will be used supplies, computers ? educational software,	to help subsidize tutors, educational materials ? field trips ; transportation to said fleid trips.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	☐ Yes ☑ No ☑ Yes ☐ No grantee(s)? ☐ Yes ☑ No
within Metro Council guidelines and request a	evelopment Fund Application and have found it complete and approval of funding in the following amount(s). I have read the perfurthered by the funds requested and I agree that the public he disclosure section below, if required.
6 District # Primary Sponsor Signature	#1,000 <u>6/29/2015</u> Amount Date
organization its volunteers its employees or n	ip you, your family or your legislative assistant have with this nembers of its board of directors. 13close that Wanda Mitchell-Smith 13 a Board Member of this
Approved by:	
Appropriations Committee Chairman	Date
Clerk's Office Only:	
Request Amount:	Committee Amended Appropriation:
Original Appropriation:	Council Amended Appropriation:
1   Page	CEPTCE OF METRO COUNCIL CLERK REVIEWED
Effective February 2014	DATE 7/16/15 TIME 9:59

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: First Gethsemane Center for Family Developm	rent, Inc.
Program Name: Programs Request Amount: \$7,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	ues
Request form: Is the funding proposed less than or equal to the request amount?	res
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
<b>Application Page 3:</b> Reimbursement funding — One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Wes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	des
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	NIA
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	Lies
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	ues
<ul> <li>Good Standing: Is the entity in good standing with:</li> <li>Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>Internal Revenue Service – most recent Form 990 included</li> </ul>	(Jes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	ues
Operating Budget: Is the organization's current fiscal year operating budget included?	des
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	yes
Board Members: Is the entity's board member list (with term length/term limits) included?	des
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	N'/A
Rent Requests: Is a copy of signed lease included?	N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	CLOS
IRS Form W-9: Is the IRS Form W-9 included?	Cles
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	NIA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: allison Olives Date: 6/29/2015	



SECTION 1 - APPLICANT INFORMATION					
Legal Name of Applicant Organization:  (as listed on: http://www.sos.kv.gov/business/records)  The First Gethsemane Center for Family Development, Inc.					
Main Office Street & Mailing Address: 1159 Algonquin Parkway, Louisville, KY 40208					
Website: www.1stgch					
Applicant Contact:	Rev. Keith A. Bush, Sr. Title: CFD Director				
Phone: 502-634-1839 Email: revbush@1stgchurch.org					
Financial Contact: Dana Harvey Title: Bookkeeper					
Phone:					
Organization's Repres	entative	who attended NDF Train	ing: Dana Harvey		
GEOG	RAPHICA	L AREA(S) WHERE PROGI	RAM ACTIVITIES ARE (	WILL BE) PROVIDED	
Program Facility Loca	tion(s):	1221 First Gethsemar	ne Ave, 1159 Algonq	uin Parkway	
Council District(s):		3rd	Zip Code(s):	40208	
	SECTI	ON 2 - PROGRAM REQUI	ST & FINANCIAL INFO	RMATION	
PROGRAM/PROJECT I	VAME: 1s	t G CFD Programs			
Total Request: (\$)	7,000	Total Metro A	ward (this program) in	previous year: (\$)	
Purpose of Request (c					
		erally cannot exceed 33%	•	3 0 ,	
		s/events for direct benefi	· ·		
ļ	· · · · · · · · · · · · · · · · · · ·	organization (equipment,	furnishing, building, e	tc)	
The Following are Rec					
IRS Exempt Status Der Current Year Projecte		n Letter	_	costs are being requested	
List of Board of Direc		le term & term limits	■ IRS Form W9		
Current financial stat			_	ised in the proposed program ired by organization)	
Most recent IRS Form	990 or 11	20-н		ation Certification Form, if required	
Articles of Incorporat			Staff including the 3	<u>.                                      </u>	
Cost estimates from properties capital expense	proposed v	endor if request is for		- Green Paris Con	
				ceived from Louisville Metro	
Government for this o	r any othe	er program or expense, in	cluding funds received	through Metro Federal Grants, nent Funds). Attach additional	
sheet if necessary.	oi Metro	council Appropriation (N	eignbornood Developn	nent Funds). Attach additional	
Source:			Amount: (\$)	<u> </u>	
Source:			Amount: (\$)		
Source:			Amount: (\$)		
Has the applicant contacted the BBB Charity Review for participation?  Yes No					
Has the applicant met	the BBB C	harity Review Standards	Yes No		



#### **SECTION 3 - AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

The CFD was incorporated as a 501(c)(3) organization with the support of the First Gethsemane Baptist Church in 1996. The vision and consensus at that time was that a separate community service corporation would better serve the overwhelming needs of the surrounding communities, which includes Arcadia, Park Hill, Iroquois, Algonquin, and Old Louisville.

The mission of the First Gethsemane Center for Family Development, Inc. is to partner with government, business, and civic leaders to "reduce the barriers of success" by providing quality facilities, services, and programs to individuals and families in our communities through economic empowerment, and educational, social, and recreational activities.

The Center for Family Development offers services to youth, individuals, and families through its Child Development Center, tutoring, adult and youth recreational programs, seminars, and youth service organizations.



#### 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 OST learning project will focus on Teach One Academy (TOA) which offers FREE after-school and summer break tutoring focused on Reading, Math, English and study skills. Teach One Academy brings together face-to-face tutoring instruction for students in grades 1-8. Benefits include: A certified JCPS Learning Site with computer tutoring, certified teachers to provide tutoring, individualized learning plans are developed for each student. Our highly qualified tutors provide various learning opportunities through computers and educational software, theatre games, and other peer-to-peer activities. Our Program Administrator facilitates communication between the school system and the program participants' families by acting as a liaison between parents and teachers. This summer, TOA is partnering with our TeamKid Summer Camp which currently has 55 participants.

The OST learning project will also focus on the Child Development Center (CDC). Our goal is to develop our younger children to be "preschool-ready" and enable our school-age children to retain and enhance their knowledge and thrive in a safe and caring environment.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funding will help subsidize tutors, educational materials and supplies, computers and educational software, field trips and transportation for field trips.



C: If this request is a fundraiser, please detail how the proceeds will be spent:
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
fullds to be spent before the grant award period, identify the applicable circumstances.
<ul> <li>□ 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):</li> <li>✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> <li>✓ 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.</li> </ul>
<ul> <li>■ 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:         <ul> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.</li> </ul> </li> <li>The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.</li> </ul>



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: The goal of both TOA, TeamKid and the CDC is to expand the knowledge of its youth participants through teaching, field trips, computer training, and social activities. Each participant will complete lessons which will be evaluated. Where weaknesses are found, TOA, Teamkid and the CDC will work on an individual basis with those participants that need extra help, as well as communicate with parents regarding concerns and strategies for improvement.
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.
The Center for Family Development has also collaborated with the Jefferson County Public School System and Churchill Downs to provide funding for its OST programs.



#### 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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment	2,000	0	2,000
K: Capital Project			
L: Other Expenses (Attach Detail List)	5,000	34,286	39,286
*TOTAL PROGRAM/PROJECT FUNDS	7,000	34,286	41,286
to of Pengrum Budges	16 %	84 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	15,000
Fees Collected from Program Participants	19,286
Other (please specify)	
fotal Revenue for Columns 2 Expenses **	34,286

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>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
	2 meeting rooms for OST	1,800	\$200 per week X 9 weeks
	CFD Facility, 2 classrooms for Teamkid	4,500	\$500 per week X 9 weeks
	Total Value of In-Kind	6,300	
	(to match Program Budget Line Item. Volunteer Contribution &Other In Kind)		
	pency Fiscal Year Start Date: 1/1/15  pes your Agency anticipate a significant increase of the projected for next fiscal year? NO   YES, please explain:	e or decrease in your budget YES	from the current fiscal year to th
•			



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

#### Standard Certifications

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

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

SECTION 7 - CERTIFICATIONS & ASSURANCES

 Signature of Legal Signatory:
 Date:
 1-1-15

 Legal Signatory: (please print):
 Rev. Keith A. Bush, Sr.
 Title:
 CFD Director

 Phone:
 502-634-1839
 Extension:
 Email:
 revbush@1stgchurch.org

Page 8
Effective April 2014

Applicant's Initials KAB

Frankfort 06/26/97

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT INC 1159 ALGONQUIN PKWY LOUISVILLE KY 40208

PURCHASE EXEMPTION NUMBER: D-19109

Location Address: 1159 ALGONQUIN PKWY LOUISVILLE KY 40208

EFFECTIVE DATE: 06/26/97

Based on the information submitted in your "Application for Purchase Exemption", you are hereby authorized to purchase tangible personal property or services without paying or reimbursing the vendor for the sales or use tax with respect to such purchases.

Your vendor is hereby authorized to sell tangible personal property or services to you without receipt of sales or use tax, provided he receives a copy of a purchase exemption certificate, Revenue Form 51A126, in good faith and retains the copy in his records. Every invoice should show that delivery was made to you and should bear the exemption permit number shown above. The vendor may deduct receipts from these sales on Line 4 of his return.

If any of the property purchased is not used within the exempt function of a charitable, educational or religious institution, you will immediately report and pay the require tax measured by the purchase price of the property. Any official or employee of the institution who uses his position to make tax-free purchases for his own personal use or that of any other person will be subject to the penalties provided in KRS 139.990 and other applicable laws.

This exemption authorization applies only to <u>purchases</u> made by the institution. If you are a nonprofit charitable or educational institution making retail sales of tangible personal property, or a religious institution making retail sales, a sales and use tax permit must be obtained for reporting and remitting the tax on such sales. For futher information refer to the enclosed circular letter, Revenue Form 51CO3O.

In the event there is a change in your name, address or operations from the information submitted in your application, you must notify the Cabinet in writing of the change immediately.

Richard Dobson

Sales and Use Tax Section

Division of Compliance and Taxpayer Assistance

Tel. Number (502) 564-5170

Enclosure

AN EQUAL OPPORTUNITY EMPLOYER M/F/H

#### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

► File a separate application for each return.

OMB No. 1545-1709

• If you are	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3 Inplete Part II unless you have already be	3-Month Ex	tension, complete only Part II (on	page 2 of th	is forr	n).	. ► 68.
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Fo in required to file Form 990-T), or an addition uest an extension of time to file any of the file transfers Associated With Certain Personal in For more details on the electronic filing of	onal (not au orms listed Benefit Co	tomatic) 3-month extension of time. ` in Part I or Part II with the exception ntracts, which must be sent to the IR	You can ele of Form 887 S in paper f	ctroni 70, Int ormal	cally file formation (see	Form า
Part I	Automatic 3-Month Extension of	Time. On	ly submit original (no copies nee	ded).			
	n required to file Form 990-T and requestir	ng an autom	natic 6-month extension—checkins	box and cor	nplete	)	
Part I only .		-					
	porations (including 1120-C filers), partners	ships, REM	ICs, and trusts must use Form 7004	to request a	n ext	ension o	f
	ncome tax returns.	•					
			Enter filer	identifying	numb	er, see i	nstructions
Type or	Name of exempt organization or other filer, se		<b>表</b>	Employer ide	ntificati	on number	(EIN) or
print	FIRST GETHSEMANE CENTER FOR FA						
File by the	Number, street, and room or suite no. If a P.C	), box, see ir	nstructions.	Social secu	ırity nı	ımber (S	SN)
due date for filing your	1159 ALGONQUIN PARKWAY						
return. See	City, town or post office, state, and ZiP code.	For a foreigi	n address see instructions.				
instructions.	LOUISVILLE, KY 40208						
Enter the Re	eturn code for the return that this application	n is for (file		n)			. 01
Application	1	Return	• • •				Return
Is For		Code	als For				Code
Form 990 o	r Form 990-EZ	<b>₹</b> 01	Form 990-T (corporation)				07
Form 990-E	BL	.02	Form 1041-A				08
Form 4720	(individual)	03.	Form 4720 (other than individual)				09
Form 990-F	PF	04	"Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	(0.5	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870	<u> </u>			12
Telephor If the org If this is f for the whole list with the I requ until is for	names and EINs of all members the extensivest an automatic 3-month (6 months for a constant of the state of t	of business four digit of If it is for p ion is for. corporation exempt org	Group Exemption Number (GEN) part of the group, check this box required to file Form 990-T) extension ganization return for the organization and ending	n of time named abov	. ▶	and and	his is d attach a
2 If the	tax year entered in line 1 is for less than 12	months. cl	heck reason: Initial return	Final	retur	n	
	hange in accounting period				(6411		
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	or 6069, enter the tentative tax less	anv			
	fundable credits. See instructions.	00 1, 1720	, 0, 0000, 0	, a.,,	3a	\$	0
	application is for Forms 990-PF, 990-T, 47	20. or 6069	enter any refundable credits and			Ť	
	ated tax payments made. Include any prior				3b	\$	0
	ice due. Subtract line 3b from line 3a. Inclu			sing			
EFTP	S (Electronic Federal Tax Payment System	n). See insti	ructions.		3с	\$	0
_	ou are going to make an electronic funds withdr	awal (direct	debit) with this Form 8868, see Form 84	53-EO and Fo	orm 88	379-EO fo	or
payment instr	ructions.						

