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

Applicant/Program: Louisville Asset Building Coalition, Inc. / Volunteer Income Tax Assistance (VITA) Program

| J | James Hours Volume of Mooths Tax / Bolotanoo (VIII) 1 Togram | | | |
|--|--|--|--|--|
| | · · · · · · · · · · · · · · · · · · · | | | |
| Executive Summary of Request: Neighborhood Development Funding will be directed to the Louisville Asset Building Coalition, Inc for expenses associated with the Volunteer Income Tax Assistance program. | | | | |
| The VITA program provides free prepared our community. | ration services to low income individuals throughout | | | |
| | | | | |
| | | | | |
| | | | | |
| Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub- | ☐ Yes | | | |
| within Metro Council guidelines and request a | evelopment Fund Application and have found it complete and pproval of funding in the following amount(s). I have read the see furthered by the funds requested and I agree that the public me disclosure section below, if required. | | | |
| 14 Cuidi Fales as | 5,000.01 12/8/2015 | | | |
| District # Council Member Signature | Amount Date | | | |
| Primary Sponsor Disclosure | ip you, your family or your legislative assistant have with this | | | |
| organization, its volunteers, its employees or n | | | | |
| CW Fowler volunteers for the program. | | | | |
| District 14 Staff Assistant Cindy Thiene | eman volunteers for the program. | | | |
| | | | | |
| | | | | |
| Approved by: | | | | |
| Appropriations Committee Chairman | Date | | | |
| Clerk's Office Only: | | | | |
| Request Amount: | Committee Amended Appropriation: | | | |
| Original Appropriation: | Council Amended Appropriation: | | | |

Applicant/Program: Louisville Asset Building Coalition, Inc. / Volunteer Income Tax Assistance (VITA) Program

Additional Disclosure and Signatures

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

| District # | Council Member Signature | Amount | Date | |
|------------|--------------------------|--------|------|-----|
| District # | Council Member Signature | Amount | Date | |
| District # | Council Member Signature | Amount | Date | • • |
| District # | Council Member Signature | Amount | Date | |
| District # | Council Member Signature | Amount | Date | |
| District # | Council Member Signature | Amount | Date | |
| District # | Council Member Signature | | Date | |

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

Date: 12/8/2015

Prepared by:



| SECTION 1 – APPLICANT INFORMATION | | | | | | |
|--|-----------------------------------|----------------|--|------------------------|--|--|
| Legal Name of Applicant Organization: Louis villo Assot Building Coalition | | | | | | |
| (as listed on: http://www.sos.kv.gov/business/records) Louisville Asset Building Coalition | | | | | | |
| Main Office Street & | Mailing A | ddress: 1 | I18 W Breckinrid | lge St., Louisville, K | Y 30203 | |
| Website: labcservice: | s.org | | | | 27.91 | |
| Applicant Contact: | Ron Ha | atch | | Title: | Executive Director | |
| Phone: | (502) 8 | 82-549 | 0 | Email: | ron.hatch@labcservices.org | |
| Financial Contact: | Barbar | a Laske | У | Title: | Partner | |
| Phone: | (502) 5 | 84-979 | 3 | Email: | Blaswkey@ablw-cpas.com | |
| Organization's Repre | sentative | who atte | ended NDF Train | ing: Ron Hatch | | |
| GEO | GRAPHICA | L AREA(| s) WHERE PROG | RAM ACTIVITIES ARE | (WILL BE) PROVIDED | |
| Program Facility Loca | tion(s): | 118 W | Breckinridge S | t | | |
| Council District(s): | | All | | Zip Code(s): | All | |
| | SECTI | ON 2 – P | ROGRAM REQU | EST & FINANCIAL IN | FORMATION | |
| PROGRAM/PROJECT | NAME: Vo | lunteer | Income Tax Ass | istance (VITA) | | |
| Total Request: (\$) | 34,500 | | Total Metro A | ward (this program) | in previous year: (\$) \$30,250 | |
| Purpose of Request (| check all t | hat appl | y): | | | |
| | | | | of agency's total op | | |
| | | | | it to community or q | | |
| Capital Proj | ect of the | organiza | ition (equipment | , furnishing, building | , etc) | |
| The Following are Re | quired At | tachmen | ts: | | | |
| IRS Exempt Status De | | n Letter | | Signed lease if rer | nt costs are being requested | |
| Current Year Project | | | 12. 14. | IRS Form W9 | | |
| List of Board of Direct Current financial sta | · | de term & | term limits | | if used in the proposed program | |
| Most recent IRS Fori | | 120 <u>-</u> H | | | equired by organization) | |
| Articles of Incorpora | | 120-11 | | | nization Certification Form, if required | |
| Cost estimates from | | vendor if | request is for | Staff including th | e 5 nignest paid stan | |
| capital expense | | | | | | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro | | | | | | |
| Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional | | | | | | |
| sheet if necessary. | | | | | | |
| Source: | External | Agency | Fund | Amount: (\$) | \$17,500 | |
| Source: | NDF . | | A Production of the Contract o | Amount: (\$) | \$15,250 | |
| Source: | Source: NDF Amount: (\$) \$15,000 | | | | \$15,000 | |
| Has the applicant contacted the BBB Charity Review for participation? | | | | | | |
| Has the applicant me | t the BBB | Charity F | Review Standards | ? 🔳 Yes 🗌 No | | |

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SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Louisville Asset Building Coalition's (LABC's) mission is "to promote financial stability through economic success". Our primary program involves assisting low-moderate income individuals in filing their tax returns and correctly securing tax credits that increase financially stable.

The original partnership that became LABC began in 2002 and included support from United Way, Annie E Casey and the Metro Government. The original programmatic partners included the Center for Women and Families, Louisville Urban League, Louisville Central Community Center, Americana Community Center and Wesley House. MUW was the sponsoring and fiduciary agent until January 2014. LABC incorporated in 2012 and received tax exempt status from the IRS in November 2014.

Free federal and state income tax preparation is the core service provided in conjunction with community partners and volunteers targeting low to moderate income working individuals and families. In addition, we link clients to partners that help them open bank accounts for securing refunds, and provide opportunities for customers to access additional financial counseling and other services through LABC and referrals to other partner organizations like free energy audits provided by LG&E.

Through our relationships with other community organizations and government agencies, we also promote programs designed to assist families. Examples of this is our work with Metro United Way in promoting the 'Ages and Stages' program and soliciting customer survey data regarding the proposed Kentucky earned income tax credit.





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.):

Free tax preparation services for individuals and families earning \$52,000 or less are currently offered year round. During tax season, from January through April 15th, tax preparation services are offered at a variety of locations throughout the county. Our tax sites are selected based on their accessibility by customers in our target markets (see list of current year tax sites, attached). We also assist clients who want to file their own taxes using two free tax preparation software options. Outside of tax season, tax preparation is available in our office on West Breckinridge St., Sun Valley Community Center and the Louisville Urban League.

In 2016 we anticipate assisting more than 10,300 filers and generating close to \$19,000,000 in returns. In addition to the returns, we anticipate referring clients that:

- Do not have a bank account will be referred to Bank of Louisville to establish a banking relationship. Bank of Louisville estimates that individuals without banking relationships will spend more \$40,000 over their life time on check cashing and other fees.
- Own their home will be referred to a free energy audit sponsored by LG&E.
- Have a dependent under six will be referred to MUW's Ages and Stages program to help them get to school ready to succeed.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): NDF funds will be used to support the operation of free tax sites located throughout Jefferson County that operate from mid-January through mid April as well the preparation of taxes that are prepared from mid-April through mid-October. This will cover approximately of the cost of the 2016 filing season.

NDF funds will be used for exclusively to support the volunteer tax preparation including: hardware (laptops and printers), office supplies (copy paper, staples, staplers, envelopes, toner, etc.) and regular and seasonal personnel.





| C: If this request is a fundraiser, please detail how the proceeds will be spent: |
|---|
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| |
| D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances: |
| ☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. |
| Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application. |
| |
| |
| ■ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement: ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. |
| The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement. |
| |
| |
| |



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Last year, the Coalition completed 10,403 returns benefiting more than 16,000 individuals. This brought back over \$18,500,000 to individuals and families; money that is spent largely in our community. The program served clients from nearly every zip code in Jefferson County and ????? clients from outside of the county. Please see the attached list of clients by zip code served for more detail. More than 98% of our clients had household incomes that were less than \$50,000. Thirty five percent of our clients had incomes below poverty level and 44% had incomes between poverty and less than 200% of poverty level.

Our data is based on information from our tax preparation software, Taxwise and customer surveys requested of every client receiving tax preparation services. The customer survey information is compiled through Taxwise software and/or entered into a database by our staff and volunteers. The program and the Taxwise software is administered under the direction of the Internal Revenue Service.

The following client story is illustrative of the impact that our work has on the lives of the clients we serve: A single mother that was a client of Family Scholar House received a flyer in her 3 year olds Early Childhood backpack and came to one of our sites. She indicated that she had been letting a friend prepare her taxes and decided to let someone else do so. She had a copy of the last two years with her when she arrived at the tax site. The mother's Adjusted Gross Income was \$21,500 and she was a full time student. We were able to prepare the tax return and her refund was \$10,300. It included Earned Income Tax, Child Tax, Additional Child Tax and American Opportunity Credits. She cried and told us that the refund would help her pay tuition, pay a couple of bills and save the rest. The Site Coordinator amended two years' of prior returns and the client received another \$2,000.

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.

LABC is, by nature and necessity, a collaborative venture. It was establish by a collection of funders and community partners that had an interest in strengthening the economic well-being of clients and the broader community. The tax preparation service is currently provided at nine fixed sites (Americana Community Center, Bates Community Development Center, LABC, Louisville Central Community Center, Louisville Urban League, Portland Promise Center, Salt and Light CDC, Sun Valley Community Center and Wesley House) and more than fifteen mobile sites (University of Louisville, Jewish Family Career Services, Daymar College, Family Scholar House, United Crescent Hill Ministries, Neighborhood House, Center for Accessible Living and Amazon). All of these partners provide access to clients as well as space and other resources that assist in the tax preparation.

We also work very closely with other community partners to connect our clients to other existing services including Bank on Louisville (establish banking relationships for the unbanked), LG&E (provides energy audits for homeowners) and Metro United Way (connects clients with young children to programs that help children get to kindergarten ready to succeed).

We have a very small staff (less than 5 FTE's) so our program depends on volunteers that work as greeters and tax preparers. In 2016, we will have close to 150 volunteers that serve in this capacity. We work closely with Metro United Way, Bellarmine and U of L to recruit and place the volunteers. The two universities provide us with access to students pursuing degrees in business, accounting and law.





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.

| And the second of the second o | Column 1 | Column 2 | Column (1+2)=3 |
|--|-------------------------|------------------------|-------------------|
| Program/Project Expenses | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | 28,000 | 217,519 | 245,519 |
| B: Rent/Utilities | 0 | 24,680 | 24,680 |
| C: Office Supplies | 3,500 | 3,500 | 7,000 |
| D: Telephone | 0 | 0 | 0 |
| E: In-town Travel | 0 | 2,500 | 2500 |
| F: Client Assistance (Attach Detailed List) | 0 | 0 | 0 |
| G: Professional Service Contracts | 0 | 16,300 | 16300 |
| H: Program Materials | 0 | 3,000 | 3,000 |
| I: Community Events & Festivals (Attach Detail List) | 0 | 0 | 0 |
| J: Machinery & Equipment | 0 | 0 | 0 |
| K: Capital Project | 3,000 | 2,000 | 5,000 |
| L: Other Expenses (Attach Detail List) | 0 | 27,760 | 27,760 |
| *TOTAL PROGRAM/PROJECT FUNDS | 34,500 | 297,259 | 331,759 |
| % of Program Budget | 10.4 % | 89.6 % | 100% |

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

| List failuring sources for total program, project costs in column 2, 101 metro variation | | | | | | |
|--|----------------------|--|--|--|--|--|
| Other State, Federal or Local Government | 84,500 | | | | | |
| United Way | 34,822 | | | | | |
| Private Contributions (do not include individual donor names) | 177,937 | | | | | |
| Fees Collected from Program Participants | 0 Not allowed by IRS | | | | | |
| Other (please specify) | | | | | | |
| Total Revenue for Columns 2 Expenses ** | 297,259 | | | | | |

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



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^{**}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).

| Value of Contribution | Method of Valuation | | | | | |
|--|--|--|--|--|--|--|
| 13,000 | Prorated cost based on sq foolage/available for six months. | | | | | |
| 151,732.82 | 8,775.5 hours times \$17.33 | | | | | |
| | | | | | | |
| | | | | | | |
| 164,732.82 | | | | | | |
| * DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK | | | | | | |
| | | | | | | |
| e or decrease in your budget f YES 🔳 | rom the current fiscal year to the | | | | | |
| f YES, please explain: Currently Family Scholar House provides LABC with free office space including; utilities, elephone and internet services. Family Scholar House has notified us that they will need to use our current space for a program that serves people that are aging out of oster care in 2016. Consequently, we will need to relocate and will most likely incurnaterial additional operating costs. We will begin looking for new space this summer. We will also review our service data after the completion of the filing season with an eye owards opening a couple of new sites next year. | | | | | | |
| | 13,000 151,732.82 164,732.82 THE IN KIND CONTRIBUTION. ON ONE LINE AS A TOTAL NO ONE LINE AS A TOTAL NO Expression of the expression of | | | | | |

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Applicant's Initials



SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

| Signatur | e of Legal Signatory: | Class Aa | et N | | Date: | 11-4-2015 | |
|-----------|--------------------------|------------|-------|--------|-----------|------------------|----|
| Legal Sig | gnatory: (please print): | ROX | HaTCH | | Title: | Ex. DiRecton | |
| Phone: | 882-5490 | Extension: | | Email: | Ron. Het. | ch@lake. SP Ruin | es |

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| Zip Code | Returns |
|----------|--------------|
| 40018 | - |
| 40023 | - |
| 40025 | 1 |
| 40027 | - |
| 40041 | - |
| 40059 | 2 |
| 40109 | 3 |
| 40118 | 47 |
| 40177 | 8 |
| 40201 | 9 |
| 40202 | 75 |
| 40203 | 339 |
| 40204 | 47 |
| 40205 | 120 |
| 40206 | 142 |
| 40207 | 44 |
| 40208 | 212 |
| 40209 | 15 |
| 40210 | 667 |
| 40211 | 1,031 |
| 40212 | 821 |
| 40213 | 162 |
| 40214 | 456 |
| 40215 | 302 |
| 40216 | 799 |
| 40217 | 104 |
| 40218 | 331 |
| 40219 | 400 |
| 40220 | 143 |
| 40221 | 2 |
| 40222 | 47 |
| 40223 | 17 |
| 40224 | - |
| 40225 | - |
| 40228 | 80 |
| 40229 | 113 |
| 40231 | _ |
| 40232 | 5 |
| 40233 | 3 |
| 40241 | 44 |
| 40242 | 29 |

| 40243 | 13 |
|---------|--------------|
| 40245 | 32 |
| 40250 | 1 |
| 40251 | 14 |
| 40252 | 1 |
| 40253 | 1 |
| 40255 | 1 |
| 40256 | 8 |
| 40257 | 1 |
| 40258 | 469 |
| 40259 | 1 |
| 40261 | 1 |
| 40266 | - |
| 40268 | 10 |
| 40269 | 3 |
| 40270 | 4 |
| 40271 | - |
| 40272 | 724 |
| 40280 | 6 |
| 40281 | - |
| 40282 | - |
| 40283 | - |
| 40285 | 1 |
| 40287 | - |
| 40289 | - |
| 40290 | - |
| 40291 | 95 |
| 40291 | - |
| 40293 | - |
| 40294 | - |
| 40295 | - |
| 40296 | - |
| 40297 | - |
| 40298 | - A1 |
| 40299 | 41 |
| other | - 1 // 07 |
| unknown | 1,487 |
| | 9,534 |
| | |

NDF OTHER EXPENSES DETAIL LIST

| Insurance/Liability & D&O) | 6,000 |
|--|--------|
| Program Training & Materials | 1,000 |
| Payments to Partner Sits for space & materials | 18,200 |
| Storage | 1,560 |
| Volunteer Recognition | 1,000 |
| Total Other Expenses | 27,760 |

ID# 31954

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

Date: AUG 13 2014

LOUISVILLE ASSET BUILDING COALITION INC C/O CHRISTINE N KOENIG 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222 Employer Identification Number:

DLN:

17053126301003
Contact Person:
CUSTOMER SERVICE
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 22, 2012
Contribution Deductibility:
Yes
Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

LOUISVILLE ASSET BUILDING COALITION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Director, Exempt Organizations

NGCDC Revised Budget July 1, 2015 - June 30, 2016

| | | Total |
|---------------------------------|----------|---------|
| | | |
| IRS | -⊹ | 67,000 |
| Metro United Way | ş | 34,822 |
| Lou/Jeff County NDF | \$ | 34,500 |
| Lou/Jeff County External Agency | Ş | 17,860 |
| Intuit | \$ | 50,000 |
| PNC | Ş | 10,000 |
| Brown Forman | \$ | 2,500 |
| BBT | \$ | 2,500 |
| Fifth Third | \$ | 2,500 |
| Republic | \$ | 3,500 |
| To Be Raised | \$ | 50,000 |
| Other | | |
| Total Income | Ş | 275,182 |
| | | |
| Expenses | | |
| Salaries and Wages | ⊹ | 166,400 |
| Тахез | ↔ | 22,464 |
| Benefits | ❖ | 28,280 |
| Total Payroll | φ. | 217,144 |
| IT/Site Setup and consult | Ş | 2,500 |
| Computer Equipment | \$ | 5,000 |
| Travel/mileage | Ş | 2,500 |
| Insurance | Ş | 6,000 |
| Accountant | ↔ | 7,800 |
| Office operations* | Ş | 5,000 |
| Office supplies | φ. | 7,000 |
| Print & advertising | \$ | 3,000 |
| Program/Training Materials | ş | 1,000 |
| IT and internet | ب | 1,500 |
| Website Development | Ş | 1,000 |
| Storage | ⊹≻ | 1,560 |
| Food and End of Season | Ş | 1,000 |
| Partner stipends | ↔ | 10,000 |
| Misc | ⊹⊳ | 3,000 |
| Total Expenses | ÷ | 275,004 |
| Not (Over) / Inder Income | v | 178 |
| Met (Over I) Order Income | } | 2 |



Louisville Asset Building Coalition 2014-16 Board Listing

Scott Owens, Board Treasurer Louisville Kentucky 40202-3445 502-419-2459 sowens@blueandco.com Terms: Year One of 2nd Three Year Term

Artie Robertson
Louisville Urban League
1535 West Broadway
Louisville Kentucky 40203
(502) 585-4622
arobertson@lul.org
Terms: Year One of 2nd Three Year Term

Peter Wayne, Board Vice Chair Wyatt Tarrant & Combs LLC 500 West Jefferson Street Suite 2800 Louisville Kentucky 40202 (502) 715-2823 pwayne@wyattfirm.com Terms: Year One of 2nd Three Year Term

Delquan Dorsey
Governor Office on Minority Empowerment
700 Capitol Avenue, Ste. 132
Frankfort, Avenue 40601
(502) 564-2611
kyome@ky.gov
Terms: Year One of 2nd Three Year Term

Lisa Locke, Board Secretary
Community Development Specialist
Federal Reserve Bank of St. Louis
101 South 5th Street # 1920
Louisville Kentucky 40202
(502) 568-9292
<u>Lisa.locke@stls.frb.org</u>
Terms: Year One of 1st Three Year Term



Dwight Haygood Jr.
Brown Forman Corporation
850 Dixie Hwy
Louisville Kentucky 40210
C- (502) 396-7070 W- (502) 774-6506
dwight_haygood@b-f.com
Terms: Year One of 1st Three Year Term

Jim Blandford Klump & Blandford PSC 1300 Gardiner Lane Suite 9 Louisville Kentucky 40213 W- (502) 479-8540