Form 88	68 (Rev. 1-2014)							Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3	3-Month Ex	ctension, com	plete only Par	t II and check th	his box .		<b>►</b> X
Note.	Only complete Part II if you have already been g	ranted an a	iutomatic 3-mo	onth extension o	n a previously	filed For	m 8868.	
	ou are filing for an Automatic 3-Month Extension				<u></u>			
Part	Additional (Not Automatic) 3-Mont	h Extens	<u>ion of Time.</u>					
				Ente	r filer's identify			
Type o					Employer ide	ntification n	umber (El	N) or
print	FIRST GETHSEMANE CENTER FOR FA			NC.				
	Number, street, and room or suite no. If a P.C	), box, see ir	nstructions.		Social secu	irity numb	er (SSN)	)
File by the due date f	or Tibo Tizo Ortago III Till Till Till Till Till Till Till			<del></del>				
filing your return. Se	City, town or post office, state, and ZIP code.	For a foreig	n address, see i	nstructions.	(ir)			
instruction		<del></del>	····	<del></del>	WA			· · · · · · · · · · · · · · · · · · ·
Enter t	he Return code for the return that this application	n is for (file	a separate ap	plication for eac	ch réturn)			. 01
Applic		Return	Application	4		44	-	Return
Is For		Code	Is For					Code
Form !	990 or Form 990-EZ	01	7, 1	42 h	AN		-	
Form !	990-BL	02	Form 1041-A					08
Form 4	4720 (individual)	03	Form 4720 (	other than indiv	idual)			09
	990-PF	04	Form 5227					10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		<b>1</b>			11
	990-T (trust other than above)	06	Form 8870					12
STOP!	Do not complete Part II if you were not already g	ranted an a	utomatic	nth extension o	on a previously	filed For	m 8868.	
• The	books are in the care of MRS DANA HAR	VEY		V				
	ephone No. ► 502-635-7906		Fax No.					
• If th	e organization does not have an office or place o	of business	in the United	States, check th	nis box			▶ [
<ul><li>If th</li></ul>	is is for a Group Return, enter the organization's	four digit C	roup Exempti	on Number (GE	N)		If	this is
for the	whole group, check this box ▶	If it is for p	art of the grou	p, check this bo	x	▶	an	nd attach a
	the names and EINs of all members the extens							
		A						
4 1	request an additional 3-month extension of time	unul		11/15/2014				
5 F	or calendar year <u>2013</u> , or other tax yea <u>r be</u>	elinnine 🚈			, and ending			=1
6 <u>I</u>	f the tax year entered in line 5 is for less than	njonins, d	neck reason:	Initial	return F	inal retur	'n	
	Change in accounting period	Co.						
7 5	State in detail why you need the extension	100						
_								
_		<i>4</i>						
	The state of the s	7						
8a l	f this application is for Forms 990-BL 990-PF, 9	90-T, 4720,	, or 6069, ente	r the tentative t	ax, less any			
	nonrefundable credits. See instructions.					8a	\$	0
	f this application is for Forms 990-PF, 990-T, 472							
	stimated tax payments made include any prior	year overpa	ayment allowe	d as a credit an	d any		Į	
	mount paid previously with Form 8868.	.4				8b	\$	0
	Balance due. Subtract line 8b from line 8a. Inclu			torm, if require	d, by using			
	FTPS (Electronic Federal Tax Payment System	i). See instr	uctions.			8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signat	h	
SIDHAI	ure II	

#### Budget

-	~ ~
_	7 1/1

TOA		
	OST Tutor Expenses	
	4 tutors X 3 hours X 4 Days X \$19 per hour X 8 weeks	7,296.00
	Educational Materials	750.00
	TOA Expenses	8,046.00
CDC		
	OST Tutor Expenses	
	1 tutor X 2 hours X 4 days X 8 weeks	640.00
	Educational Materials	300.00
	Fieldtrips	500.00
	CDC	1,440.00
TeamKid		
	1 Administrator @ \$500 per week X 10 weeks	5,000.00
	1 Administrative Asst./Tutor @ \$450 per week X 9 weeks	5,000.00
	3 tutors @ \$400 per week X 9 weeks	10,800.00
	Fieldtrips TeamKid	4,000.00
	Snacks	1,000.00
	Education Materials TeamKid	4,000.00
		29,800.00
	Total Budget Expenes	39,286.00

#### Budget

J. Machinery	and Eq	uipment
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(1) Computer CDC	500.00
(3) Computers TOA	1,500.00
Total Machinery and Equipment	2,000.00

#### L. Other Expenses

OST Tutors for TOA	1,500.00
<b>Educational Material TOA</b>	500.00
OST Tutor for CDC	640.00
Educational Materials CDC	360.00
Fieltrips CDC	500.00
Education Materials TeamKid	250.00
Fieldtrips TeamKid	500.00
Venturing	750.00
Total Other Expenses	5,000.00

Total Budget Expenes 7,000.00

### First Gethsemane CFD 2015 Budget

Revenue	Description	Amount	
CFD	Membership Dues	300.00	
CFD	Donations for General Use	1,500.00	
CFD	Facility Rental Revenue	6,500.00	
CFD	Coke Fund	650.00	
CFD	Interest Revenue	2.00	8,952.00
CFD	LCCL Fees	400.00	400.00
CFD	Venturing Income	600.00	600.00
CFD	Misc. Sports Revenue	627.00	627.00
CFD	Grant Revenue	17,000.00	17,000.00
CFD	Summer Teamkid Enrichment Program	24,000.00	11,000100
CFD	Teamkid Fieldtrip Revenue	6,000.00	30,000.00
CDC	Tuition Paid by Parents	87,000.00	00,000.00
CDC	Three C's/Fostercare	42,000.00	
CDC	Registration Fees	200.00	
CDC	Meal Reimbursement Revenue	20,000.00	
CDC	Contributions/Donations	2,500.00	151,700.00
		209,279.00	101/100/00
Expenses			
CFD	Fellowship/Party Expenses	300.00	
CFD	Coca Cola Expenes	325.00	
CFD	Office Supplies Expenses	750.00	
CFD	Bank Fee Expenses	150.00	
CFD	Equipment under \$500	250.00	
CFD	CFD West Utilities	350.00	
CFD	Facility Rental Expenses	4,327.00	
CFD	Professional Services	2,500.00	8,952.00
CFD	LCCL Expenses	400.00	400.00
CFD	Venturing Income	600.00	600.00
CFD	Misc. Sports Revenue	627.00	627.00
CFD	Grant Expenses	17,000.00	17,000.00
CFD	Teamkid Contract Workers	21,000.00	
CFD	Teamkid Supplies	4,000.00	
CFD	Teamkid Fieldtrips	4,000.00	
CFD	Teamkid Snacks	1,000.00	30,000.00
CDC	Gross Payroll	125,000.00	
CDC	Payroll Taxes	9,000.00	
CDC	Meal Expenses	13,000.00	
CDC	Classroom Equipment/Supplies (under \$200)	500.00	
CDC	Office Supplies Expenses	1,500.00	
CDC	Educational Materials	725.00	
CDC	Fieldtrip Expenses	1,000.00	
CDC	Staff Training	500.00	
CDC	Employee Screening Expenses	200.00	

		209,279.00	
CDC	Professional Dues and Seminars	200.00	151,700.00
CDC	Bank Fee Expenses	75.00	



## First Gethsemane Center for Family Development, Inc. 2015 Board Members

T. Vaughn Walker	Chairman	(No Term Limit)
Keith A. Bush, Sr.	Treasurer	(No Term Limit)
Darnell Farris	Member	(No Term Limit)
Dana Harvey	Member	(No Term Limit)
Deborah Hoff	Member	(No Term Limit)
Lillie Mae Perry	Member	(2015 to 2018)
Wanda Mitchell-Smith	Member	(No Term Limit)
LaWarren Taylor	Member	(No Term Limit)
Michael Wells	Member	(No Term Limit)
Tamara Thomas	Member	(No Term Limit)
Charles Ford	Member	(2015 to 2018)

## Income Statement as of 5/31/15

Betts Donation Repayment**  (** not included in net income figure)	Total CFD Net Income	Total CFD Expenses	Venturing Expenses	Misc. Business Taxes and Fees	Teamkid Snacks	Teamkid Fleidtrips	Teamkid Supplies	Teamkid Contract Workers	Health Fair and Back to School	CFD West Monitor Expenses	CFD West Utilities	Boy Scout Expenses	Donations/Contributions	CFD West Maintenance Expenses	Equipment under \$500	CCL Expenses	Bank the Evidence	Escility Bantal Expanses	Coto Coc regeral laxes	2013 CDC Cadonal Tarrio	Youth program Meal Expenses	Coca Cola Expenses	Annual Picnic Expenses	Summer Youth Program, Spring	General Maintenance Expenses	CFD Fellowship/Party Expenses .	Recreation and Sports Expenses	CFD Expenses	Fotal CFD Revenue	Project Playground - CDC	PowerTeam Donations	Donations for Health Fair and Back to School	Venturing income	Teamkid Fieldtrip Revenue	Misc. Sports/Tournament Rev.	Boys and Cub Revenue	Interest Revenue	LCCL Team Revenue	Coke Fund	Facility Rental Revenue	Donations for General Use	Membership Dues	CFD Revenue  Summer Teamkid Forichment Program
305,00	(2,345.12)	2,545.04	. ]		- 5		200	*:77	4			11100	325.00		ig.	6,00	ā	72.99	100	2			500			145.35	1.831.75		199,92		100		99.90	9	100.00	20.0	3	000	ē	ы			January
305.00	119.31	2,818.72	1,369.15		-73	00	e ()	4213		110	,		89.5/1		500.00	17.00	72	182.68	G.	289.63	e e	į,				286.58			2,938.03		24.	100.00	508 00	200000	1.935.00	0.03	120.00	30	ļģ.	375.00			February
	251.99	1,298.03	499.37										291.35		360.00	9.00	100.00	38.31											1,550.02			13.00	15.00	10.00	15000	0.02	360.00			1,025,00			March
	794.96	161.56														9,00		119.80						32.70	23 76				956.52	200.00		11,30	11 50			0.02	120.00			400.00	225.00	• ! !	April
	1,366.24	408.79											162.04			3.00	200.00	19.00					74 75						1,775.03							0.03			į	1.325.00	450.00		May
																													(6)														June
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	r	,																											G.														August
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																													20														October
																													<u>e</u> 0														November
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10/.38		1,868.52 7,232.14	*	00	ŧS		900		60	+>:	9	325.00	791.07	00.00	9£3.00	300.00	442./8	,	289,63	-		24.75		32.76	431.93	1,831.75		7,712,00	200.00		22	634,40		2,185.00		0.12	600.00	7.3	3,125.00		675,00	Section Contract	

				And	May	iine	iilv	August	September	October	November	December	Year to Date
CDC Revenues Tutioir Paid by Parents	38.872.20	9,587,80	8,358.40	6,466.00	11,549,40	· ·	frac	d					44,833.80
Four C's	3,685.00	3,480.40	3,578.80	3,626.40	3,261.40								17,632.00
Foster Parent Program	492.00	528.00	ě	480.00	1,056.00								2,330,00
Registration Fees	00	125.00	25.00		25.00								9,022.01
Reimbursed Revenues - Meals	1,755.67	3	3,254.09	1,961.85	2,050.40								190.00
Contributions		40.00		150.00									1
Supplement Account	1.5	10											519,00
Fundraiser Revenue		(2)		519.00									
STARS Quality incentives Award	4	7											210.97
Tax Refunds			210.97										
Concession Revenue		5											
Fieldtrip Revenue		ŀ						ļ					75.138.78
Total CDC Revenues	14,804.87	13,761.20	15,427.26	13,203.25	17,942.20	0	12	,	1 .	29	14		į
CDC Expenses													65.870.27
Gross Payroll	10,294.19	12,000.55	11,512.69	12,602.03	19,460.81								
Contract Workers		15.											4.341.80
Payroll Taxes	756.45	889.41	852.06	935,43	908.45								101.95
Unemployment Expense	30.95			71.00									
Tax Penalties and Interest	•	.5											4,498.74
Meal Expenses	957.56	629.45	1,052.05	203.24	1,230.14								150,00
Classroom Equipment/Supplies (Under \$200)	1		}		100.00								833,73
Office Supplies & Postage	156.74	188.91	88,59	400.00	120.13								1,066.20
Educational Materials	166.20	150.00	250.00	400.00	TOO:000								
Fieldtrlp Expenses			;										30
Staff Training		SP.	50.00	252,00	1								165,50
Employee Screening Expenses	40.00	75.00	 	1	50.50								30,00
gank Fees	6.00	6.00	6.00	6,00	8.00								90
Professional Dues and Seminars	36	34											
Callection Expenses	i	ŗ											*11
Penalties	700	300											
Loan Expense	i	9		3									100,00
CFD West Maintenance Expense		()		TOUTOO									
STARS Program Expenses	12 400 00	13 636 37	12.811.30	15 133.36	22.168.03	٠					•	•	77,460.19
Total CDC Expenses	14,400.00	11,000											
	2 200 70	(178.12)	1,615.87	(1,930.11)	(4,225.83)							,	[2,321.41)

Total Net Income (CFD and CDC)

51.66

(9881) 1,867.86 (1,195.15) (2,859.59)

## Grant Revenue

Betts Loan Balance	2013 Payroll Tax Payments** (** not included in net income figure)	Cash Accounts - Current balances as of 5/31/15 CFD General Checking Account CFD Grant Funds CFD Savings Account CFD Boy Scouts/Cub Scouts Account CFD LCCL CDC General Account CDC Fayroll Account CDC Tax Account	Total Grant Expenses	\$10,000 Churchill Downs Grant (2015) Contract Workers Meals Incentives/Fieldtrips	\$10,000 Churchill Downs Grant (2014) Contract Workers Meals Incentives/Fieldtrips	Grant Expenses	Total Grant Revenue
	300.00	3,672.10 8,584.17 2,988.11 218.49 226.40 2,745.55 4,233.11 3,041.44 25,709.37	943.84		866.50 77.34		ě.
	300.00		1,674.42		1,658.50 15.92		0
	300.00		2,005.43	103.18	1,902.25		(4)
	300.00		1,142.25	635,42	506,83		84
11,813.32	300.00		1,292.75	1,292.75			a
			ſc.				
			X				М
			2.5				lit
			2*1				œ
			(30)				
			- W				
							73
			7,058.69	1,928.17 103.18	4,934.08 93.26		88