Terms: Year One of 1st Three Year Term

Mark Farmer
Wyatt Tarrant & Combs LLC
500 West Jefferson Street Suite 2800
Louisville Kentucky 40202
(502) 562-7352
mfarmer@wyattfirm.com
Terms: Year One of 1st Three Year Term

Micheal Raisor
JCPS Vanhoose Education Center
3332 Newburg Road
Louisville Kentucky 40218
(502) 485-7655
Micheal.raisor@jefferson.kyschools.us
Terms: Year One of 1st Three Year Term

Eric Seto, Board Chair Blueprint Technologies (502) 751-1583

Terms: Year One of 1st Three Year Term

| Financi | al Statements | | |
|---------|-------------------|----------|--|
| | Building Coalitio | on Inc | |
| | nber 30, 2015 | ,,, IIIO | |
| Copton | 551 55, 2515 | | |
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Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203

ACCOUNTANT'S COMPILATION REPORT

Louisville Asset Building Coalition, Inc 118 West Breckinridge Louisville, KY 40203

We have compiled the accompanying statement of financial position of Louisville Asset Building Coalition, Inc (a not-for-profit organization), as of September 30, 2015, and the related statement of activities for the one month and three months then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Accounting principles generally accepted in the United States of America require that accounts payable be recognized. The Organization has not recorded accounts payable. The effect of this departure from accounting principles generally accepted in the United States of America on the accompanying financial statements has not been determined.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by accounting principles generally accepted in the United States of America. If the omitted disclosures and statement of cash flows were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

The supplementary information contained in the schedules of activities is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has been compiled from information that is the representation of management. We have not audited or reviewed the supplementary information and, accordingly, do not express an opinion or provide any assurance on such supplementary information.

We are not independent with respect to Louisville Asset Building Coalition, Inc.

Andrew, Brynt, Larly + Winter, P.S.C.

Louisville, Kentucky October 13, 2015

Louisville Asset Building Coalition, Inc **Statement of Financial Position September 30, 2015**

| ASSETS | | |
|---|-----------|------------|
| Cash - Republic Bank | \$ | 33,196.19 |
| Prepaid expenses | | 3,604.98 |
| Accounts receivable | | 6,162.71 |
| Promises to give | | 120,004.03 |
| Equipment | | 7,899.91 |
| Furniture (In-kind) | | 2,500.00 |
| Accumulated depreciation | | (1,940.05) |
| Total assets | \$ | 171,427.77 |
| LIABILITIES & NET ASSETS LIABILITIES | | |
| SUTA | \$ | 69.30 |
| Louisville withholding | Ψ | 425.49 |
| Other payroll withholding | | (50.00) |
| Onto payron withholding | | (50.00) |
| Total liabilities | _ | 444.79 |
| NET ASSETS | | |
| Net assets | | 26,131.68 |
| Increase (decrease) in unrestricted net assets - current year | | 144,851.30 |
| Total net assets | | 170,982.98 |
| Total liabilities and net assets | <u>\$</u> | 171,427.77 |

CONSOLIDATED - ALL DEPARTMENTS

| | 1 Month Ended | 3 Months Ended | |
|--|------------------|-------------------|--------|
| | Sep. 30, 2015 | Sep. 30, 2015 | Pct |
| Support and Revenue | | | |
| Metro United Way grant | \$ - | \$ 34,822.27 | 19.48 |
| PNC grant | - | - | - |
| Intuit Financial Foundation | - | 50,000.00 | 27.97 |
| Donations | - | 25.00 | 0.01 |
| Louisville Metro Government | - | 9,087.29 | 5.08 |
| Louisville Metro Government - External Agency | - | 17,800.00 | 9.96 |
| IRS - VITA | 67,000.00 | 67,000.00 | 37.48 |
| Interest income | 2.21 | 6.73 | |
| Total support and revenue | 67,002.21 | 178,741.29 | 100.00 |
| Expenses | | | |
| Salaries | \$ 8,517.50 | \$ 21,070.76 | 11.79 |
| Workers compensation insurance | 511.00 | 511.00 | 0.29 |
| Payroll taxes | 651.59 | 1,681.21 | 0.94 |
| 401(k) match | 296.40 | 760.88 | 0.43 |
| Audit & accounting fees | 121.40 | 5,484.27 | 3.07 |
| Other professional services | - | - | - |
| MUW grant admin fees | - | 262.50 | 0.15 |
| Technology services | - | 780.00 | 0.44 |
| Advertising | - | 299.00 | 0.17 |
| Office supplies | 287.92 | 287.92 | 0.16 |
| Utilities | 268.81 | 268.81 | 0.15 |
| Telephone (In-kind) | - | - | - |
| 800 telephone service - 2-1-1 | - | | - |
| Storage rental | 153.00 | 419.00 | 0.23 |
| Miscellaneous building services | - | - | - |
| Office cleaning services | - | - | - |
| Equipment expense | - | 404.50 | |
| Depreciation | 161.43 | 484.29 | 0.27 |
| Equipment repairs and maintenance | | 546.45 | 0.31 |
| Web/online communications | - | 165.00 | 0.09 |
| General printed materials | | 182.18 | 0.10 |
| Bank charges | 2.95 | 8.85 390.00 | 0.22 |
| Promotional supplies & materials | 390.00 | 390.00 | 0.22 |
| Long distance travel | _ | _ | _ |
| Conferences & seminars | - - | - | _ |
| Volunteer luncheons & meetings | _ | _ | _ |
| Staff luncheons & meetings | _ | _ | |
| Miscellaneous expenses | 230.88 | 287.87 | 0.16 |
| Permit & filing fees | | | 0.10 |
| Total expenses | 11,592.88 | 33,889.99 | 18.96 |
| Increase (decrease) in unrestricted net assets | \$ 55,409.33 | \$ 144,851.30 | 81.04 |

LABC

| | 1 Month Ended | 3 Months Ended |
|--|---------------|--------------------|
| | Sep. 30, 2015 | Sep. 30, 2015 Pct |
| Support and Revenue | \$ - | \$ 34,822.27 99.91 |
| Metro United Way grant Intuit Financial Foundation | 5 | 5 34,022.27 99.91 |
| Donations | - | 25.00 0.07 |
| Interest income | 2.21 | 6.73 0.02 |
| interest income | | |
| Total support and revenue | 2.21 | 34,854.00 100.00 |
| Expenses | | |
| Salaries | \$ 5,375.23 | \$ 13,567.44 38.93 |
| Workers compensation insurance | 511.00 | 511.00 1.47 |
| Payroll taxes | 651.59 | 1,681.21 4.82 |
| 401(k) match | 296.40 | 760.88 2.18 |
| Audit & accounting fees | 121.40 | 5,484.27 15.73 |
| Other professional services | - | 262.50 0.75 |
| MUW grant admin fees | - | 780.00 2.24 |
| Technology services | _ | 299.00 0.86 |
| Advertising | 287.92 | 287.92 0.83 |
| Office supplies | 267.92 | 268.81 0.77 |
| Utilities | 200.01 | 200.81 0.77 |
| Telephone (In-kind) | _ | <u>-</u> |
| 800 telephone service - 2-1-1 | 153.00 | 419.00 1.20 |
| Storage rental | 153,00 | 417.00 |
| Miscellaneous building services | - | |
| Office cleaning services Depreciation | 161.43 | 484.29 1.39 |
| Equipment repairs and maintenance | 101.45 | 546.45 1.57 |
| Web/online communications | - | 165.00 0.47 |
| General printed materials | - | 182.18 0.52 |
| Bank charges | 2.95 | 8.85 0.03 |
| Promotional supplies & materials | 390.00 | 390.00 1.12 |
| Long distance travel | - | |
| Conferences & seminars | - | |
| Volunteer luncheons & meetings | - | |
| Staff luncheons & meetings | - | |
| Miscellaneous expenses | - | |
| Permit & filing fees | 230.88 | 287.87 0.83 |
| Total expenses | 8,450.61 | 26,386.67 75.71 |
| . Increase (decrease) in unrestricted net assets | \$ (8,448.40) | \$ 8,467.33 4.74 |

Walmart

1 Month Ended Sep. 30, 2015 3 Months Ended Sep. 30, 2015 Pct

Support and Revenue

Expenses

NCTC - FAFSA

1 Month Ended Sep. 30, 2015 3 Months Ended Sep. 30, 2015 Pct

Support and Revenue

Expenses

Louisville Metro Government - Neighborhood Development

| | 1 Month Ended | 3 Months Ended | |
|--|------------------|-------------------|---|
| | Sep. 30, 2015 | Sep. 30, 2015 Pct | t |
| Support and Revenue | | | |
| Louisville Metro Government | <u>\$</u> - | \$ 9,087.29 100.0 | 0 |
| Total support and revenue | | 9,087.29 100.0 | 0 |
| <u>Expenses</u> | | | |
| Salaries | \$ 3,142.27 | \$ 7,503.32 82.5 | 7 |
| Total expenses | 3,142.27 | 7,503.32 82.5 | 7 |
| Increase (decrease) in unrestricted net assets | \$ (3,142.27) | \$ 1,583.97 17.4 | 3 |

Louisville Metro Government - External Agency

| | 1 Month Ended | 3 Months Ended | |
|--|------------------|-------------------|--------|
| | Sep. 30, 2015 | Sep. 30, 2015 | Pct |
| Support and Revenue | | | |
| Louisville Metro Government - External Agency | \$ - | \$ 17,800.00 | 100.00 |
| Total support and revenue | | 17,800.00 | 100.00 |
| <u>Expenses</u> | | | |
| | | | |
| Increase (decrease) in unrestricted net assets | \$ | \$ 17,800.00 | 100.00 |

IRS - Volunteer Income Tax Assistance (VITA)

| | 1 Month Ended Sep. 30, 2015 | 3 Months Ended Sep. 30, 2015 Pct |
|--|-----------------------------------|--|
| | | |
| Support and Revenue | | |
| IRS - VITA | \$ 67,000.00 | \$ 67,000.00 100.00 |
| Total support and revenue | 67,000.00 | 67,000.00 100.00 |
| Expenses | | |
| Equipment expense | \$ - | \$ |
| Web/online communications | | |
| Total expenses | <u> </u> | |
| Increase (decrease) in unrestricted net assets | \$ 67,000.00 | \$ 67,000.00 100.00 |