### Form **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

		the Freasury ue Service	▶ Info	ormation about Fori	m 990 and its	instructions	is at www.ir.	s.gov/form	990.		Inspection
A	For th	e 2013 ca	lendar year, or ta	x year beginning			, and e				MARIO EN CONTRACTOR DE CONTRAC
В	Check if	applicable:	C Name of organiza	ation FIRST GET	THSEMANE (	CENTER FO	R FAMILY D	DEVEL P	Employer id	entification	литber
	Address	change	Doing Business A								
	Name ch	2000		et (or P.O. box if mail is n	ot delivered to str	eet address)	Room/suite				
닏	Name C	ange	1159 ALGONQI	JIN PARKWAY				E	Telephone ni	ımber	<del></del>
$\Box$	Initial ret	urn	City or town			State	ZIP code		A		
$\Box$	Terminat	ted	LOUISVILLE			KY	40208		W.L		
$\equiv$			Foreign country	name Foreig	n province/state/	county	Foreign postal				
Ш	Amende	d return					****		,Gross receip	s \$	189,496
	Applicati	on pending	F Name and addres	ss of principal officer:				H(a) is this a g	roup retain for:	ubordinates?	Yes X No
			KEITH BUSH 1	159 ALGONQUIN F	PARKWAY, LO	OUISVILLE,	KY 40208	ACCOUNTS NO.	subordinates i	ľα	Yes No
	fav-even	pt status:	X 501(c)(3)	501(c) ( )	◀ (insert no.)	4947(a)(1)	or 527 A	<b>1</b>	attach a list. (	see instruct	
		<del></del>		7 40 (6) ( )	4 (1110011110:)	1047(2)(1)	<u> </u>	A A			,
<u>J 1</u>	Nebsite	<u>e: ► N/A</u>						1	exemption nun	iber 🏲	
K	Form of o	rganization:	X Corporation	Trust Assoc	ciation Oth	ier 🕨		Loi folloguog	1996	M State of	legal domicile: KY
P	art I	Sui	mmary				E.	AND AND	,		
	1	Briefly d	escribe the organ	nization's mission o	r most signific	ant activitie	s: TO F	ROVIDE V	ARIOUS T	YPES O	FASSISTANCE
Ce				ON, HEALTH, REH							
Governance		DEVELO	PMENT OF DE	PRIVED COMMUN	ITIES IN THE	LOUISVIL	E AND DEF	RSON C	OUNTY K	ENTUCK	Y
en	2			f the organization di			22	M7			
6	3			ers of the governing			or disposed	or more tric		15 Het as:	
	4			voting members of t			/L line (b)		—	3 .	12
es S	5			als employed in cale					_		0
Activities &	6			ers (estimate if nece		15 (Fait Wa	20)		_	5	16
Ċ	7a			revenue from Part		C\ line 12					
4	1 .										0
	b	Net unit	elated business to	axable income from	FOIII SESCE	in ie 34			7	D	0
	8	Cantribu	tions and arents	(Dart VIII line 4h)	A .		}	Pric	or Year	20	Current Year
Æ	1			(Part VIII, line 1h) .			2 5 5		62,69		49,375
Revenue	9			(Part VIII, line 2g)		r=15	0.18		206,3		140,121
Re-	10			VIII, column (A) lin			ST 30 505			0	0
_	11			column (A), lines 5						0	0
	12			through 11 (must eq					269,0		<u>189,496</u>
	13			nts paid (Part IX, co						0	0
	14	Benefits	paid to or for me	embers (Part IX col	umn (A), line	4)	5.40\			0	0
Ses	15			on, employee benefit					144,18		113,415
ens	16a			fees (Part IX, colum						0	0
Expenses	b			es (Partil - column			1,626				
ш	17			column (A) lines 1					134,58		118,717
	18			s 13–17 (must equa				<u>.</u> .	278,77		232,132
	19	Revenue	e less expenses	Subtract line 18 fro	m line 12				-9,7		-42,636
Net Assets or Fund Balances	00	T.4-1						Beginning o	f Current Yes	<del></del>	End of Year
SSE	20		sets (Part X, line						760,72		726,086
let A	21		oilitie <b>s (P</b> art X, lin		4.5				461,86		469,140
				Subtract line 2	1 from line 20			<del></del>	298,86	54	256,946
	ırt ([		naturë Block								
				examined this return, inc laration of preparer (one							
and	Deller, It i	s lide, cone		lareacht of prepares (corre	A than officer, is b	ased on all tillo	IIIauon or willon	piepalei iias	any knowledgi		314
Sig	jn 💮	-	Signature of a signature	TAMENY Y	<u> </u>				<u> </u>	116,	519
He	re		Signatule of officer	A. Bush	, < ,				Date		
		-     -	1/5124		131		·-				
		Drins	Type or print name ar Type preparer's name		Preparer's sign	sture		Date			DTIN
D-	id		. The bighaid 2 ligitle	•	i reparer s sign	5/110		Date	Check		PTIN
Pai		TON	II LEVY, CPA		TON! LEVY,	CPA		7/29/20			P01232685
	eparer e Only		· · · · · · · · · · · · · · · · · · ·	LEVY & ASSOCIA	TES, INC			Firm	's EIN		
US.	e om/			WEST BROADWA		OUISVILLE	KY 40203			2_566 20	30
0.6	r Alban III		· · · · · · · · · · · · · · · · · · ·						ne no. 50	2-566-30: г	
May	y the IH	s alscus	s this return with	the preparer shown	above? (see	instructions	)				X Yes No

#### TONI LEVY & ASSOCIATES, INC 1608 WEST BROADWAY, STE 100 LOUISVILLE, KY 40203 (502) 566-3030

#### Invoice for 2013 Tax Year

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. 1159 ALGONQUIN PARKWAY LOUISVILLE, KY 40208

Invoice Date: July 29, 2014

#### **Statement of Charges**

Tax return preparation fee

1,100.00

TOTAL 1,100.00

art	Checkist of Required Schedules		Yes	No
a a	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		169	110
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?		1	
	"Ves." complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule is Part II	,		<del>-^-</del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liamity; serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt			Ì
	pegotiation services? If "Yes," complete Schedule D, Part IV.	9	_X_	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes, then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		}	
	Debadula D. Port VI	11a	X	
b	Bid the organization report an amount for investments—office securities in Part X, line 12 that is 5% or more	l		١.,
	of its total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VII	11b		_ X_
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," corridate Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	· · · ·	-	1
	reported in Part V. line 162 if "Yes." complete Schedule D. Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a roomote that addresses			.,
	the experization's liability for uncertain tax hositions under EIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	_ X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		×
	Schedule D, Parts XI and XII	<u>                                   </u>	1 -	1
b	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L.	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	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	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 1		<u> </u>
15	for any foreign organization? If "Yes." complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX. column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Ves." complete Schedule G. Part III.	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			uge
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to 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	22		
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	├	Х
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	1.		l
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	1	
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of issuer for bonds outstanding at any time altring the year?	24d		Х
25a	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		X
þ	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 priority priority or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from organization report any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	Ì		
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer director, trustee, key employee.	<u> </u>		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	21		^
2,0	Part IV instructions for applicable filing thresholds, conditions and exceptions):			l .
а	A current or former officer, director, trustee, or key employee? It Yes, " complete Schedule L, Part IV.	20-		
b	A family member of a current or former officer, director trustee, or key employee? If "Yes," complete	28a		Х
-	Schedule L, Part IV.	005		
_	An entity of which a current or former officer, diffector trusted or key employee (or a family member thereof)	28b		Х
С				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in nor each contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of arthristorical freasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedite M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.701-3? JEYes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part Valine 1 . 🚕	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	- 1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O	2.	Ψĺ	

"Part V♥

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 9	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account of other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		:	
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	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly of indirectly to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	١		V
	organization, have excess business holdings at any time during the year?	8		Х
9	Did the organization make any taxable distributions under section 4966?	n_		V
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	_	Х
ь 10	Section 501(c)(7) organizations, Enter	ອນ		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members of shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 1		
	against amounts due or received from them.)		Ì	1
12a		12a		ı
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	i		ı
a	· · · · · · · · · · · · · · · · · · ·	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ı
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ı
14a		14a		Х
b		14b		Χ

Form 990 (2013)
- Part VI

THIS I SETTISE IN THE SETTISE IN THE SET SET SET SET SET SET SET SET SET SE	ge 6
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a "No"
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	lle O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI.	

	Check if Schedule O contains a response or note to any line in this Part VI	ioo iiic	uuuu	
Sec	tion A. Governing Body and Management		<u> </u>	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2	-	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.			-
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, or trustees, or key employees to a management company or other personal.	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 991 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization assets? .  Did the organization have members or stockholders? .	5_		Х
7a	Did the organization have members of stockholders, or other persons who had the power to elemor appoint	6		X
	one or more members of the governing body?			,,
b	Are any governance decisions of the organization reserved to (or subject to approval by) itembers,	7a		Х
-	stockholders, or persons other than the governing body?	75		
8	Did the organization contemporaneously document the meetings held or written actions tridertaken during	7b		X
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing bod	8b	$\hat{\mathbf{x}}$	
9	Is there any officer, director, trustee, or key employee listed in Part VIII Section who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- {	Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.	<u>_</u>	
			Yes	No
10a	Did the organization have local chapters, branches, organization	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		I	
44.	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	Х	
b 12-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and confiscently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was doing.	12b		X
•	describe in Schedule O how this was done.	40-		V
13	Did the organization have a written Whistlebione solicy?	12c	-	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14	-	<u>X</u>
	independent persons, combarability data and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		$\frac{\hat{x}}{x}$
	If "Yes" to line 15a of 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		- 1	
	with a taxable entity during the year?	16a		Х
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	- 1		
45	the organization's exempt status with respect to such arrangements?	16b		
ecti 7	ion C. Disclosure			
8	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1033 for 1034 if applicable) 200 and 200 T to			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) available for public inspection. Indicate how you made these available. Check all that apply.	s only)		
1				
9 '	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police			
	financial statements available to the public during the tax year.	у, апо		
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► MRS DANA HARVEY 502-635-7906	3		
	1159 ALGONQUIN PRKWY, LOUISVILLE, KY 40208			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."  • List all of the organization's five current highest compensated employees (other than an officer, director, direct												
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0- in columns (D), (E), and (F) if no compensation was paid.  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."  • List the organization's five current highest compensated employees (other than an officer, director, drustee, 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 of reportable compensation from the organization and any related organizations.  • List all of the organization's former officers, key employees, and highest compensated employees and any related organizations.  • List all of the organization's former directors or trustees that received, in the capacity of the organization of reportable compensation from the organization and any related organization organization and any related organization and any related organization organiz	Form 990 (2013)	FIRST GETHSEMANE CENTER F	OR FAMILY DE	VELC	)PM	EN <sup>-</sup>	T, IN	VC.				Page 7
Check if Schedule O contains a response or note to any line in this Part VII.  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."  • List the organization's five current highest compensated employees (other than an officer, director, drustee, or key employee) who received reportable compensation (Box 5 of Form W-2 endor 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 forger 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 are propertied organizations.  Check this box if neither the organization nor any related organization compensation from the related organization and any supplies pason is bothwise organization from the power of the organization and properties and the properties of the organization organization organization organization from the capacity of the power of the organization organization organization organization organization organization organization from the capacity of the properties of the properties of the properties of the pr									, H	lighest Comp	ensated	
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List persons in the following order: individual trustees or directors; institutional trustees; officers the employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (a)  (b)  (c)  (c)  (do not observative that one week (list any hours for related organizations below dotted line)  (do not observative that one week (list any hours for related organizations below dotted line)  (do not observative that one week (list any hours for related organizations below dotted line)  (do not observative that one week (list any hours for related organizations the week (list any hours for related organizations below dotted line)  (1) T VAUGHN WALKER  (1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  (3) ANEEKA HINES  SECRETARY	organization m	ore than \$10,000 of reportable compe	ensation from the	orga	niza	ation	ı an	id any	rel	ated ordanization	ns.	
Check this box if neither the organization nor any related organization compensated any cuttant officer, director, or trustee.  (A)  Name and Title  (B)  Average hours per week (list any hours for related organizations or related organizations below dotted line)  (T)  (T)  (A)  Name and Title  (B)  Average hours per week (list any hours for related organizations below dotted line)  (T)  (T)  (T)  (T)  (T)  (T)  (T)  (	List persons in	the following order: individual trustees	or directors; ins	titutio	nal	trus	tees	s; offic	ers	key employees	s; highest	
(1) T VAUGHN WALKER  CHAIR  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  1.00  SECRETARY  (do not cleak grow that other check grow that other compensation from the organizations below dotted line)  (do not cleak grow that other check grow that other compensation from the organization from the organizations (W-2/1099-MISC)  (1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  1.00  SECRETARY	compensated e	employees; and former such persons.	·								_	
(1) T VAUGHN WALKER  CHAIR  CHAIR  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  1.00  SECRETARY   (do not check more that the box, unless person is both-an office strict one box, unless person is both-an office strict one box, unless person is both-an office strict and encorring that director/firststee) or office strict and office stric	Check this	box if neither the organization nor any	related organiz	ation	con	nper	nsa	iệd an	y c	urrent officer, dir	ector, or trustee.	·
(1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  (4) Average hours per week (list any hours for related organizations below dotted line)  (5) Average hours per week (list any hours for related organizations below dotted line)  (5) Average hours per week (list any hours for related organizations organizations below dotted line)  (5) Average hours per week (list any hours for related organizations office and a director/firustee)  (6) not check-more that one flow, unless person is bothlant office and a director/firustee)  (7) To Mughn WALKER  (8) Average hours per week (list any hours for related organizations office and a director/firustee)  (8) Reportable compensation from the organizations (W-2/1099-MISC)  (8) Reportable compensation from related organizations (W-2/1099-MISC)  (1) T VAUGHN WALKER  (1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  1.00  SECRETARY						(C	<b>2)</b>	7				
Name and Title  Average hours per week (list any hours for related organizations below dotted line)  (1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  1.00  SECRETARY   Average hours per week (list any hours for related organizations from related organizations week (list any hours for related organizations)  (5) Average hours per week (list any hours for related organizations from the organization (W-2/1099-MISC)  (6) Average hours per week (list any hours for related organizations from the organization (W-2/1099-MISC)  (7) T VAUGHN WALKER  (8) O O O O O O O O O O O O O O O O O O O		433	(B)	(do r	ant ch			фъ.	Sept.	(N)	(E)	(E)
week (list any hours for related organizations below dotted line)  (1) T VAUGHN WALKER  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  SECRETARY  To not violated organizations below dotted line)  To not violate trusted organization (W-2/1099-MISC)  To not violate trusted organization (W-2/1099-MISC)  (b) To military trusted organization (W-2/1099-MISC)  (c) T VAUGHN WALKER  (d) T VAUGHN WALKER  (e) To military trusted organization (W-2/1099-MISC)  (f) T VAUGHN WALKER  (g) T To military trusted organization (W-2/1099-MISC)  (g) T To military trusted organization (W-2/1099-MISC)  (g) T T VAUGHN WALKER  (g) T T VAUGHN W			Average	box.	นฏไฮ์ร์	s pe	rson	is both	an	Reportable	Reportable	Estimated
(1) T VAUGHN WALKER CHAIR CHAI			hours per week (list any	office		d a d						
(1) T VAUGHN WALKER CHAIR CHAIR (2) KEITH BUSH TRESURE (3) ANEEKA HINES SECRETARY  D D D D D D D D D D D D D D D D D D D			hours for	divic	ustatu	ffice	ey e	mple Green	em.c			
(1) T VAUGHN WALKER CHAIR CHAIR (2) KEITH BUSH TRESURE (3) ANEEKA HINES SECRETARY  D D D D D D D D D D D D D D D D D D D			organizations	ector	tion	7	de la	st co	4		(11-2) 1000-111100)	organization
(1) T VAUGHN WALKER CHAIR CHAIR (2) KEITH BUSH TRESURE (3) ANEEKA HINES SECRETARY  D D D D D D D D D D D D D D D D D D D			line)	. Israel	er.	ļ '	уее	mpe				
(1) T VAUGHN WALKER       1.00         CHAIR       0.00       X         (2) KEITH BUSH       20.00       X         TRESURE       0.00       X         (3) ANEEKA HINES       1.00       X         SECRETARY       0.00       X				8	stee			nsat				
CHAIR  (2) KEITH BUSH  TRESURE  (3) ANEEKA HINES  SECRETARY  0.00 X  X  X  X  X  X  X  X  X  X  X  X  X				May.	!			2				
(2) KEITH BUSH	(1) T VAUG	HN WALKER			b							
TRESURE (500 X )  (3) ANEEKA HINES 1.00   X   SECRETARY			whom (conf	X	<b>*</b>							
(3) ANEEKA HINES 1.00 X SECRETARY 2.000 X		BUSH		in-		,						
SECRETARY A 0.00 X		A HINES A		F		┢	$\vdash$					
OLOILLIMIT	*	1111120				X						
(4) DARNELL FARRIS 1.00		L FARRIS	1.00									