PNC

| | 1 Month Ended Sep. 30, 2015 | | 3 Months Ended Sep. 30, 2015 | | Pct | |
|--|-----------------------------------|---|------------------------------------|----------|-----|--|
| Support and Revenue | | | | | | |
| Expenses Equipment expense Web/online communications | \$ | - | \$ | ` - - | - | |
| Total expenses | - | | | <u> </u> | - | |
| Increase (decrease) in unrestricted net assets | \$ | | \$ | | | |

Louisville Asset Building Coalition, Inc General Ledger

| Date | Reference T | Description | Beginning Balance | Current Amount | YTD Balance |
|---|-------------------------|---|----------------------|------------------------|----------------|
| | 11000 Cash - Republic B | | 45,438.84 | | |
| 09/30/15 | 1 | Cash Disbursements | | (2,298.89) | |
| 9/03/15 | 2 | To record payroll 9/3/2015 | | (4,421.53) | |
| 09/17/15 | 3 | To record payroll 9/17/15 | | (4,549.56) | |
| | | | | 2,901.86 | |
| 9/30/15 | 4 | To record MUW Monthly grant payment | | | |
| 9/30/15 | 5 | To record bank charges and interest | | (0.74) | |
| 9/30/15 | 6 R | To record prepayment of 10/1/2015 payroll | | (3,604.98) | |
| 9/30/15 | la | Cash Disbursements | | (268.81) | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | <u> </u> | (12,242.65) | 33,196.1 |
| | | | | | |
| | 11200 Prepaid expenses | | 0.00 | 2 (04.00 | |
|)9/30/15 | 6 R | To record prepayment of 10/1/2015 payroll | _ | 3,604.98 | 2 (04 0 |
| | | | = | 3,604.98 | 3,604.9 |
| | | | 6,162.71 | | |
| | 11300 Accounts receivab | ole . | 0,102./1 | 0.00 | 6,162.7 |
| | | | _ | | |
| | 11400 Promises to give | | 55,905.89 | (2.001.00) | |
| 09/30/15 | 4 | To record MUW Monthly grant payment | | (2,901.86) | |
| 09/30/15 | 7 | To record VITA PTG | _ | 67,000.00 64,098.14 | 120,004.0 |
| | | | <u>-</u> | 04,096.14 | 120,004.0 |
| | 11500 Equipment | | 7,899.91 | | |
| | 11500 Equipment | | -,,077.77 | 0.00 | 7,899.9 |
| | 11550 Furniture (In-kin | d) | 2,500.00 | 0.00 | 2.500.0 |
| | | | = | 0.00 | 2,500.0 |
| | 11600 Accumulated dep | | (1,778.62) | | |
| 09/30/15 | 11 S | To record depreciation expense | | (161.43) | |
| | | | = | (161.43) | (1,940.0 |
| | | | (278.64) | | |
| | 12230 State withholding | | (278.04) | (172.16) | |
| 09/03/15 | 2 | To record payroll 9/3/2015 | | (173.16) | |
| 09/17/15 | 3 | To record payroll 9/17/15 | | (174.29) | |
| 08/31/15 | | Kentucky State Treasurer 0801-08312015 | | 278.64 | |
| 09/28/15 | | Kentucky State Treasurer 0901-09302015 | | 347.45 | |
| | | • | = | 278.64 | 0.0 |
| | | | | | |
| | 12235 SUTA | | (69.30) | | //0.0 |
| | | | = | 0.00 | (69.3 |
| | 12240 Iimitri411. | lding | (257.14) | · | |
| 09/03/15 | 12240 Louisville withho | To record payroll 9/3/2015 | (237.17) | (83.96) | |
| | | | | (84.39) | |
| 09/17/15 | 3 | To record payroll 9/17/15 | _ | (168.35) | (425.4 |
| | | | - | | |
| | 12250 Other payroll wit | thholding | 50.00 | (50.00) | |
| | 2 | To record payroll 9/3/2015 | | (50.00) (50.00) | |
| 09/03/15 | 3 | To record payroll 9/17/15 | | | |

Louisville Asset Building Coalition, Inc General Ledger

| | | | Beginning | Current | YTD |
|----------------------|-------------------------|---|--|------------------|------------|
| Date | Reference T | Description | Balance | Amount | Balance |
| 00/14/15 | 12250 Other payroll wit | hholding (cont.) | | 50.00 | |
| 09/14/15 | 327 V 328 V | Metro United Way* RON HATCH Metro United Way* 20151001 | | 50.00 50.00 | |
| 07120113 | 320 V | Wedo Office way 20151001 | _ | 0.00 | 50.00 |
| | | | = | | |
| | 12000 N. / | | (2(121 (0) | | |
| | 13000 Net assets | | (26,131.68) | 0.00 | (26,131.68 |
| | | | <u></u> | 0.00 | (20,131.00 |
| | | | (0.4.000.00) | | |
| | 14000 Metro United Wa | y grant | (34,822.27) _ | 0.00 | (34,822.27 |
| | | | = | 0.00 | (34,022.21 |
| | | | | | |
| | 14092 Donations | | (25.00) | 0.00 | (25.0) |
| | | | = | 0.00 | (25.00 |
| | | | | | |
| | 15600 Interest income | | (4.52) | (0.01) | |
| 09/30/15 | . 5 | To record bank charges and interest | _ | (2.21) | (6.73 |
| | | | | (2.21) | (0.7. |
| | | | | | |
| 00/02/15 | 17010 Salaries | T | 8,192.21 ` | 2,697.46 | |
| 09/03/15 09/17/15 | 2 3 | To record payroll 9/3/2015 To record payroll 9/17/15 | | 2,677.77 | |
| 77/1//13 | 3 | 10 feedia payton 7/1/115 | _ | 5,375.23 | 13,567.4 |
| | | | | - | |
| | 17202 Wankang samman | | 0.00 | | |
| 09/10/15 | 17203 Workers compens | Hartford Group 14222690 WC | 0.00 | 511.00 | |
| | | | | 511.00 | 511.00 |
| | | | | | |
| | 17204 Payroll taxes | | 1,029.62 | | |
| 09/03/15 | 2 | To record payroll 9/3/2015 | | 325.05 | |
| 09/17/15 | 3 | To record payroll 9/17/15 | | 326.54 651.59 | 1,681.2 |
| | | | Marie Control of the | 031.37 | 1,001.2 |
| | | | | | |
| 00/00/4 | 17205 401(k) match | m 1 0/2/2015 | 464.48 | 148.20 | |
| 09/03/15 09/17/15 | 2 3 | To record payroll 9/3/2015 To record payroll 9/17/15 | | 148.20 | |
| 07/17/13 | 3 | To record payton 5/1//15 | | 296.40 | 760.8 |
| | | | _ | | |
| | 18008 Payroll processin | g & accounting fees | 5,362.87 | | |
| 09/03/15 | 2 | To record payroll 9/3/2015 | _,= 0 = 0.0 | 6.40 | |
| 09/17/15 | 3 | To record payroll 9/17/15 | _ | 115.00 | E 404 0 |
| | | | No. of the Control of | 121.40 | 5,484.2 |
| | | | | | |
| | 18016 MUW grant adm | in fees | 262.50 _ | 0.00 | 262 5 |
| | | | - | 0.00 | 262.50 |
| | | | | | |
| | 18017 Technology servi | ces | 780.00 _ | | #00 ° |
| | | | = | 0.00 | 780.00 |
| | | | | | |
| | | | | | |

Louisville Asset Building Coalition, Inc General Ledger

| Date | | ence T Advertising | Description | Beginning Balance 299.00 | Current Amount | YTD Balance |
|----------------------------------|-------|---|---|--------------------------------|------------------------------------|----------------|
| | 10052 | ravertising | | | 0.00 | 299.0 |
| 9/10/15 | 18106 | Office supplies 309 | Stapels | 0.00 | 287.92 287.92 | 287.92 |
| 9/30/15 | 18201 | Utilities 310 | Time Warner Cable | 0.00 | 268.81 268.81 | 268.8 |
| 9/25/15 | 18414 | Storage rental 311 V | Stor All Downtown | 266.00 — — | 153.00 153.00 | 419.0 |
| 9/30/15 | 18460 | Depreciation 11 S | To record depreciation expense | 322.86 — | 161.43 161.43 | 484.2 |
| | 18470 | Equipment repair | rs and maintenance | 546.45 <u> </u> | 0.00 | 546.4 |
| | 18507 | Web/online comm | nunications | 165.00 | 0.00 | 165.0 |
| | 18607 | General printed n | naterials | 182.18 _ | 0.00 | 182.1 |
| 09/30/15 | 18610 | Bank charges 5 | To record bank charges and interest | 5.90 | 2.95 2.95 | 8.8 |
|)9/10/15 | 18630 | Promotional supp 309 | olies & materials Stapels | 0.00 | 390.00 390.00 | 390.0 |
| 09/10/15 09/10/15 09/10/15 | 19413 | Permit & filing fe 324 V 325 V 326 V | Kentucky State Treasurer NOTICE 107873520 Kentucky State Treasurer NOTICE 107873521 Kentucky State Treasurer NOTICE 107873522 | 56.99 | 174.15 36.34 20.39 230.88 | 287.8 |
| | 34050 | Intuit Financial F | [₹] oundation | (50,000.00) | 0.00 | (50,000.0 |
| | 55000 | Louisville Metro | Government | (9,087.29) | 0.00 | (9,087.2 |