DIE:	art VII Section A. Officers, Directors, 1	rustees, Key Em	ploy	ees,	an	d H	ighes	st Co	ompensated En	nployees (conti	nued)		8
					(	C)				<u> </u>	T		
	- (A)	(B)	/do	not c		sition	e than	000	(D)	(E)		45-1	
	Name and title	Average	box,	unte	ss pe	erson	is boti	н ал	Reportable	(E) Reportable		(F) Estimate	ed
		hours per week (list any				direct	or/trus		compensation	compensation	a	mount	of
		hours for	or of	Inst	Officer	₹	la Fig	Former	from the	from related organizations	CO	other mpensa	tion
		related	or director	Ę.	<b>6</b>	eg	oloy	ner	organization	(W-2/1099-MISC)		from the	
		organizations below dotted	or director	institutional trustee		Key employee	8 8		(W-2/1099-MISC)			ganizati nd relati	
		line)	Uste	TT I		9	per				1	janizatio	
			6	tee			Highest compensated employee		1.0				
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(25)													
	<u> </u>	Abba	je .		Ĺ.,			Щ					
1b	Sub-total	a a							7,210	0			C
C	Total from continuation sheets to Part VIII	Section			٠				0	0			0
d	Total (add lines 1b and 1c).	A Table of the second lies						<b>&gt;</b>	7,210	0			0
2	Total number of individuals (including but not	El all'aller	itea s		е) v 0	VIIO	recei	vea	more than \$100	,000 of			
	reportable compensation from the organization						_					Vaa	Ma
3	Did the organization list any former office sdi	rector or trustee	kev e	mni	love		r hial	haet	companyated			Yes	No
·	employee on line 1a? If "Yes," complete Scrie										3		Х
4	For any individual listed on line 1a, is the sum												
*	the organization and related organizations gre												
	individual						•				4		Х
5	Did any person listed on line 1a receive or acc									els est	-		_
3	for services rendered to the organization? If "										5		V
Sec	tion B. Independent Contractors	roc, complete co	11000	,,,,	101	000	n per	3011	<u> </u>		3		<u>X</u>
1	Complete this table for your five highest comp	ensated independ	dent o	conti	ract	ors	that r	ece	ived more than \$	100 000 of			
	compensation from the organization. Report of										ax		
	year.												
	(A)								(B)		(C)		
	Name and business ad	Idress							Description of servi	ces C	отреп	sation	
													0
													0
		· · · · · · · · · · · · · · · · · · ·											0
													0
	Total number of independent contractors (incl	uding but not limit	ed to	tho	امه	iete	d aho	ve)	who received				0
_	more than \$100,000 of compensation from the	_	• <b>•</b>	11 IU	oc I	.o.c(	טטגא ני ח	ve)	WIND IECEIVEU				

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1001 See 1 a 100	WHEEL .	
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Statement of Revenue

		Check if Schedule O contains a response of i	lote to any line if	i this Part VIII			
				(Å) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PD +0	1a	Federated campaigns . 1a	0				
ints	b	Membership dues	0				
Gra	c	Fundraising events	0				
ts,	ر ا		0	-	,	[	
Contributions, Giffs, Grants and Other Similar Amounts	d	2	0		A		
ns,	e	Government grants (contributions) 1e	0		V.		
atio	f	, , , , , , , , , , , , , , , , , , , ,			\		
i i		similar amounts not included above 1f	49,375			ra.	
nd	g	Noncash contributions included in lines 1a-1f: \$	0				
C a	h	Total. Add lines 1a-1f		49,375			
			Business Code	1			
n n	2a	PROGRAM	624100	28,099	28,099		
Sev.	ь	CUILDCADE	624410	112,022	112,022		<u> </u>
9	c		024410	4	12,022	 	<u> </u>
Ξ	-				ENA TELE		
Se	a	/	-	U O			
Program Service Revenue	e			Mag U	TO A		
60	f	All other program service revenue		<b>V</b> 2 0	4		
<u>-</u>	g	Total. Add lines 2a–2f	200	140,121			
	3	Investment income (including dividends, interest,	and 🚇				
		other similar amounts)	<del></del>	0			
	4	Income from investment of tax-exempt bond prod	ceeds 🔀	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents	A.S.				
	b	Less: rental expenses .	D Villa				
	C	Rental income or (loss) .	, T.				
	d	Net rental income or (loss)		0			
		Gross amount from sales of (i) Securities	(ii) Other				
	7a						
		assets other than inventory .	0 7 0				
	b	Less: cost or other basis					
		and sales expenses	0				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	<u> ▶ </u>	0			
ne	8a	Gross income from fundraising	ĺ				
en		events (not including \$	j .			•	
ev		of contributions reported on line 1c)				i	
r R		See Part IV, line 18 a	اه				
Other Revenue	b	Less: direct expenses b	n				-
ō		Net income or (loss) from fundraising events .		0			
		Gross income from gaming activities.					
	Ja		اه	, .			
		See Part IV, line 19.	0				
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less				}	
		returns and allowances	0		1	i	
	b	Less: cost of goods sold b	0		ļ		
	С	Net income or (loss) from sales of inventory	🕨	0			
		Miscellaneous Revenue	Business Code				
	11a			o			
	b			0			
	C			Ö		-	<u>.</u>
	d	All other revenue		0	-		
	e	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		189,496	140,121	0	0
						91	U

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note			· · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g-meren experience	expenses
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0		A	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			(£1)	
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0	A - 10		
6	Compensation not included above, to disqualified	0			
0	persons (as defined under section 4958(f)(1)) and		<b>10.</b> 17		
	persons described in section 4958(c)(3)(B).	n	i.		
7	Other salaries and wages	105,409,	105,409	<u>.                                    </u>	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	d.			
9	Other employee benefits	0	, no		
10	Payroll taxes	<b>8,00</b> 6	8,006		
11	Fees for services (non-employees):		GA.		
а	Management	0			
b	Legal		Ş.		
C	Accounting	2,650	2,100	550	
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Other. (If line 11g amount exceeds 10% of line 25, columns	0	<del></del>		
g	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	1,774		1,774	
14	Information technology	0		1,77%	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21 22	Payments to affiliates	0 32,613	24 400		
23	Insurance	32,013	24,460	8,153	0
24	Other expenses. Itemize expenses not covered		<del></del> -		1
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM OPERATING EXPENSES	42,485	40,859		1,626
b	REPAIR AND MAINTENANCE	2,187	2,187		
С	OFFICE SUPPLIES AND EXPENSES	3,374	2,473	901	
d	OUTSIDE SERIVICE	33,634	33,634		
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	232,132	219,128	11,378	1,626
26	Joint costs. Complete this line only if the			ł	
	organization reported in column (B) joint costs from a combined educational campaign and		İ	[	
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			1	

	990 (20				<u> Page 11</u>
		Check if Schedule O contains a response or note to any line in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,425	1	15,923
	2	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net	0	3	(
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors,	Α		
	-	trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	<b>* * * * * * * * * *</b>		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			· ·
**		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		, T	
eta	_	organizations (see instructions). Complete Part II of Schedule L	0	6 7	
Assets	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	<u></u>
	9	Land, buildings, and equipment: cost or		3	
	10a	other basis. Complete Part VI of Schedule D 10a 1,273,395		- S	
	b	Less: accumulated depreciation 10b 563,232	731,300	10c	710,163
	11	Investments—publicly traded securities	0	11	
	12		. 0		
	13	Investments—other securities. See Part IV, line 11	ž O		(
	14	Intangible assets	0	14	(
	15	Other assets. See Part IV, line 11	1,000		(
	16	Total assets. Add lines 1 through 15 (must equal line 34)	760,725		726,086
	17	Accounts payable and accrued expenses		17	7,279
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
iabilities	22	Loans and other payables to current and forme officers, directors,			
ij		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part of Schedule		22	
10		Secured mortgages and notes payable to urrelated third parties .	461,861		461,861
_	23	Unsecured notes and loans payable to unrelated third parties.	401,001	24	401,00
	24 25	Other liabilities (including federal income tax payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0.	25	C
	26	Total liabilities. Add lines 17 through 25.	461,861	26	469,140
		Organizations that follow SFAS 117 (ASC 958), check here  and			
es		complete lines 27 through 29 and lines 33 and 34.			
ınc	27	Unrestricted net assets	o	27	
ala	28	Temporarily restricted net assets .		28	
Р	29	Permanently restricted net assets		29	
ä		Organizations that do not follow SFAS 117 (ASC958), check here			
Jr F		complete lines 30 through 34.			
ts (	20	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
ξÀ	32	Retained earnings, endowment, accumulated income, or other funds	298,864		256,946
Ne	33	Total net assets or fund balances	298,864		256,946

33

256,946

256,946

726,086

34

298,864

760,725

	990 (2013) FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.		P	age 12
Pai	rt XI · Reconciliation of Net Assets			ago Ta
	Check if Schedule O contains a response or note to any line in this Part XI.			X
1	Total revenue (must equal Part VIII, column (A), line 12)		18	9,496
2	Total expenses (must equal Part IX, column (A), line 25)			2,132
3	Revenue less expenses. Subtract line 2 from line 1			2,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).			8,864
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			718
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
Dor	column (B))		25	6 <u>,946</u>
Par	Check if Schedule O contains a response or note to any line in this Part XII.			
	Official in Concounter of Contrains a response of note to any line in this Patrixii			ᆜ
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	r	Yes	No
٠.	Accounting method used to prepare the Form 990:  X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked form "explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a		X
	reviewed on a separate basis, consolidated basis, or both:			
l.				
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	1 = 1	,	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 1		
1-	the Single Audit 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	.   3b	- 1	

Form **990** (2013)

#### Casualties and Thefts

Information about Form 4684 and its separate instructions is at www.irs.gov/form4684.

Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

Sequence No. 26 Identifying number

OMB No. 1545-0177

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on tax return

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

SECTION A-Personal Use Property (Use this section to report casualties and thefts of property not us or business or for income-producing purposes.)

11 Enter the smaller of line 10 or \$100  12 Subtract line 11 from line 10  Caution: Use only one Form 4684 for lines 13 through?  13 Add the amounts on line 12 of all Forms 4684  14 Add the amounts on line 4 of all Forms 4684  15 If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions)  If line 14 is less than line 13, enter -0- here and go to line 16.  If line 14 is less than line 13, enter -0- here Do not complete the rest of this section.  16 If line 14 is less than line 13, enter -0- here Do not complete the rest of this section.  16 If line 14 is less than line 13, enter form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions  17 O	1	Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.										
Property B Property C Property D  Cost or other basis of each property.  Insurance or other reimbursement (whether or not you filed a claim) (see instructions).  Note: If line 2 is more than line 3, skip line 4.  Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions If line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year.  Fair market value before casualty or theft.  Fair market value before casualty or theft.  Fair market value after casualty or theft.  Subtract line 3 from line 8. If zero or less, enter -0-  Subtract line 3 from line 8. If zero or less, enter -0-  Casualtion: Use only one Form 4684 for lines 13 (through) in 11  Enter the smaller of line 10 or \$100  Lattion: Use only one Form 4684 for lines 13 (through) in 12  Subtract line 11 from line 10.  Caution: Use only one Form 4684 for lines 13 (through) in 14  Add the amounts on line 4 of all Forms 4684  Add the amounts on line 4 of all Forms 4684  Add the amounts on line 4 of all Forms 4684  If line 14 is more than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  If line 14 is sees than line 13, enter -0 line and 9s in line 16.  Subtract line 17 from line 18. If zero or less, enter -0 - Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8 Estates and trusts, enter the result on the "Other deductions" line 0f your tax return.		Property A										
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Subtract line 3 from line 8. If zero or less, enter -0 9  10 Casualty or theft loss. Add the amounts on line 9 in columns through D  11 Enter the smaller of line 10 or \$100 11  Subtract line 11 from line 10 12  Caution: Use only one Form 4684 for lines 13 through 13  Add the amounts on line 12 of all Forms 4684 13 0  Add the amounts on line 4 of all Forms 4684 14 0  If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions)  If line 14 is less than line 13, enter -0 here and go in line 16.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter -0 here Do not complete the rest of this section.  If line 14 is less than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section.	7	Æ	資化。	lu.								
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<ul> <li>If line 14 is less than line 13, enter -0 here and 90 to line 16.</li> <li>If line 14 is equal to line 13, enter -0 here. Do not complete the rest of this section.</li> <li>If line 14 is less than line 13, enter the difference.</li> <li>Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions.</li> <li>Subtract line 17 from line 16. If zero or less, enter -0. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6 Estates and trusts, enter the result on the "Other deductions" line of your tax return.</li> </ul>	15	<ul> <li>If line 14 is more than line 13, enter the difference here and</li> </ul>	on Sc	hedule D. <b>Do</b> i	not	Ì			1			
If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section.  16 If line 14 is less than line 13, enter the difference						E EC + 1		200 200	15	0		
16 If line 14 is less than line 13, enter the difference		<ul> <li>If line 14 is less than line 13, enter -0- nere and go to line 16</li> </ul>	6.						1			
17 Enter 10% of your adjusted gross income from 1040, line 38, or Form 1040NR, line 37. Estates and trusts, see instructions  18 Subtract line 17 from line 16. If zero or less, enter -0 Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6 Estates and trusts, enter the result on the "Other deductions" line of your tax return  18 0		If line 14 is equal to line 13, enter -0- here. Do not complete	e the r	est of this sect	ion.	J						
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Subtract line 17 from line 16. If zero or less, enter -0 Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 6 Estates and trusts, enter the result on the "Other deductions" line of your tax return	17	Enter 10% of your adjusted gross income from Form 1040, line	38, o	r Form 1040NI	R, line	37. Estates a	nd tru:	sts, see	1 1	+		
Form 1040NR, Schedule A, line 6 Estates and trusts, enter the result on the "Other deductions" line of your tax return		instructions							17	0		
return	18	Subtract line 17 from line 16. If zero or less, enter -0 Also ent	er the	result on Sche	edule /	4 (Form 1040),	line 2	.0, or				
Telum			e resul	It on the "Othe	r dedu	ctions" line of	your t	ax		_		
		return			<u>.</u>				18			

For Paperwork Reduction Act Notice; see instructions.

Form 4684 (2013) Attachment Sequin Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

	CTION B—Business and Income-Producing Pro								
	rt l' Casualty or Theft Gain or Loss (Use a se	<u>parat</u>	e Part I for eac	h casualty o	<u>the</u>	ft.)			
19	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,								
	from the same casualty or theft. See instructions if claiming a log			estment schem	e and	Section C is n	ot con	ipleted.	
	Property R								
	Property C								
	Property D					4			
					Prop	erties			
			Α	В		₹ C		D	
20	Cost or adjusted basis of each property	20			4.				
21	Insurance or other reimbursement (whether or not you			1	WIND THE				
	filed a claim). See the instructions for line 3	21		(4)	<b>b</b>	-			
	Note: If line 20 is more than line 21, skip line 22.				) *				
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as								
	provided in the instructions for line 33. Also, skip lines 23 through					1			
	27 for that column. See the instructions for line 4 if line 21 includes								
	insurance or other reimbursement you did not claim, or you				'				
	received payment for your loss in a later tax year	22	19						
23	Fair market value before casualty or theft	23	23.22						
24	Fair market value after casualty or theft	24		- Called					
25	Subtract line 24 from line 23	25							_
26	Enter the smaller of line 20 or line 25	26					-		
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.		1						
27	Subtract line 21 from line 26. If zero or less, enter -0	-4							
28	Casualty or theft loss. Add the amounts on line 27. Enter the	ótal ne	re and on line 29	or line 34 (see i	nstruc	tions)	28		-
Par						asualties or theft		6-1-0-1	
	(a) Identify casualty or theft		CHO.	(i) Trade, busin		(ii) Income		(c) Gains fro casualties or th	
				rental or roya property	·	producing as employee prop		includible in inc	ome
	Casualty or Theft o	r Pro	perty Held On	e Year or Le	ss				
29	Fifty -			(		(	)		
		1		(	)	(			
30	Totals. Add the amounts on line 29		30	( 0	<u></u>	( 0		0	
31	Combine line 30, columns (b)(i) and (c). Enter the jet gain or	(10SS) I	here and on Form	4/9/, line 14. If	Form	4797 is			
32	Enter the amount from line 30, column (b)(ii) here. Individual, enter the am	ount fee	m income producing s	oronarty on Schadu	 lo A (E		31	0	
J.									
	1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, partnerships, and S corporations, see instructions							1	
	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par	t from pr tnership	operty used as an em s, and S corporations,	ployee on Schedule , see instructions .	A (Fo	m 	32	0	
	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par	tnership	s, and S corporations,	, see instructions .		<u> </u>	32	0	
33	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par	tnership	s, and S corporations,	, see instructions .		<u> </u>	32	0	
33	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par Casualty on Theft of F Casualty or theft gains from Form 4797, line 32	tnership	s, and S corporations,	, see instructions .		<u> </u>			
34	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par Casualty or Theft of F Casualty or theft gains from Form 4797, line 32	rope	s, and S corporations, erty Held More	see instructions . Than One			33		
34 35	1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, par  Casualty or Theft of F  Casualty or theft gains from Form 4797, line 32  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)	rope	s, and S corporations, erty Held More	see instructions . Than One		<u> </u>	33	0	
34 35 36	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii) Total gains. Add lines 33 and 34, column (c)	rope	s, and S corporations, erty Held More	see instructions . Than One			33 ) ) ) ) 36	0	
34 35 36 37	Casualty or theft gains from Form 4797, line 32.  Casualty or Theft of I  Casualty or theft gains from Form 4797, line 32.  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii  Total gains. Add lines 33 and 34, column (c).  Add amounts on line 35, columns (b)(i) and (b)(ii).	rope	s, and S corporations, erty Held More	see instructions . Than One			33	0	
34 35 36 37 38	Casualty or theft gains from Form 4797, line 32  Casualty or theft gains from Form 4797, line 32  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii) Total gains. Add lines 33 and 34, column (c)  Add amounts on line 35, columns (b)(i) and (b)(ii)  If the loss on line 37 is more than the gain on line 36:	rnership Prope	s, and S corporations, arty Held More	see instructions . Than One	Year	( 0 ( 0 *(1 = 0	33 ) ) ) ) 36	0	
34 35 36 37 38	Casualty or theft gains from Form 4797, line 32.  Casualty or Theft of I  Casualty or theft gains from Form 4797, line 32.  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii  Total gains. Add lines 33 and 34, column (c).  Add amounts on line 35, columns (b)(i) and (b)(ii).	Prope	s, and S corporations.  Prty Held More  35  (loss) here. Partne	Than One  ( ( ( 0 erships (except	Year	( ( ( 0	33 ) ) ) ) 36	0	
34 35 36 37 38	Casualty or theft gains from Form 4797, line 32.  Casualty or theft gains from Form 4797, line 32.  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)  Total gains. Add lines 33 and 34, column (c).  Add amounts on line 35, columns (b)(i) and (b)(ii).  If the loss on line 37 is more than the gain on line 36:  Combine line 35, column (b)(i) and line 36, and enter the net gartnerships) and S corporations, see the note below. All other	Prope	s, and S corporations.  Prty Held More  35  (loss) here. Partne	than One  Than One  ( ( ( 0 erships (except Form 4797, line	Year	( ( ( 0	33 ) ) ) ) 36	0	
34 35 36 37 38 a	Casualty or theft gains from Form 4797, line 32.  Casualty or theft gains from Form 4797, line 32.  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)  Total gains. Add lines 33 and 34, column (c).  Add amounts on line 35, columns (b)(i) and (b)(ii).  If the loss on line 37 is more than the gain on line 36:  Combine line 35, column (b)(i) and line 36, and enter the net gartnerships) and S corporations, see the note below. All other	Prope	s, and S corporations.  erty Held More  35  (loss) here. Partner this amount on	than One  Than One  ( ( 0 erships (except of Form 4797, line	Year	( 0	33 ) ) ) 36 37	0	
34 35 36 37 38 a	Casualty or theft gains from Form 4797, line 2  Casualty or theft of Form 4797, line 3  Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)  Total gains. Add lines 33 and 34, column (c)  Add amounts on line 35, columns (b)(i) and (b)(ii)  If the loss on line 37 is more than the gain on line 36:  Combine line 35, column (b)(i) and line 36, and enter the net compartnerships) and S corporations, see the note below. All other 4797 is not otherwise required, see instructions  Enter the amount from line 35, column (b)(ii) here. Individuals, Schedule A (Form 1040), line 28, or Form 1040NR, Schedule	pain or ers, enter A, line	s, and S corporations, erty Held More  35  (loss) here. Partne er this amount on the amount from in 14, and enter the	erships (except Form 4797, line	Year ) ) election 14. If	( ( 0 on gray on oused	33 ) ) ) 36 37	0	
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If g proxy 1 trust 1 trust re. Pa	g large Form Derty on used s,	33 ) ) ) 36 37 38a	0	