Louisville Asset Building Coalition, Inc General Ledger

| Date | Reference T | Des | cription | Beginn Balan | ice | Current Amount | YTD Balance |
|---|---------------------|-----------|--------------------|-----------------------------|-------|-------------------|----------------|
| 1 | 57010 Salaries | | | 4,36 | 1.05 | | |
| 09/03/15 | 2 | To record | d payroll 9/3/2015 | | | 1,551.54 | |
| 09/17/15 | 3 | To record | d payroll 9/17/15 | | | 1,590.73 | |
| l | | | | | | 3,142.27 | 7,503.32 |
| | | | | | | | |
| 65005 Louisville Metro Government - External Agency | | | (17,800 | 0.00) | | | |
| | | | | | | 0.00 | (17,800.00) |
| | | | | | | | |
| | 75040 IRS - VITA | | | (| 0.00 | | |
| 09/30/15 | 7 | To recore | d VITA PTG | | | (67,000.00) | |
| | | | | | | (67,000.00) | (67,000.00) |
| | | | | | | | |
| Current Pr | ofit/(Loss) | 55,409.33 | YTD Profit/(Loss) | 144,851.30 | | | |
| | | | | | | | |
| Numl | per of Transactions | 43 | | | | | |
| | | | | The General Ledger is in ba | lance | | 0.00 |
| | | | | | | | |

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

| AF | or the | a 2013 calendar year, or tax year beginning UUL I, 2013 and en | iding U | UN 30, 4014 | | |
|------------------------------------|-------------------------------------|---|---------------------------------|------------------------------|-------------------------------|--|
| B CI | neck if | C Name of organization | | D Employer identific | cation number | |
| | Addres change Name | LOUISVILLE ASSET BUILDING COALITION | | | | |
| L. | _change | | | | | |
| X | Initial return Termin ated | Number and street (or P.O. box if mail is not delivered to street address) 118 WEST BRECKINRIDGE STREET 30 | E Telephone number 502-882-5490 | | | |
| | Ameno | | | G Gross receipts \$ 201,436. | | |
| | Jreturn Application | | | H(a) Is this a group re | | |
| | ation pendir | F Name and address of principal officer:RONALD HATCH | | for subordinates | ? Yes X No | |
| | | SAME AS C ABOVE | H(b) Are all subordinates in | ocluded? Yes No | | |
| | | empt status: | 527 | - | list. (see instructions) | |
| 1 1 | ax-exe | empt status: A 50 (c)(5) | | H(c) Group exemptio | | |
| | | | I Voor | | State of legal domicile: KY | |
| _ | | organization: [==] | L 1 Gai | oriorination, ZOIII | Julie of legal definione. 222 | |
| Ра | rt I | Summary | ОМОПТ | FINANCIAI. | CTARTI.TTV | |
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO PROTECTION THROUGH ECONOMIC SUCCESS. | OMOTI | FINANCIAL | DIADILLI | |
| Lus | 2 | Check this box if the organization discontinued its operations or dispose | d of more | e than 25% of its net as | ssets. | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 10 | |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 10 | |
| တ္တ | | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 0 | |
| iţi | | Total number of volunteers (estimate if necessary) | | | 373 | |
| ; | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | |
| ď | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. | |
| | | Tot difficulty and the second | | Prior Year | Current Year | |
| - | 8 | Contributions and grants (Part VIII, line 1h) | | | 201,417. | |
| ηne | | Program service revenue (Part VIII, line 2g) | | | 0. | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 19. | |
| Re | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 201,436. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1 | | 1,800. | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 1 | | 0. | |
| " | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 86,822. | |
| Expenses | | | | | 0. | |
| ben | h | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,92 | 8. | | | |
| Ä | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 20,539. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 109,161. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | 92,275. | |
| or | 19 | Nevertue less expenses. Subtract line 10 from line 12 | В | eginning of Current Year | End of Year | |
| anci | 20 | Total assets (Part X, line 16) | | | 95,421. | |
| Net Assets Fund Baland | l | Total liabilities (Part X, line 26) | | | 3,146. | |
| let/ und | | Net assets or fund balances. Subtract line 21 from line 20 | | | 92,275. | |
| | rt II | Signature Block | | | | |
| Und | er nens | alties of perjury, I declare that I have examined this return, including accompanying schedules | and staten | nents, and to the best of m | y knowledge and belief, it is | |
| trua | corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of whic | ch prepare | r has any knowledge. | • | |
| uue, | 001100 | I . | | | | |
| C: | _ | Signature of officer | | Date | | |
| DONALD HAMOH EVECTIMITIE DIDECTOOD | | | | | | |
| Her | е | Type or print name and title | | | | |
| | | | Т | Date Check | II PTIN | |
| Da! | | Print/Type preparer's name BARBARA A. LASKY Preparer's signature | | if self-employ | red | |
| Paid | | | SC Firm's EIN | you | | |
| | arer | Firm's name ANDERSON, BRYANT, LASKY & WINSLO Firm's address 943 SOUTH FIRST STREET | , | I IIII 3 LIIV | | |
| use | Only | LOUISVILLE, KY 40203 | | Phone no (5 | 02)584-9793 | |
| | ., . | | | Ti none no. (5 | X Yes No | |
| May | the l | RS discuss this return with the preparer shown above? (see instructions) | | | 103 110 | |

| Part III | Statement | of Program | Service | Accomp | lishments |
|----------|-----------|------------|---------|--------|-----------|

| | Check if Schedule O contains a response or note to any line in this Part III | | | | | |
|------|--|------------------------|--|--|--|--|
| 1 | Briefly describe the organization's mission: | | | | | |
| | TO PROMOTE FINANCIAL STABILITY THROUGH ECONOMIC SUCCESS. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | Yes X No | | | | |
| | the prior Form 990 or 990-EZ? | Yes L41 NO | | | | |
| 2 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No | | | | |
| 3 | If "Yes," describe these changes on Schedule O. | 165110 | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | expenses. | | | | |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp | | | | | |
| | revenue, if any, for each program service reported. | | | | | |
| 4a | (Code:) (Expenses \$ 86,830 • including grants of \$ 1,800 •) (Revenue \$ |) | | | | |
| | OVER THE PAST THIRTEEN YEARS, LABC HAS PROVIDED FREE INCOME TAX | | | | | |
| | PREPARATION TO OVER 86,000 INDIVIDUALS, SAVED INDIVIDUALS OVER | \$19 | | | | |
| | MILLION DOLLARS IN TAX PREPARATION FEES AND GENERATED OVER \$118 | MILLION | | | | |
| | DOLLARS IN TOTAL FEDERAL AND STATE REFUNDS. | | | | | |
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| | | | | | | |
| | | | | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) | | | | |
| 7.5 | (Oude) (Expended # | · | | | | |
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| | | | | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) | | | | |
| 46 | (Code:) (Expenses \$) (Revenue \$) | / | | | | |
| | | | | | | |
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| | | | | | | |
| A -1 | Other program conject (Describe in Schodule O.) | | | | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ |) | | | | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 86,830. | | | | | |
| 70 | Total program solving expenses | Form 990 (2013) | | | | |

332002 10-29-13 Form 990 (2013) LOUISVILLE A
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | <u>x</u> |
| 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 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | Ī | |
| • | 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? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 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 liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | 15 | AU. |
| | as applicable. | | 1 | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _X_ |
| d | J | | | х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 116 | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 100 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 128 | Schedule D, Parts XI and XII | 12a | | X |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | _X_ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | Х |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 37 |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | Х |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 77 |
| | complete Schedule G, Part III | 19 | - | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 990 | (2013) |
| | | 1 (111) | 550 | (2010) |

332003 10-29-13

Part IV Checklist of Required Schedules (continued)

| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or poerument on Part IX, column (M), lin or 17 "Pas", complete Schedule I, Part I and II control than \$5,000 of grants or other assistance to individuals in the United States on Part IX, sockmin (A), lin 2 "If "Pas", complete Schedule I, Part I and II control than \$5,000 of grants or other assistance to individuals in the United States on Part IX, sockmin (A), lin 2 "If "Pas", complete Schedule I, Part I and II control than \$5,000 of grants or other assistance to individuals in the United States on Part IX, sockmin (A) and former officians, directors, trustoos, key employees, and highest compensation of the organization's current and former officians, directors, trustoos, key employees, and highest compensated employees? If "Pas", complete Schedule IX, II "No", go to line 25e 24e 2. 23 Did the organization have a tax-exempt bord issue with an outstanding principal amount of more than \$10,000 us of the last day of the year, that was issued after December \$1,2002" If "Yes", answer times 24e through 24d and complete Schedule IX, II "No", go to line 25e 24e 2. 24 Did the organization maintain an ascrow account other than a refunding eacrow at any time during the year to defease any tax-exempt bornes? 24 Did the organization and as an "on behalf of" issuer for bonde outstanding at any time during the year? 25 Section 501(s)3 and 501(s)4) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person in the year? 26 If the organization report was the time organization and the time transaction with a disqualified person in a prior year, and that the transaction was that it organized in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was that it organized in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the passing of the passing and the passing of the passing of | | | | Yes | No |
|---|-----|---|---------------------|-------|--------------|
| Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 | 21 | | | | |
| column [A], line 27 II "Yes," complete Schedule J, 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 officors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part III III III III III III III III III I | | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 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 "PSs," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pss," inswerie lines 24s through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d Did the organization exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization exempt be year? If "Ss," complete Schedule L, Part I 25b Did the organization example in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, highest compensated employees, or disqualified person? If so, complete Schedule L, Part III 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, highest compensated employees, or disqualified person? If so, complete Schedule L, Part IV 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, furstee, or employee? If "Yes," complete Schedule L, Part IV 25b Did the organization reported by a secti | 22 | | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 | | | 22 | | _ <u>x</u> _ |
| Schedule J. 24a Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25a 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any taxe-werept bonds. 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any taxe-werept bonds. 25c 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 "Re", complete Schedule I, Part I 25a Zha 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 "Re", complete Schedule I, Part I 25a Zha Section 501(c)(3) and 501(c)(4) organizations. Did the organization sware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported an any of the organization sprior prom 500 or 950-E2" If "Yes, townglete Schedule I, Part I 25b X 25b Zha Section 501(c)(3) and 501(c)(4) and an any of the organizations prior Forms 500 or 950-E2" If "Yes, townglete Schedule I, Part I 25b Zha | 23 | - | | | |
| 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", yo to the 25a but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Section 501((3)) and 501((4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 18b the organization will be year? If "Yes," complete Schedule I, Part I be 18b the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II be 18b the organization provide a grant or other assistance to an officer, director, trustee, key employee schedule I, Part II be 18b the organization provide a grant or other assistance to an officer, director, trustee, key employee (are family member of any of these persons? If "Yes," complete Schedule I, Part II be 18b the organization of Forms of 18b the organization of Forms of If "Yes," complete Schedule I, Part II be 18b the organization of Forms of If "Yes," complete Schedule I, Part II be 18b the organization of Forms of If "Yes," complete Schedule I, Part II be 18b the organization of Forms of If If It is a complete Schedule I, Part II be 18b the organization of Forms of If It is a complete Schedule I, Part II be 18b the organization of Forms of If It is a complete Schedule I, Part II be 18b the organization of Forms of If It is a complete Schedule I be 18b the Organization of If It is a complete Schedule I be 18b the Organization of It is activated as experted from the organization under Regulat | | | | | . v |
| 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 b Did the organization maintain an secrow account other than a refunding secrow at any time during the year to defease any tax evempt bonds? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization provid any amount on Part X, line 5, 6, or 22 for receivables from or paysbers on any price, and that the transaction has not been reported on any of the organization in report any amount on Part X, line 5, 6, or 22 for receivables from or paysbers or any or the organization provides go grant or other assistance to an officer, director, trustee, key employee, such default or third too 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 28 Was the organization a provide a grant or other assistance to an officer, director, trustee, key employee; If "Yes," complete Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization sell, exchange, | | *************************************** | 23 | | |
| Schedule K. If *\text{Not}*, go to line 25a | 24a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x)3 and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction that disqualified person during the year? b Is the organization aware that it engaged in an excess benefit transaction that the transaction has not been reported on any of the organization engage for any excess benefit transaction that the transaction has not been reported on any of the organization promise Schedule I., Part I 25b X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustess, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I., Part II 25b X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV 28b X 25d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II., Part IV 28c X 35d Did the organization is elie, exchange, dispose of, or transfer more than \$25% of | | | 240 | | x |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d In the organization outing the year? if "Yes," complete Schedule I, Part I 25a X 25b Is the organization during the year? if "Yes," complete Schedule I, Part I 25c Is an according to the organization has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any oursent or former officers, fursors, highest compensated employees, or disqualified persons? If So, complete Schedule I Part III 25b X 27c In the organization provide a grant or other assistance to an officer, director, trustee, or the yemployees or a family member of any of these persons? If "Yes," complete Schedule I. Part IV 27c A na entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV 28d A current or former officer, director, trustee, or key employee for a family member thereof was another, or director inclined owner? If "Yes," complete Schedule I. Part IV 28d A c | | | - | | |
| any tax-exempt bonds? 2dd bith eorganization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2dd 2dd 2dd 2dd 2dd 3dd 2dd 3dd 2dd 3dd 2dd 3dd 2dd 3dd 2dd 3dd 2dd 2 | | | 240 | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 X 27 X X X X X X X X X | C | | 240 | | |
| 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 b Is the organization water that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | Ч | | $\overline{}$ | | |
| disqualified person during the year? If "Yes," complete Schedule L, Part I | | · | | | |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, III, III, III, III, III, III, | | | 25a | | Х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b | b | | | | |
| Schedule L, Part I 25b X X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 | _ | | | | |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | | 25b | | X |
| complete Schedule L, Part II | 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b A 24c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 26c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 28c X 29c Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 30c Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32c Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 32c X 32c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II 32c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule | | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| 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 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or dir | | | 26 | | X |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 A X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Both to organization 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 35 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 Section 501(c)(3) organizations of its activities through an ent | 27 | | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If Y | | | | | 37 |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV D Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M D Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M D Id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I D Id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II D Id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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, Iine 2 36b J Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a p | | | 27 | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M In the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O ond provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O | 28 | | E a | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 20 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, and organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Boid the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for f | | | 00- | 20000 | x |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 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 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Not | | | | | |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 1 Schedule C and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | | | 200 | | |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | ¢ | | 280 | | x |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Yes, "complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 00 | | | | |
| contributions? If "Yes," complete Schedule M 30 | | Did the organization receive more than \$25,000 in horreast contributions; if res, complete conservation | | | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 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 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O | 30 | | 30 | | X |
| If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 31 | | | | |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 | ٠. | | 31 | | X |
| Schedule N, Part II 32 | 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
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| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Yas Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
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| 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | | | | |
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| If "Yes," complete Schedule R, Part V, line 2 36 | | | 35b | | - |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 36 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note. All Form 990 filers are required to complete Schedule 0 | | | 37 | | X |
| Note. All Form 350 files are required to complete conduct o | 38 | | | 77 | |
| | | Note. All Form 990 filers are required to complete Schedule O | THE PERSON NAMED IN | - | (0040) |

Form 990 (2013) LOUISVILLE ASSET BUILDING COALITION

Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Gross income from members or shareholders | | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|--|-----|---|---------------------------------------|-----------------------|--|-----|--|
| b Enter the number of Forms W-2G included in line 1s, Enter 0- if not applicable | | | | | | Yes | No |
| C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize wimners? E Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Stataments, floor of the calendar year ending with or within the year covered by this return. If I all seas no as is reported on line 2a, did the organization flee all required federal amployment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) B if the seas not said the said of the complex to the said of the complex tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) B if the said in the said of the sai | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | | | | |
| (gambling) winnings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by It at least one is reported on line 2a, did the organization file all required feederal employment tax returns? Note. If the sum of lines 1 can de 2 is greater than 250, you may be required to e-file (see instructions) By It'ves, 'name if lines 1 can 267 for this year? "I "W,' 'o file as D, you'ved an explanation in Schedule O By It'ves, 'name if the a Form 950 or Tor this year? "I "W,' 'o file as D, you'ved an explanation in Schedule O By It'ves, 'name that lead a Form 950 or Tor this year? "I "W,' 'o file as D, you'ved an explanation in Schedule O By It'ves, 'noter the name of the foreign country to be a bank account, a certains account, or other financial accounts? By It'ves, 'enter the name of the foreign country to be a bank account, securities account, or other financial Accounts. By It'ves, 'enter the name of the foreign country to be a bank account, securities account, or other financial Accounts. By It'ves, 'enter the name of the foreign country to be a bank account, securities account, or other financial Accounts. By It'ves, 'enter the name of the foreign country to be prohibled tax sheller transaction? By It'ves, 'enter the properties of the organization that was or is a party to a prohibled tax sheller transaction? By It'ves, 'did the organization have annual gross raceples that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible an charitable contributions? By It'ves, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an charitable contributions? By It'ves, 'indicate the number of Form 8262 filed during the year. By It'ves, 'Indicate the number of Form 8262 filed during the year. By It'ves, 'Indicate the number of Form 8262 file | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
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| 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? ### If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ### Organizations that may receive deductible contributions under section 170(c). 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? ### If "Yes," did the organization notify the donor of the value of the goods or services provided? ### Object the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ### If "Yes," inclicate the number of Forms 8282 filed during the year ### Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ### Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ### If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C7 and a section 509(3) supporting organizations maintaining donor advised funds. ### Did the organization maintaining donor advised funds. ### Did the organization maintaining donor advised funds. ### Did the organization make a distribution to a donor, donor advisor, or related person? ### Did the organization make a distribution to a donor, donor advisor, or related person? ### Did the organization make a distribution to a donor, donor advisor, or related person? ### Did the organization make a distribution to a donor, donor advisor, or related person? ### Did the organization make a distribution sunder section 4966? ### Did the organization make a distribution sunder section 4966? ### Did the organization make a distribution sunder section 4966? ### D | | | | | | | |
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| d if "Yes," indicate the number of Forms 8282 filed during the year | С | | as req | uired | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make and stribution to a donor, donor advisor, or related person? b Gross receipts, included on Form 990, Part VIII, line 12 c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note, Se | | to file Form 8282? | | | 7c | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organi | d | | | | | | 77 |
| If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C there the amount of reserves on hand If the organization is licensed to issue qualified health plans If the organization is licensed to issue qualified health plans The first of the organization is licensed to i | е | | | | | | |
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| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | 11a | | | | |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | amounts due or received from them.) | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form | 1041 | } | 12a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | 13 | | | | | | |
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| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | | | |
| c Enter the amount of reserves on hand | b | | ا ا | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | 140 | | x |
| p if "Yes," has it filed a Form 720 to report these payments? If two, provide an explanation in Schedule 0 | 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | | | - ^ |
| | d | if "yes," has it filed a Form 720 to report these payments? II No, "provide an explanation in Schedul | · · · · · · | | THE RESERVE OF THE PARTY OF THE | 990 | (2013) |