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Sequence No. 179

1 1011	ne(s) shown on return		ess or activity to which this	form relates		ldentifvina nur	nber	
FIR	ST GETHSEMANE CENTER FOR	FAMILY [1990						
Pa	rt Election To Expense	Certain Prop	erty Under Section 1	79				
	Note: If you have any listed							
1	Maximum amount (see instructions	)					1	
2	Total cost of section 179 property p	laced in service	(see instructions)				2	
3	Threshold cost of section 179 prope	erty before reduc	ction in limitation (see ins	tructions)			3	
4	Reduction in limitation. Subtract line	e 3 from line 2. If	fizero or less, enter -0-		ni Assonia		4	0
5	Dollar limitation for tax year. Subtra				iling A King		1 - 1	
	separately, see instructions				Alberta.		5	0
6	(a) Description of p	roperty	(b) C	ost (business use o	Asial Care	(c) Elected co	ost	
				430				
7	Listed property. Enter the amount fi	rom line 29 .						0
8	Total elected cost of section 179 pr	operty. Add amo	ounts in column (c), lines	6 and		10 8	8	0
9	Tentative deduction. Enter the sma Carryover of disallowed deduction	ller of line 5 or l	ine 8			10 0	9	0
10	Carryover of disallowed deduction !	from line 13 of ye	our 2012 Form 4562.				10	
11	Business income limitation. Enter the	ne smaller of bus	siness income (not less ti	nan zero) or iin	e a (see instru	ctions)	11	
12	Section 179 expense deduction. Ac	dd lines 9 and 10	), but do not enter more t	nan line tija s	· · · · ·		12	0
13	Carryover of disallowed deduction	to 2014. Add line	es 9 and 10, less line 42	AE	▶ 13		0	<del></del>
No	te: Do not use Part II or Part III belo	w for listed prop	erty. Instead, use Parely.	(D	alija liataal w		- (	
Pa	rt I Special Depreciation	Allowance a	nd Other Depreciation	y (no hot in	ciuae listea p	roperty.) (Sec	e instructi	ons.)
14	Special depreciation allowance for	qualified propert	ty (other than listed prop)	any) placed in s	service			
	during the tax year (see instruction	s)	<b>.</b>	- madi title in .			14	
15	Property subject to section 168(f)(1	) election					15	
41 (2)	Cithar debreciation uncluding AUR:	<b>7.1</b>	4				16	
Pa	rt III	(Do not inclu	ide listed property.) (S	ee instruction	15.)			
			∡Section A 🍑 🏖				1 4 7 1	24.004
17	MACRS deductions for assets place	ed in service in t	tax years beginning beto	re 2013			17	31,201
18	If you are electing to group any ass	ets placed in se	rvice during the tax year	into one or mo	re			
	general asset accounts, check here							
	Section R - Asset	s Placed in/Ser	vice During 2013 Tax Yo	ear Using the (	General Depre	ciation Systen	n	
	Section D - Maser	o i lacea ng ee.						
	Section B - Asset	(b) Month and	(c) Basis for depreciation	(d) Pacayeni				
	(a) Classification of property	(b) Month and year placed	(business/investment use	(d) Recovery period	(e) Convention	(f) Method		ation deduction
		(b) Month and			(e) Convention			ation deduction
19		(b) Month and year placed	(business/investment use		(e) Convention			ation deduction
19	(a) Classification of property	(b) Month and year placed	(business/investment use		(e) Convention			ation deduction
19	(a) Classification of property  a 3-year property	(b) Month and year placed	(business/investment use		(e) Convention			ation deduction
19	(a) Classification of property  a 3-year property  b 5-year property  c 7-year property	(b) Month and year placed	(business/investment use		(e) Convention			ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property	(b) Month and year placed	(business/investment use		(e) Convention			ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	(b) Month and year placed	(business/investment use	period	(e) Convention	(f) Method		ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	(b) Month and year placed	(business/investment use	period  25 yrs.		(f) Method		ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	(b) Month and year placed	(business/investment use	25 yrs. 27.5 yrs.	MM	(f) Method		ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	(b) Month and year placed	(business/investment use	25 yrs. 27.5 yrs. 27.5 yrs.	MM	(f) Method  S/L  S/L  S/L		ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	(b) Month and year placed	(business/investment use	25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L		ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	(b) Mondri and year placed in services.	(business/investment use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreci	ation deduction
19	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	(b) Mondri and year placed in services.	(business/investment use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreci	ation deduction
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	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets a Class life	(b) Mondri and year placed in services.	(business/investment use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L reciation Syste	(g) Depreci	ation deduction
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20	(a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets a Class life b 12-year c 40-year art IV Summary (See instru	(b) Mondit and year placed in services.	(business/investment use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the A	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L reciation Syste	(g) Depreci	
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20 21 21	(a) Classification of property  b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets a Class life b 12-year c 40-year art IV Summary (See instructure of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	Placed in Service.  Ctions.) In line 28	ice During 2013 Tax Yea  17, lines 19 and 20 in courn. Partnerships and Soing the current year, enter	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the A  12 yrs. 40 yrs.	MM MM MM Iternative Dep  MM  me 21. see instructions	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreci	1,412
20 Pa 21 22	(a) Classification of property  b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets a Class life b 12-year c 40-year art IV Summary (See instru	Placed in Service.  Ctions.) In line 28	ice During 2013 Tax Yea  17, lines 19 and 20 in courn. Partnerships and Soing the current year, enter	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the A  12 yrs. 40 yrs.	MM MM MM Iternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreci	1,412

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Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

			ns (a) through (d									ompiete		
	Section A-	-Depreciatio	n and Other In	formation (Cau	tion: S	ee the ii	nstruct	ions for I	imits fo	r passe	enger a	automob	iles.)	
24a	Do you have evidence	to support the	business/investmer	nt use claimed?	Yes	No	;	24b If "	Yes," is	the evid	lence w	ritten?	Yes	No
	(a)	(b)	(c) Business/	(d)	Boeie fr	(e) or depreciat	ian	(f)		(g)		(h)		(i)
	Type of property	Date placed	investment use	Cost or other basis	(busine	ss/ investm		Recovery	Ме	thod/	Dep	reciation	Elected :	section 179
	(list vehicles first)	in service	percentage			se only)		period	Con	vention	de	duction		cost
25	Special depreciation						_							
	the tax year and us				se (see	instruct	ions).			25				
26	Property used mor								150		61			
DELL	COMPUTERS	7/12/2012	100.00%	4,411		4,	411	5	200D	B'=HY		1,412	2	
									<b>国</b>					
									Esvi		<u>L</u>			
27	Property used 50%	or less in a						4	AF					
			%						.S/L -					
			%				40	d.	'S/L	,	<u> </u>			
			%				AT.	•	S/L -					
28	Add amounts in co					e 21, pa	ge 1			28		1,412		<u> </u>
29	Add amounts in co	lumn (i), line :										29		
				tion B—Inform										
Comp	lete this section for ve	hicles used by	a sole proprietor	, partner, or other	"more	nan 5%	owner,	" or relate	d perso	n. If you	provid	ed vehic	les to	
your e	employees, first answe	r the questions	in Section C to s	see if you meet a	пехсер	ion to co	mpleji	g this se	ction for	those v	ehicles			
				(a)	e d	5)		(c)	(	d)		(e)		f)
30	Total business/invest	lment miles dri	ven during	Vehicle 1	Vehi	de z	Ve	hicle 3	Veh	icle 4	Vel	hicle 5		icle 6
	the year (do not incl	ude commuting	g miles) 🍙										Ì	
31	Total commuting mile	es driven durin	g the year .											
32	Total other personal	(noncommuting	g)											
	miles driven		. 4 . 4 4	As.	Villa I	- The							İ	
33	Total miles driven du	ring the year.			-									
	Add lines 30 through	32	0 777 77				l				Ì			
34	Was the vehicle avail	lable for persor	nal use 🦸	We like	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours	?			74							110	100	140
35	Was the vehicle used		ESTER .	A 400								<del> </del>		
	5% owner or related											1		
36	Is another vehicle av		10 471 3700 Annual Control									1		
		Section C	Questions for I	mployers Who	Provi	de Vehi	icles fo	or Use b	v Their	Emplo	vees			
Answ	er these questions to											vho		
	ot more than 5% ow										,	*****		
37	Do you maintain a wr	itten policesta	tement that prohi	bits all personal u	se of ve	hicles, in	ncludine	a commu	ina.				Yes	No
	by your employees?		M				`						163	110
38	Do you maintain a wr	itten policy sta	lement that prohi	bits personal use						emplove	es?			
	See the instructions f													
39	Do you treat all use o										See 9			
40	Do you provide more										Şir i			
	the use of the vehicle													
41	Do you meet the requ													
	Note: If your answer									100	160 1	S 2		
Part '	31			·										
	*	(a)		(b)		(c)		(c	n		(=)		16	
		ion of costs		Date amortization	Am	ortizable a	mount	Code s			(e) mortizatio		(f	
	2			begins	/ 3/11		resultit	Judge			period or percentage		Amertization	ior this year
42	Amortization of cost	ts that begins	during your 20	13 tax vear (see	instruc	tions)		1						
		3,110		7 - 2. (000				Т						
		· · · ·												
43	Amortization of cost	ts that began	before your 201	3 tax vear	, .							43		
	Total. Add amounts											44		0
_														

# Kentucky State Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 Attachment

Department of the Treasury Internal Revenue Service

Sequence No. 179 Attach to your tax return. See separate instructions. Idontifuing nur Business or activity to which this form relates Name(s) shown on return FIRST GETHSEMANE CENTER FOR FAMILY (990 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 2 Total cost of section 179 property placed in service (see instructions). . . . 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 4 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 0 separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . 10 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562. . 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . 11 Ó 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 4 in the line 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line Note: Do not use Part II or Part III below for listed property. Instead, use PartV. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 Property subject to section 168(f)(1) election . . . . 16 Other depreciation (including ACRS). MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 33,135 17 MACRS deductions for assets placed in service in tax years beginning before 2013 . . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period -see instructions) 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property MM S/L 39 yrs. i Nonresidential real Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Ş/L 20 a Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L c 40-year Summary (See instructions.) Part IV 1,412 21 Listed property. Enter amount from line 28 . . . . . . . . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 34,547 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

			ns (a) through (c											
	Section A-	-Depreciatio	n and Other Info	ormation (Cau	tion: See the	instru	ictions	for limi	its for	passe.	nger ai	utomobi	les.)	
24a	Do you have evidence	to support the	business/investmen	t use claimed?	Yes N	0	24b	If "Yes	s," is t	he evide	ence wr	itten?	Yes	No
	(a)	(b)	(c)	(d)	(e)		(f)		(9	g)	(	(h)		i)
	Type of property	Date placed	Business/ investment use	Cost or other basis	Basis for depreci (business/ invest		Recov	ery	Met	hod/	Depr	eciation	Elected se	ection 179
	(list vehicles first)	in service	percentage		use only)		perio	d	Conv	ention	ded	uction	cc	st .
25	Special depreciation													
	the tax year and us				se (see instru	ctions	)		. ,	25				
_26_	Property used more	e than 50% in	n a qualified busi	ness use:						oğ elek				
DELL	COMPUTERS	7/12/2012	100.00%	4,411	4	1,411	5	2	OODE	3 - HY	<b>2</b>	1,412		
									Br.		4			
												_		
27	Property used 50%	or less in a	qualified busines	s use:			4		<b>#</b>			_		
			%			i		4	<u> </u>					
			%			, a		*5	/Lap					
			%				ř ·	<b>1</b> S	3/L -					
28	Add amounts in col	lumn (h), line	s 25 through 27.	Enter here an	d on line 21, p	age 1			. ]	28		1,412		
29	Add amounts in col	lumn (i), line i	26. Enter here a	nd on line 7, pa	age 1		<b>.</b> .					29		(
			Sect	ion B—Inform	ation on Use	of Ve	hiele	<i>y</i>						
Comp	lete this section for ve	hicles used by	a sole proprietor,	partner, or othe	r "more dian 5%	r 6 owg	er," or re	elated p	ersor	n. If you	provide	d vehicle	es to	
	mployees, first answe													
				(a)	j <sup>©</sup> s	- 4	(c)		(d	1)	-	e)	(f	
30	Total business/invest	ment miles dri	ven during	Vehicle 1	Vehicle 2		Vehicle 3	3	Vehic			icle 5	Vehic	
	the year (do not incli	ude commuting	g miles) .		<b>1</b>									
31	Total commuting mile			<b>秦</b> 集										
32	Total other personal			ANT						-			·	
	miles driven		. 0. 20002	<i>A</i> -						ŀ				
33	Total miles driven du					$\top$								
	Add lines 30 through		10 200 0											
34	Was the vehicle avail			Yes I Since	Yes No	Y	es N	lo Y	/es	No	Yes	No	Yes	No
	during off-duty hours'	*	1							,0	100	110	100	110
35	Was the vehicle used		/S:38'											
	5% owner or related		All of											
36	Is another vehicle ava		490-78b. 474-1	47		$\neg$								-
			Questions för E	mólővers Wh	o Provide Ve	hicles	s for Us	se by 1	Their	Emplo	vees			
Answ	er these questions to											ho		
	ot more than 5% ow				·,				,	ompio.	, 000 11	110		
37	Do you maintain a wr		Vision .		use of vehicles.	includ	dina con	nmutino	 ).				Yes	No
	by your employees?	104 . Salah	. 498	•			_						- 100	110
38	Do you maintain a wr													
	See the instructions f													
39	Do you treat all use o													
40	Do you provide more	5.00	K 3.									·		
	the use of the vehicle													
41	Do you meet the requ										n 500	2		
	Note: If your answer					7		,		0.002		2		· · ·
Part				•										·
		(a)		(b)	(c)			(d)			/a\		(f)	
		ion of costs		Date amortization			nt C	ode sect	lion		(e) mortizatior	n		
	Pescibi			begins	Janor Diedole		`				period or ercentage		Amortization f	n uns year
42	Amortization of cost	ts that begins	during your 201	3 tax vear (se	e instructions)	:								
				, -2. , (50.		-								
						-			-					
43	Amortization of cost	ts that began	before your 201	3 tax vear								43		
44	Total. Add amounts	_										44		0
							,		<del></del>					<u>~</u>

### SCHEDULE A (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.

ZW13

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by agovernmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Partill) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 9 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III-Functionally integrated d Type III-Non-functionally integrated Type II Type By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g(iii) Provide the following information about the supported organization(s). h (iii) appe of organization (described on lines 1–9 (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the the organization in organization in col. in col. (i) listed in your support organization governing document? col. (i) of your (i) organized in the Shove or IRC section support? IIS? (see instructions)) Yes Yes Yes No (A) (B) (C) (D) (E)

Part II Support Sci

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

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		*				· /
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on				A		
	its behalf						0
3	The value of services or facilities				No.		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	A)	0	0	0
5	The portion of total contributions by each			7		- J	
•	person (other than a governmental unit		-	<b>A</b>	4		
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,			4.7			
	column (f)						
6	Public support. Subtract line 5 from line 4.		1		7		0
Sect	ion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c),2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0		0	0	0	0
8	Gross income from interest, dividends,		672	13			
	payments received on securities loans,	1	444	E			
	rents, royalties and income from similar				•		
	sources						0
9	Net income from unrelated business						
9	activities, whether or not the business is						
	regularly carried on		4				0
10	Other income. Do not include gain or	7.1					
	loss from the sale of capital assets						
	(Explain in Part IV.)	2 3			- 1		0
11	Total support. Add lines 7 through 10.				1		
12	Gross receipts from related activities, etc. (se	e instructions).				12	
13	First five years. If the Form 990 is for the of	danization's first	second, third,	fourth, or fifth	ax vear as a se	ection 501(c)(3)	
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2013 (line of c	olumn (f) divided	Lby line 11 col	lumn (fl)		14	0.00%
15	Public support percentage from 2012 Schedi					15	0.00%
16a	33 1/3% support test—2013 If the organiza						
100	and stop here. The organization qualifies as	a publicly suppo	orted organizat	ion	7710 00 11070 0	more, oricon t	<b>■</b>
b	33 1/3% support test 2012. If the organiza	tion did not ched	k a box on line	13 or 16a. and	l line 15 is 33 1		eck this
-	box and stop here. The organization qualifie						
170	10%-facts-and-circumstances test—2013.		-				7.65
17a	is 10% or more, and it the organization meets						
	Part IV how the organization meets the "facts						1
					•	* ''	
h	organization						)::
b	15 is 10% or more, and if the organization me						in in
	Part IV how the organization meets the "facts						III H1
	supported organization				•	•	
40							F 00 10 P
18	Private foundation. If the organization did no						
	instructions						. (1.1)