332005 10-29-13

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|----------|-------|--------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| 5 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 5 | | 6 | | Х |
| 6 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| 7a | | 7a | 1 | X |
| | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | , u | | |
| D | · · · · · · | 7b | | x |
| _ | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 70 | | |
| 8 | | 8a | X | |
| а | The governing body? | 8b | X | |
| b | Each committee with authority to act on behalf of the governing body? | OD | | _ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | x |
| 2 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| | The state of the s | 10a | 163 | X |
| | Did the organization have local chapters, branches, or affiliates? | 104 | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 110 | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | | |
| С | | 12c | х | |
| 40 | in Schedule O how this was done | 13 | Х | |
| 13 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 14 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | J. 31 |
| | | 15a | - | X |
| | The organization's CEO, Executive Director, or top management official | 15b | | X |
| b | Other officers or key employees of the organization | , JU | | I EI E |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 23 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | | х |
| | taxable entity during the year? | 100 | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 911 | | En |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 16b | | 6,5 |
| 800 | exempt status with respect to such arrangements?tion C. Disclosure | 100 | l | |
| | List the states with which a copy of this Form 990 is required to be filed ►KY | | | |
| 17 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are states with which a copy of this Form 990 is required to be filled as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are | vailat | ole | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | | - | |
| | X Own website | | | |
| 10 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d fina | ncial | |
| 19 | statements available to the public during the tax year. | 111 Tell | 1441 | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | tion: | • | |
| 20 | ANDERSON BRYANT LASKY & WINSLOW, PSC - 502-584-9793 | | - | |
| | 943 S FIRST STREET, LOUISVILLE, KY 40203 | | | |
| | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| X Check this box if neither the organization n | or any related | orga | aniza | ation | cor | nper | nsat | ed any current officer, o | director, or trustee. | |
|--|-------------------|--------------------------------|----------------------|----------|--------------|------------------------------|----------|--|----------------------------------|--------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | not c | Pos | ition | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | n an | compensation | compensation | amount of |
| | week | | cer an | la a a | recio | r/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations (W-2/1099-MISC) | compensation from the |
| | hours for related | ord | ee | | | sated | | organization (W-2/1099-MISC) | (44-27 1099-141130) | organization |
| | organizations | rustee | nstitutional trustee | | 99 | npen | | (***271099*****100) | | and related |
| | below | dual t | tiona | _ | l gl | st cor | - | | | organizations |
| | line) | Individual trustee or director | nstitc | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SCOTT OWENS | 1.00 | | _ | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (2) PETER WAYNE | 1.00 | | | | | | | | | |
| VICE CHAIR | | X | | Х | | | | 0. | 0. | 0. |
| (3) DELQUAN DORSEY | 1.00 | | | | | | | _ | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (4) ERIC SETO | 1.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | X | | _ | | 0. | 0. | 0. |
| (5) ARTIE ROBERTSON | 1.00 | | | | | | | | _ | |
| BOARD MEMBER | | Х | | | | _ | | 0. | 0. | 0. |
| (6) DWIGHT HAYGOOD JR. | 1.00 | | | | | | | | _ | 0 |
| BOARD MEMBER | | X | | | | _ | | 0. | 0. | 0. |
| (7) JIM BLANDFORD | 1.00 | | l | l | l | | | | _ | |
| BOARD MEMBER | 1 00 | X | _ | _ | _ | <u> </u> | | 0. | 0. | 0. |
| (8) MARK FARMER | 1.00 | | | | | | | | 0. | |
| BOARD MEMBER | 1 00 | Х | _ | _ | _ | _ | _ | 0. | 0. | 0. |
| (9) MICHEAL RAISOR | 1.00 | | | l | | | | | 0. | 0. |
| BOARD MEMBER | 1 00 | X | <u> </u> | _ | ├- | _ | _ | 0. | 0. | 0. |
| (10) LISA LOCKE | 1.00 | ٦, | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 40 00 | X | ├ | - | ├- | | _ | 0. | 0. | 0. |
| (11) NEDRA YOUNG | 40.00 | | | ٦, | | | | 0. | 0. | 0. |
| EXECUTIVE DIRECTOR | | - | ┢ | X | - | - | - | | 0. | 0. |
| | | ł | | | | | | | | ! |
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332007 10-29-13

Form 990 (2013)

Form 990 (2013)

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | an | d Hi | ghe | st C | Compensated Employe | es (continuea) | | | |
|-----|---|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|---|--------------------------------|------|-----------|-------------------|
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | 1 | (F) |
| | Name and title | Average | (do | not c | Pos | ition | than | one | Reportable | Reportable | | Esti | mated |
| | | hours per | box | , unle | ss pe | rson | is both | h an | compensation | compensation | 1 | | ount of |
| | | week (list any | | CCI an | | I | 7,003 | , | from | from related | | | ther |
| | | hours for | lirect | | | | _ | | the organization | organizations (W-2/1099-MIS | | • | ensation m the |
| | | related | 3e or (| stee | | | nsateo | | (W-2/1099-MISC) | (** Z) 1000 WIIO | ٥, | | nization |
| | | organizations | truste | al tru | | уев | educ | | (** = ********************************* | | | _ | related |
| | | below | Individual trustee or director | Institutional trustee | 19: | Key employee | Highest compensated employee | ner | | | | organ | nizations |
| | | line) | Indi | Insti | Officer | Key | High | Former | | | | | |
| | | | | | | | | | | | | | |
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| | | | l | | | | | | | | | | |
| | | | <u> </u> | | L | <u></u> | | <u> </u> | 0. | | 0. | | 0. |
| 1b | Sub-total | | | | | | · · · • • • | | 0. | | 0. | | 0. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | 0. |
| | Total (add lines 1b and 1c) Total number of individuals (including but n | limaitand to the | | liate | | bou | ۰۰۰۰۰ | 20.5 | | 000 of reportable | | - | |
| 2 | | iot ilmitea to tr | iose | IISLE | eu a | יעטמ | e) wi | 10 1 | eceived more trian \$100 | ,,000 of reportable | , | | 0 |
| | compensation from the organization | | | | | | | | | | | T | Yes No |
| 2 | Did the organization list any former officer, | director or tru | ieta | o ke | W OI | mple | N/66 | or | highest compensated e | mplovee on | | | |
| 3 | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| - | and related organizations greater than \$15 | | | | | | | | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | |
| J | rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated in | dep | ende | ent c | cont | racto | ors t | that received more than | \$100,000 of com | pens | ation fro | om |
| | the organization. Report compensation for | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business | address | N | INC | 3 | | | | Description of s | services | C | compens | sation |
| | | | | | | | | | | | | | |
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| | | | | | | | | \perp | | | | | |
| 2 | Total number of independent contractors (| | ot li | mite | d to | the | se li: ^ | stec | d above) who received n | nore than | | | |
| | \$100,000 of compensation from the organi | zation > | | | | | <u> </u> | | | | | O | 90 (2013) |
| | | | | | | | | | | | | | ついけい とししろし |

332008 10-29-13

Form 990 (2013) LOUISVI
Part VIII Statement of Revenue

| | Check if Schedule O contains a respons | e of note to any lin | (A) Total revenue | (B) Related or | (C) Unrelated | I névellue excluded |
|--------|--|----------------------|-------------------|----------------------------|---------------------|---|
| | | | i otal levellue | exempt function revenue | business revenue | from tax under sections 512 - 514 |
| 1 a | Federated campaigns 1a | | | | | |
| b | Membership dues1b | | | | | |
| С | Fundraising events1c | | | | | |
| d | Related organizations 1d | | | | | |
| е | Government grants (contributions) 1e | 86,990. | | | | |
| f | All other contributions, gifts, grants, and | | | | | |
| | similar amounts not included above 1f | 114,427. | | | | |
| g | Noncash contributions included in lines 1a-1f: \$ | | 001 417 | | | |
| h | Total. Add lines 1a-1f | | 201,417. | | | - |
| | | Business Code | 96.00.000 | | | |
| 2 a | | 1 1 | | | | |
| b | | I I | | | | 1 |
| C | | 1 1 | | | | |
| d | | | | | | |
| e | All other program service revenue | | | | | |
| | Total. Add lines 2a-2f | - | | | | |
| 3 | Investment income (including dividends, inte | | | | | |
| | other similar amounts) | | 19. | | | 19. |
| 4 | Income from investment of tax-exempt bond | | | | | |
| 5 | Royalties | | | | | |
| | (i) Real | (ii) Personal | | | | 10,200,000 |
| 6 a | Gross rents | | | 24.0 | | 100000000000000000000000000000000000000 |
| b | Less: rental expenses | | | | | |
| С | Rental income or (loss) | | | | | |
| d | Net rental income or (loss) | ▶ | | | | |
| 7 a | Gross amount from sales of (i) Securities | ii) Other | | | | |
| | assets other than inventory | | | | | |
| b | Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| | Gain or (loss) | | | | | |
| l . | Net gain or (loss) | | | | | |
| 8 a | Gross income from fundraising events (not including \$ of | | | | | |
| | contributions reported on line 1c). See | | | | | |
| | Part IV, line 18 | 1 | | | | |
| I | Local and a conference | ь | | | | |
| l | Net income or (loss) from fundraising events | · | | | | |
| 9 a | Gross income from gaming activities. See | | | | | |
| | Part IV, line 19 | | | | | |
| | Less: direct expenses Net income or (loss) from gaming activities | | | | | |
| l | Gross sales of inventory, less returns | | | | | |
| l in a | and allowances | a | | | | |
| h | Less: cost of goods sold | b | | | | |
| i e | Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | All other revenue | | | | | |
| | Total. Add lines 11a-11d | | 201,436. | 0. | 0 | . 19 |
| e | Total revenue. See instructions. | | | | | |

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a respon | so or note to any line in | this Dart IV. | implete column (A). | X |
|----------|--|---------------------------|-----------------|---------------------|------------------------|
| | Check if Schedule O contains a respon | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising |
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | 1,800. | 1,800. | | |
| | organizations in the United States. See Part IV, line 21 | 1,000. | 1,000. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | 4.2 |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 19,462. | 15,375. | 2,335. | 1,752. |
| 6 | Compensation not included above, to disqualified | | | | ! |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 59,445. | 55,503. | 3,942. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 0 | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 7,915. | 7,110. | 629. | 176. |
| 10 | Payroll taxes | 7,515. | 7,110. | 025. | 1700 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 445. | | 445. | |
| С | Accounting | 445. | | 443. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | 0.000 |
| | column (A) amount, list line 11g expenses on Sch O.) | 11,426. | 1,823. | 7,603. | 2,000. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 3,307. | 1,298. | 2,009. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | 1 |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 27. | | 27. | |
| 23 | . ' | | | | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| ۲4 | 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 0.) | | | | |
| _ | VOLUNTEER EXPENSES | 1,566. | 1,566. | | |
| a | CONFERENCES/SEMINARS | 1,190. | 1,190. | | |
| b | MAINTENANCE | 1,000. | | 1,000. | |
| C | STORAGE RENTAL | 705. | 705. | ±,000* | |
| d | | 873. | 460. | 413. | |
| e | All other expenses | 109,161. | 86,830. | 18,403. | 3,928. |
| 25 | Total functional expenses. Add lines 1 through 24e | 100,101. | 00,030. | 10,403. | 3,720. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | 000 (00) |
| 33201 | 0 10-29-13 | | | | Form 990 (2013) |