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	in the organization fails to quality u	lidel tile tests	illated below.	picase comp	nete rait ii.)		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	10,000	4,889	72,396	62,690	40 275	400.350
2	Gross receipts from admissions, merchandise	10,000	4,009	12,590	02,090	49,375	199,350
2	sold or services performed, or facilities furnished						
	in any activity that is related to the				_^_		
	organization's tax-exempt purpose	220 172	224 514	220 405	240.054	440 404	4 004 504
		220,173	234,511	229,405	210,354	140,121	1,034,564
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
						122	
4	Tax revenues levied for the organization's			1			
	benefit and either paid to or expended on					1	_
_	its behalf				Accessor .		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				<u> </u>		C
6	Total. Add lines 1 through 5	230,173	239,400	301,891	273,044	189,496	1,233,914
7a							
	received from disqualified persons			Yak. A.	7		C
b	Amounts included on lines 2 and 3 received			<b>D</b>			
	from other than disqualified persons that		AY				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		V (A				0
C	Add lines 7a and 7b	0	0.0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						1,233,914
	tion B. Total Support	R A					
Cale	ndar year (or fiscal year beginning in) 🕒 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	230-173	239,400	301,801	273,044	189,496	1,233,914
10a	Gross income from interest, dividends,		200, 100	001,001	210,011	100,400	1,200,817
IVa	payments received on securities loans,					·	
	rents, royalties and income from similar sources				i		0
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses					-	
	acquired after June 30, 1975					1	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			Ÿ			
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or		-				
16	loss from the sale of capital assets					}	
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	230,173	239,400	301,801	273,044	189,496	1 222 014
4.4	First five years. If the Form 990 is for the organiza						1,233,914
14	Yest and Pages and 1987			-	, ,	, ,	
					<u> </u>		· · · · •
	tion C. Computation of Public Support						
15	Public support percentage for 2013 (line 8, column				P	15	100.00%
16	Public support percentage from 2012 Schedule A, I					16	100.00%
Sect	tion D. Computation of Investment Inco						
17	Investment income percentage for 2013 (line 10c, o					17	0.00%
18	Investment income percentage from 2012 Schedule					18	0.00%
19a	33 1/3% support tests—2013. If the organization						-
	not more than 33 1/3%, check this box and stop he						
b	33 1/3% support tests—2012. If the organization						
	line 18 is not more than 33 1/3%, check this box an	d stop here. The	e organization qu	ualifies as a publi	cly supported org	anization	. 200
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box ar	nd see instruction	s	▶ □

Schedule A (Form	990 or 990-EZ) 2013	FIRST GETHSEN	ANE CENTER	OR FAMILY D	EVELOPMENT, INC	2.	Page 4
Part IV	Supplemental and Part III, line	Information. Pro e 12. Also comple	vide the explai	nations require	ed by Part II, line	10: Part II, line 1	7a or 17b;
					12	z mon donomoj.	
					~~***		
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					7.5		
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		Allen					
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							*

### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

<sup>®</sup>Open to Public <sub>a</sub> Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FIRS	T GETHSEMANE CENTER FOR FAMILY DE	VELOPMENT, INC.	
₽₽ar	Organizations Maintaining Don	or Advised Funds or Other Similar F	unds or Accounts.
7.1.	Complete if the organization answ	rered "Yes" to Form 990, Part IV, line to	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<i>f</i> :
2	Aggregate contributions to (during year) .		WA
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		Asimilar.
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben		Yes No
₅Rar			
(i) Lett		ered "Yes" to Form 990, Part IV, line	
1	Purpose(s) of conservation easements held be		
1	Preservation of land for public use (e.g., recr		
			n of an historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease	ements.	2b
С	Number of conservation easements on a cert	ified historiestructure included in (a)	. 2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Registe	er . •	. 2d
3	Number of conservation easements modified	transferred, released, extinguished, or terr	minated by the organization
	during the tax year		, ,
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re		n, handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitor	ng, inspecting, and enforcing conservation	easements during the year
			,
7	Amount of expenses incurred in monitoring in	specting, and enforcing conservation ease	ements during the year
	<b>&gt;</b> \$		,
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep	oorts conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation	n easements.	
∘Part		ctions of Art, Historical Treasures,	
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted unde	r SEAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
IG	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted unde		
D	works of art, historical treasures, or other sim		
	of public service, provide the following amour		on, or research in furtherance
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>b c</b>
	(ii) Assets included in Form 990, Part X	mor	<b>→</b> • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of a	urt historical tractures or other similar con-	ets for financial acid provide the
~	following amounts required to be reported und		
3			
a b	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X		<b>P P</b>
LJ .	ASSOCIATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	<u> </u>	<u></u>

Sched	ule D (Form 990) 2013 FIRST GETHSEMANE (	CENTER FOR FAMILY I	DEVELOPME	NT, INC.				Page 2
Part	III Organizations Maintaining Col	lections of Art, Histo	orical Treas	sures, or Ot	her Simila	Jul (col	ntinue	d)
3	Using the organization's acquisition, access		check any of t	he following t	nat are a significant	t		
	use of its collection items (check all that app							
а	Public exhibition	d		xchange prog	rams			
b	Scholarly research	e	Other					
C	Preservation for future generations							
4	Provide a description of the organization's c Part XIII.	collections and explain he	ow they furthe	er the organiza	ation's exempt purp	ose in		
5	During the year, did the organization solicit	or receive donations of a	ert historical t	reasures, or o	ther similar			
•	assets to be sold to raise funds rather than t					Y	es X	No
Part	IV Escrow and Custodial Arrange	ments.						
	Complete if the organization answays 990, Part X, line 21.		990, Part IV	/, line 9, or r	eported an amou	nt on F	orm	
1a	Is the organization an agent, trustee, custod	lian or other intermedian	y for contribut	tions or other	assets not			
	included on Form 990, Part X?		🗵			Y	es X	No
b	If "Yes," explain the arrangement in Part XII	I and complete the follow	ving table:	_				
				-		Amount		
C	Beginning balance				1c			0
d	Additions during the year				1d			
e	Distributions during the year				1e 1f			0
f	Ending balance				****		[37]	
2a	Did the organization include an amount on F						es X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the expli	anation has b	een provided	in Part XIII		<u> </u>	
Part			000 David IV	/ II 40				
	Complete if the organization ans			/, IINE 1U. ) Two years back	(4) 71			
4		) Current year (b) Pric	or year (c	) Two years back	(d) Three years back	( (e) Fo	ur years	back
1a b	Beginning of year balance		0	· · · ·				
C	Net investment earnings, gains,			<del></del>		+-		
	and losses							
d	Grants or scholarships					<u> </u>		
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	0	0		0	0		0
2	Provide the estimated percentage of the cur		ine 1g, colum	ın (a)) held as				
a	Board designated or quasi-endowment	<b>▶</b> %						
b	Permanent endowment	% %						
С	Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		n that are hel	d and adminis	tered for the			
Ju	organization by:	oodion of the organization					Yes	No
	(i) unrelated organizations					3a(i)		-
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as required on \$	Schedule R?	FS 9: FS	90 400 50 19714	3b		
4	Describe in Part XIII the intended uses of the	e organization's endown	nent funds.					
Part	Land, Buildings, and Equipme Complete if the organization ans		990. Part IV	/. line 11a. S	see Form 990. Pa	rt X. lin	e 10.	
	Description of property	(a) Cost or other basis	(b) Cost or		(c) Accumulated		ook value	<del></del>
		(investment)	basis (ot)	her)	depreciation			
1a	Land	0		0				0
b	Buildings		1	,098,127	408,983			9,144
C	Leasehold improvements	0		36,835	22,535			4,300
d	Equipment	0		82,988 55,445	80,263			2,725
e Total	Other	<u> </u>	column (B)		51,451			3,994 0,163
A WALLEY		and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o					( )	-,

Part VI	Investments—Other Securiti			Page V
	Complete if the organization ar	nswered "Yes" to Form 99	0, Part IV, line 11b. See Forr	m 990, Part X, line 12.
	escription of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial de	erivatives . ,	0		
(2) Closely-hel-	d equity interests	0		
(3) Other				
				<del></del>
			1	
(D)				
(F)				
(G)				ia.
(H)				
Total. (Column (b) mi	ust equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Relat			
	Complete if the organization ar	nswered "Yes" to Form 99	0, Part IV, line Ltc. See Forn	n 990, Part X, line 13.
(	a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	luation.
(1)				<u> </u>
(2)			Village of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	
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(8)	<u> </u>	AND THE RESERVE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON		
(9)		<u> </u>		
	ust equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets.			
	Complete if the organization ar	swered "Yes" to Form 99	0, Part IV, line 11d, See Forn	n 990. Part X line 15
		) Description		(b) Book value
(1)				
(2)	A35*	***		
(3)	At a	<b>A</b>		
(4)	45 AS	A.		
(5)		AS		
(6)	0			
(7)		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co		
(8)				·
(9)				
	(b) must equal Form 990, Par X, co	ol. (B) line 15.)		. 0
Part X	Other Liabilities.			
	Complete if the organization ar	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	come taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	t equal Form 990, Part X, col. (B) line 25.)	0,		
	certain tax positions. In Part XIII, provid			
organization's lia	ability for uncertain tax positions under F	IN 48 (ASC 740). Check here i	f the text of the footnote has been pr	rovided in Part XIII.

⊧Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	.]	
b	Donated services and use of facilities	]	
С	Recoveries of prior year grants . 2c		
d	Other (Describe in Part XIII.)	] . [	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
4			
а	THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CO	-	
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С	Add lines 4a and 4b	' 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, in a 2a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses	1	
C	Other (Describe in Part XIII.)	1	
d	Other (Describe III art XIII.)	2e	0
е	Add lines 2a through 2d	3	0
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII Ine 7b 4a		
b	Other (Describe in Part XIII.)		_
C	Add lines 4a and 4b	4c	. 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I, line 18.)	5	0
Par	t XIII Supplemental Information		
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part	X, line
2: Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and the respective this part to provide any additional inform	ation.	
_,			
	**************************************		
	***************************************		
		** ** ** ** ** ** ** ** ** ** ** ** **	

Schedule D (Form 9	990) 2013 FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Page 5
Part XIII	990) 2013 FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.  Supplemental Information (continued)	_ rage c
	A. 30. A.	
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

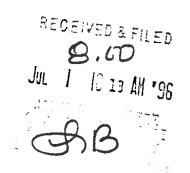
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.
Form 990, Part V, Line 19: The organizaiton did not receive any funds for tanning services
Form 990, Part IV, Line 11: The organization did not report any funds from investments
activities
Farm 000, Bod IV Line 10: THE DODGANIZATION DID NOT BEDORTS ELINDS EDOM CAMING ACTIVITIES
Form 990, Part IV, Line 19: THE PORGANIZATION DID NOT REPORTS FUNDS FROM GAMING ACTIVITIES.
Form 990, Part XI, Line 8: PRIOR PERIOD ADJUSTMENT; RETURNED UNUSED GRAVE FUND RECEIVED IN
PRIOR PERIOD.
& A A

Schedule O (Form 990 or 990-EZ) (2013)	Page	2
Name of the organization FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.	Employer identification number	
FIRST GETTISEMANE CENTER FOR PAMILY DEVELOPMENT, INC.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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# ARTICLES OF INCORPORATION OF THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

The undersigned incorporators execute these articles of incorporation for the purpose of forming a non-profit corporation under the laws of the Commonwealth of Kentucky in accordance with the following provisions.

### ARTICLE I Name

The name of the corporation is The First Gethsemane Center for Family Development, Inc.

# ARTICLE II <u>Duration</u>

The duration of the corporation shall be perpetual.

# ARTICLE III Members

The corporation shall have no members except as may be provided by the bylaws hereafter duly adopted by the directors.

# ARTICLE IV Purpose

(A) To promote on a non-profit educational, charitable, and service basis the economic, social, and community development of deprived communities in Louisville and Jefferson Courty, Kentucky, the corporation is organized and operated exclusively for charitable, recreational, benevolent, and educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 and corresponding provisions of any later Federal tax laws. Such purposes shall include the making of distributions to organizations and individuals for the purpose of engaging in activities falling within the purposes of the corporation and permitted for an organization exempt under Section 501(c)(3) of the Internal Revenue Code.

- (B) In furtherance of the general purposes in paragraph (A), the particular purposes of the corporation are the following:
  - a. to provide educational and training programs for life skill development;
  - b. to provide social, health, and recreational programs for community wellness and quality of life endeavors;
  - c. to provide educational and cultural materials not readily accessible in the immediate community;
  - d. to provide management and entrepreneurial initiatives for this low-income and deprived community;
  - e. to provide affordable childcare, afterschool care, and senior care; and
  - f. to design and engage in economic, business, and community development, employment, and housing initiatives.

# ARTICLE V Powers and Limitations

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171, except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing of distribution of statements), any political campaign on behalf of any candidate for public office;
- b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue code of 1954 or the corresponding provisions of any later Federal tax laws.
- c) If and so long as the corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

- 1) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 2) The corporation shall not engage in any act of self dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 3) The corporation shall not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 4) The corporation shall not make any investments in such manner as to subject it to tax under 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 5) The corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

# ARTICLE VI Office and Registered Agent

The name and address of the initial registered agent of the corporation shall be Dr. T. Vaughn Walker, 9115 Henry Clay Drive, Louisville, KY 40242.

# ARTICLE VII Principal Office

The mailing address of the principal office of the corporation shall be 1159 Algonquin Parkway, Louisville, KY 40208.

# ARTICLE VIII Non-Profit Nature

The corporation shall be irrevocably dedicated and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributed to its members, directors, officers, or other private persons except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

# ARTICLE XI Officers

The by-laws shall identify and provide for the method of election or appointment of the officers of the corporation.

# ARTICLE XII Personal Liability

The officers and directors of the corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position as officers and directors of the corporation except for liability

- A) for any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;
- B) for acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- C) for any transaction from which the director derives an improper personal benefit.

# ARTICLE XIII <u>Dissolution</u>

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

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

# ARTICLE IX Initial Board of Directors

The business and affairs of the corporation shall be governed by a board of directors. The eleven (11) members of the initial of directors shall serve a three (3) year period from the filing of these Articles of Incorporation or until a new Board of Directors is elected by the members of The First Gethsemane Baptist Church.

The names and addresses of the initial Board of Directors are as follows:

T. Vaughn Walker 9115 Henry Clay Drive Louisville, KY 40242

David Howard, Jr. 2315 Belmar Drive Jeffersonville, IN 47130

Debbie Bush 2213 W. Oak Street Louisville, KY 40210

Jerome Hutchinson, Jr. 9110 Collingwood Road Louisville, KY 40299

LeAnna Watkins 3414 Burrell Drive Louisville, KY 40211

Serena M. Williams 645 South Street 3 Apt. 217 Louisville, KY 40202 Alvin Stanley 1359 Overbacker Court Louisville, KY 40208

Mark A. Smith 425 Hubbards Lane Louisville, KY 40207

Edwin Fox 510 Wickfield Drive Louisville, KY 40245

Ralph Trotter 1503 Oleanda Court No. 1 Louisville, KY 40222

Roderick Williams 1926 Elba Drive Louisville, KY 40218

# ARTICLE X By-Laws

The corporation shall be governed by its by-laws. The by-laws of the corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

# ARTICLE XIV Amendments

These Article of Incorporation may be amended from time to time by resolution of the Board of Directors.

# ARTICLE XV Incorporators

The names and addresses of the incorporators are as follows:

Dr. T. Vaughn Walker 9115 Henry Clay Drive Louisville, Ky 40242

Alvin Stanley 1359 Overbacker Court Louisville, Ky 40208

David Howard, Jr. 2315 Belmar Drive Jeffersonville, IN 47130

Signed by the incorporators at <u>Source</u>, Kentucky, on June 27, 1996.

Dr. T. Vaughn Walker

Alvin Stanley

David Howard, Jr.

# Form W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	irst Gethsemane Center for Family Development, Inc.				
હાં	2 Business name/disregarded entity name, if different from above				
3 Check appropriate box for federal tax classification; check only one of the following seven boxes:					
instructions on page 3):    Single-member LLC   Scorporation   Scorporation   Partnership   Irustrestate   instructions on page 3):			Exempt payee code (if any)		
돌	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)  Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  Other (see instructions)   Exempt payee code (if any)  Exemption from FATCA report to the tax classification of the single-member owner.  Other (see instructions)				
휴	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.				
듣류	Other (see instructions)		(Applies to accounts maintained outside the U.S.)		
_ 5 E	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)		
Sec	1159 Algonquin Parkway				
Ś	6 City, state, and ZIP code	1			
See	Louisville, KY 40208				
	7 List account number(s) here (optional)	J	_		
Pai	Taxpayer Identification Number (TIN)				
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid Social se	curity number		
	ip withholding. For individuals, this is generally your social security number (SSN). However,				
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					
			-       -		
entitie	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> n page 3.				
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Par Unde 1. The Se no 3. La 4. The Certific becare instru	es, it is your employer identification number (ÉÍN). If you do not have a number, see <i>How to ge</i> in page 3.  If the account is in more than one name, see the instructions for line 1 and the chart on page lines on whose number to enter.  It I Certification  If penalties of perjury, I certify that:  If e number shown on this form is my correct taxpayer identification number (or I am waiting for more subject to backup withholding because: (a) I am exempt from backup withholding, or (invice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and  If any indicating that I am exempt from FATCA reporting that I am exempt from FATCA reporting interest and continuous properties on the properties on the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the pr	et a  or  e 4 for  Employer  r a number to be is b) I have not been or dividends, or (complete correct.  that you are currents sactions, item 2 do to an individual retired.	ssued to me); and notified by the Internal Revenue the IRS has notified me that I am the IRS has notified me that I am the IRS has notified me that I am the IRS has notified me that I am		
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### **General Instructions**

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

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

### **Purpose of Form**

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

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

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

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

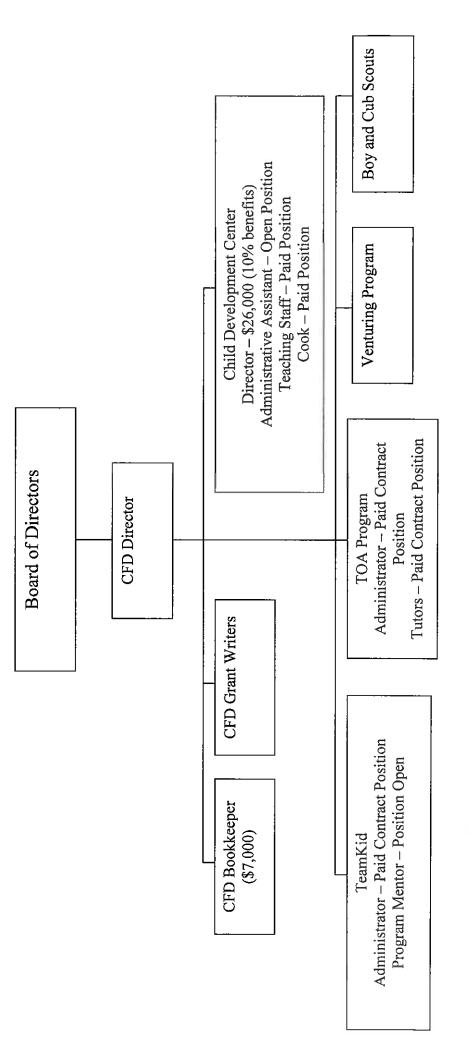
If you do not return Form W-9 to the requester with a TiN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



# First Gethsemane Center for Family Development, Inc. 2015 Staff Organizational Chart





# First Gethsemane Center for Family Development, Inc. Employees and Salaries

Annette Bridges	CDC Director	\$26,000 Salary Annually
Dana Harvey	Bookkeeper - Parttime	\$7,000 Salary Annually
DaTonia Davis	Childcare Provider	\$18,720 Annually
	<u> </u>	9.00 per hour
Gail Harwell	Childcare Provider	\$18,720 Annually
	<u> </u>	9.00 per hour
Kim Curry	Cook - Parttime	8.00 per hour
Leondria Bridges	Childcare Provider	8.00 per hour
Waynenesha Wilson	Childcare Provider	8.00 per hour
Anna Jackson	Childcare Provider -	7.25 per hour
	Parttime	
Audrey Bailey	Childcare Provider -	7.25 per hour
	Parttime	
Dejuana Bridgeman	Childcare Provider	7.25 per hour
Diane White	Childcare Provider -	7.25 per hour
	Parttime	
Janice Carney	Childcare Provider	7.25 per hour
Joyce Cook	Childcare Provider -	7.25 per hour
	Parttime	
LaKeta Moore	Childcare Provider -	7.25 per hour
	Parttime	
Latoya Cotton	Childcare Provider	7.25 per hour

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR P. O. BOX 2508 CINCINNATI, OH 45201

Date: MA9 25 1997

THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT INC 1159 ALGONQUIN PKY LOUISVILLE, KY 40208

Employer Identification Number:

DLN:

17053318018006

Contact Person:
 D. A. DOWNING

Contact Telephone Number:
 (513) 684-3957

Accounting Period Ending:
 December 31

Foundation Status Classification:
 170(b)(1)(A)(vi)

Advance Ruling Period Begins:
 July 1, 1996

Advance Ruling Period Ends:
 December 31, 2000

Addendum Applies:

Dear Applicant:

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

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

### THE FIRST GETHSEMANE CENTER FOR

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

### THE FIRST GETHSEMANE CENTER FOR

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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

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

Sincerely yours,

District Director Divilarda,

Enclosure(s):
Form 872-C

### THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT, INC.

### **General Information**

Organization Number 0418261

Name THE FIRST GETHSEMANE CENTER FOR FAMILY DEVELOPMENT,

INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - GoodStateKY

File Date 7/1/1996
Organization Date 7/1/1996
Last Annual Report 6/4/2015

Principal Office 1221 FIRST GETHSEMANE AVENUE

LOUISVILLE, KY 40208

Registered Agent DR. T. VAUGHN WALKER

829 LAKE FOREST PARKWAY

LOUISVILLE, KY 40245

### **Current Officers**

President
Treasurer
Keith A. Bush, Sr.
Director
Keith A Bush, Sr.
T Vaughn Walker
T Vaughn Walker
T Vaughn Walker
Annette W Bridges

Managing MemberDana HarveyManaging MemberMichael WellsManaging MemberDeborah HoffManaging MemberDarnell FarrisManaging MemberLaWarren TaylorManaging MemberWanda Mitchell Smith

Managing MemberLillie Mae PerryManaging MemberCharles Ford

### Individuals / Entities listed at time of formation

DirectorT VAUGHN WALKERDirectorDAVID HOWARD IR

Director DEBBIE BUSH

Director JEROME HUTCHINSON JR

DirectorLEANNA WATKINSDirectorSERENA M WILLIAMSIncorporatorDR T VAUGHN WALKER

IncorporatorALVIN STANLEYIncorporatorDAVID HOWARD JR

## Images available online

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

Principal Office Address Change	6/11/2015	1 page	tiff	PDF
Annual Report	6/4/2015	1 page	<u>PDF</u>	
Annual Report	6/26/2014	1 page	<u>PDF</u>	
Annual Report	6/21/2013	1 page	<u>PDF</u>	
Annual Report	7/5/2012	1 page	<u>PDF</u>	
Annual Report Return	3/20/2012	2 pages	tiff	<u>PDF</u>
Annual Report	7/7/2011	1 page	PDF	
Annual Report	6/30/2010	1 page	<u>PDF</u>	
Annual Report	6/30/2009	1 page	<u>PDF</u>	
Annual Report	9/4/2008	1 page	<u>PDF</u>	
Annual Report	9/8/2007	1 page	<u>PDF</u>	
Annual Report	9/25/2006	1 page	<u>PDF</u>	
Annual Report	9/19/2005	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	10/28/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/8/2002	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	6/17/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/13/2001	1 page	tiff	<u>PDF</u>
Annual Report	5/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/10/1999	1 page	tiff	<u>PDF</u>
Annual Report	5/11/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	7/1/1996	6 pages	<u>tiff</u>	<u>PDF</u>

### **Assumed Names**

### **Activity History**

Filing	File Date	<b>Effective Date</b>	Org. Referenced
Principal office change	6/11/2015 10:47:35 AM	6/11/2015	
Annual report	6/4/2015 6:41:27 PM	6/4/2015 6:41:27 PM	
Annual report	6/26/2014 8:04:01 AM	6/26/2014 8:04:01 AM	
Annual report	6/21/2013 3:51:08 PM	6/21/2013 3:51:08 PM	
Annual report	7/5/2012 9:46:31 AM	7/5/2012 9:46:31 AM	
Annual report	7/7/2011 8:48:39 AM	7/7/2011 8:48:39 AM	
Annual report	6/30/2010 2:26:38 PM	6/30/2010 2:26:38 PM	
	6/30/2009	6/30/2009	

Annual report	2:48:33 PM	2:48:33 PM
Annual report	9/4/2008 6:09:17 PM	9/4/2008 6:09:17 PM
Annual report	9/8/2007 4:13:32 PM	9/8/2007 4:13:32 PM
Annual report	9/25/2006 6:22:23 PM	9/25/2006 6:22:23 PM
Registered agent address change	6/17/2002 9:28:09 AM	6/17/2002
Annual report	5/14/2002 11:51:42 AM	5/14/2002
Add	7/1/1996	7/1/1996

### **Microfilmed Images**

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

Annual Report	5/26/2004	1 page
Annual Report	10/28/2003	1 page
Annual Report	7/8/2002	1 page
Statement of Change	6/17/2002	1 page
Annual Report	9/13/2001	1 page
Annual Report	5/25/2000	1 page
Annual Report	6/10/1999	1 page
Annual Report	5/11/1998	1 page
Annual Report	7/1/1997	1 page
Articles of Incorporation	7/1/1996	6 pages

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES. RELIGIOUS OR FAITH-BASED ORGANIZATIONS

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

The First Gethsemane Center for Family Development, Inc.

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

### SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:	for Keal De Bross	Date: 6-29-15
Legal Signatory (please print):	(eith A. Bush, Sr.	Title: CFD Director
Phone: 502-634-1839	Extension:	Email: revbush@1stgchurch.or