332010 10-29-13

Form 990 (2013)
Part X Balance Sheet

| art X | Balance Sheet | 1 1 1 1 1 1 | | | |
|----------------------------------|--|-------------|--------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Part > | 〈 | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 0. | 1 | 0 • |
| 2 | Savings and temporary cash investments | | | 2 | 49,811 |
| 3 | Pledges and grants receivable, net | | 0. | 3 | 45,097 |
| 4 | Accounts receivable, net | | 0. | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | | |
| • | trustees, key employees, and highest compensated employees. Complet | te I | | | |
| ļ | Part II of Schedule L | | 5 | | |
| 6 | Loans and other receivables from other disqualified persons (as defined to | | | | |
| " | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri | | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | iouting | | | |
| . 1 | employees' beneficiary organizations (see instr). Complete Part II of Sch | | | 6 | |
| _ | | | | 7 | |
| 7 | Notes and loans receivable, net | | | 8 | |
| , 8 | Inventories for sale or use | | | 9 | |
| 9 | Prepaid expenses and deferred charges | | | 9 | |
| 10a | Land, buildings, and equipment: cost or other | 540. | | | |
| | Saciet Control and the Control and the Control and Con | 27. | 0. | 40- | 513 |
| b | | | 0. | 10c | 713 |
| 11 | Investments - publicly traded securities | | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| 14 | Intangible assets | II. | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 95,421 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 0. | 16 | 3,146 |
| 17 | Accounts payable and accrued expenses | | 0. | 17 | 3,140 |
| 18 | Grants payable | ···· | | 18 | |
| 19 | Deferred revenue | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| 22 | Loans and other payables to current and former officers, directors, truste | | | | |
| | key employees, highest compensated employees, and disqualified perso | ns. | | | |
| 22 | Complete Part II of Schedule L | | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | of | | . | |
| | Schedule D | | | 25 | 2 146 |
| 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | 3,146 |
| | Organizations that follow SFAS 117 (ASC 958), check here | and | | | |
| 3 | complete lines 27 through 29, and lines 33 and 34. | | | | F# 4F3 |
| 27 | Unrestricted net assets | | | 27 | 57,453 |
| 28 | Temporarily restricted net assets | | | 28 | 34,822 |
| 29 | Permanently restricted net assets | | | 29 | |
| 5 | Organizations that do not follow SFAS 117 (ASC 958), check here | · [] | | | |
| 5 | and complete lines 30 through 34. | | | | |
| 30 | Capital stock or trust principal, or current funds | L | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| 27 28 29 30 31 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 0. | 33 | 92,275 |
| 34 | Total liabilities and net assets/fund balances | | 0. | 34 | 95,421 |

Form **990** (2013)

| | t XI Reconciliation of Net Assets | | | |
|-----|---|-------------|------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | .,436. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,161. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 92 | 2,275. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 0. |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | 0.4 | 0.75 |
| | column (B)) | 10 | 92 | 2,275. |
| Pai | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u> </u> |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | x |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Α |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 2b | х |
| b | Were the organization's financial statements audited by an independent accountant? | | 20 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | le basis, | | |
| | consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | o audit | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | 2c | |
| | review, or compilation of its financial statements and selection of an independent accountant? | nedule O | 20 | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | nale Audit | | |
| За | | | 3a | X |
| | Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | uired audit | " | |
| р | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| - | or addits, explain why in Schedule O and describe any steps taken to dridings dustraddits | | Form | 990 (2013) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

| Employer identification number

OMB No. 1545-0047

Open to Public Inspection

LOUISVILLE ASSET BUILDING COALITION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c Type III - Functionally integrated d Type III - Non-functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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 following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of monetary (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the support organization (i) of your support? governing document? above or IRC section U.S.? (see instructions)) Yes No Yes

332021

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | | |
|-------------|--|-------------------------------|----------------------|------------------------|----------------------|---------------------|----------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) - | Total |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | 201,417. | 201 | <u>,417.</u> |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | .1 | | | |
| | the organization without charge | | | | | 19. | | <u> 19.</u> |
| 4 | Total. Add lines 1 through 3 | | | | | 201,436. | 201 | ,436. |
| | The portion of total contributions | | | | | | | |
| Ū | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | 200 | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | 70.00 | | 54.7 | | 45 | <u>,971.</u> |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 155 | ,465. |
| | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) | Total , 436 • |
| 7 | Amounts from line 4 | , , | | | | 201,436. | 201 | <u>,436.</u> |
| | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part IV.) | | | | | | 0.01 | 106 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 201 | ,436. |
| 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | | |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) | | . [|
| | organization, check this box and stop | p here | | | | | | X |
| | ction C. Computation of Pub | | | | | T T | | |
| | Public support percentage for 2013 (| | | | | 14 | | <u>%</u> |
| 15 | Public support percentage from 2012 | 2 Schedule A, Part | II, line 14 | | | 15 | | % |
| 16 a | 33 1/3% support test - 2013. If the | organization did no | ot check the box o | on line 13, and line | 14 is 33 1/3% or i | more, check this b | ox and | . [|
| | stop here. The organization qualifies | as a publicly supp | orted organization | n | | | | |
| k | 33 1/3% support test - 2012. If the | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check t | nis box | |
| | and stop here. The organization qua | lifies as a publicly | supported organiz | zation | | | | |
| 17a | 10% -facts-and-circumstances tes | s t - 2013. If the org | janization did not | check a box on lin | ne 13, 16a, or 16b, | and line 14 is 10% | or more | €, |
| | and if the organization meets the "fac | | | | | | | . [|
| | meets the "facts-and-circumstances" | | | | | | | |
| k | 10% -facts-and-circumstances tes | st - 2012. If the org | janization did not | check a box on lin | ne 13, 16a, 16b, or | 1/a, and line 15 is | 10% or | |
| | more, and if the organization meets t | the "facts-and-circu | ımstances" test, d | check this box and | stop here. Explai | n in Part IV how th | | |
| | organization meets the "facts-and-cir | cumstances" test. | The organization | qualifies as a pub | licly supported org | anization | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | oa, 16b, 17a, or 17 | | | | E7) 2012 |
| | | | | | SCII | edule A (Form 990 | 2 OI 330 | |

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

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

| Section A. Public Support | | | | | | |
|--|--|---|--|---|-----------------------------|-----------|
| Calendar year (or fiscal year beginning in) 🖊 | (a) 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | 1 |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | - | | |
| c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| Total support. (Add lines 9, 10c, 11, and 12.)First five years. If the Form 990 is for | the propination' | e first second this | rd fourth or fifth t | tay year as a section | nn 501(c)(3) organ | ization. |
| check this box and stop here | | | | | | ▶ |
| Section C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 Public support percentage for 2013 (I | | | column (fl) | | 15 | % |
| 16 Public support percentage from 2012 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2013. If the | | not check the box | on line 14, and lin | ne 15 is more than | 33 1/3%, and line | 17 is not |
| | organization did | IOI CHECK THE DOX | O | | | |
| | | | | | | |
| more than 33 1/3%, check this box a b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che | nd stop here. The organization did i | e organization qua not check a box o | lifies as a publicly n line 14 or line 19 | supported organi a, and line 16 is m | zation nore than 33 1/3% | , and |

332023 09-25-13

| Schedule A | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line | age 4 |
|--|---|-------|
| raitiv | | 12. |
| | Also complete this part for any additional information. (See instructions). | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

| | LOUISVILLE ASSET BUILDING COALITION | | | | | |
|--|---|--|--|--|--|--|
| Organization type (ch | eck one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| Note. Only a section 5 | ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| - | ization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one Complete Parts I and II. | | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and | n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections if 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% at on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| total contribu | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| contributions If this box is purpose. Do | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | |
| but it must answer "N | ation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), lo" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

LOUISVILLE ASSET BUILDING COALITION



| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | INTUIT 601 PENNSYLVANIA AVE NW, N BUILDING, SUITE 200 WASHINGTON, DC 20004 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | INTERNAL REVENUE SERVICE 401 W. PEACHTREE ST, STOP 420D ATLANTA, GA 30308 | \$ 61,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | WALMART FOUNDATION 701 N. FAIRFAX ST ALEXANDRIA, VA 22314 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | METRO GOVERNMENT 810 BARRET AVE, ROOM 233 LOUISVILLE, KY 40204 | \$ 25,550. | Person X Payroll — Noncash — (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | METRO UNITED WAY 334 E BROADWAY LOUISVILLE, KY 40204 | \$ 34,822. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$Schedule B /Form | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

LOUISVILLE ASSET BUILDING COALITION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|--|-----------------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (20 | | | | |

Employer identification number Name of organization LOUISVILLE ASSET BUILDING COALITION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Employer identification number

Name of the organization

| | LOUISVILLE ASSET BUILDING COALITION | Emp |
|-----|---|--|
| Pai | | ccounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | EV Francisco de la constanta |
| | | b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun | |
| | are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer | |
| | impermissible private benefit? | |
| Pai | rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or education) Preservation of an historical | |
| | Protection of natural habitat Preservation of a certified hi | storic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co | onservation easement on the last |
| | day of the tax year. | |
| | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure | |
| | listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ | nization during the tax |
| | year > | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E | |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense states | |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization | ganization's accounting for |
| | conservation easements. | Cimiles Assets |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a | |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes these items. | -l |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be | |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se | rvice, provide the following amounts |
| | relating to these items: | > 0 |
| | (i) Revenues included in Form 990, Part VIII, line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, | provide |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | • • |
| а | Revenues included in Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | . > \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection it (check all that apply); a | | | | | | | | |
|--|----------|--|--|--|--|--|--|--|
| (check all that apply): a | ems | | | | | | | |
| a | | | | | | | | |
| b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount □ Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ It □ Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Beginning of year balance □ Contributions □ Net investment earnings, gains, and losses □ Grants or scholarships □ Cher expenditures for facilities □ Contributions □ Net investment earnings, gains, and losses □ End of year balance □ Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: □ Beard designated or quasi-endowment ► □ % □ Permanent andowment ► □ % □ Permanent andow | | | | | | | | |
| c | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1 to 1 the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years of Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasiendowment y6 Temporarily restricted endowment y6 Temporarily restricted endowment y6 Temporarily restricted endowment y6 Temporarily restricted endowment y6 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | | | | | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance Jot the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment → % Permanent endowment → % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | No | | | | | | | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 tel 1 f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1e f Ending balance 2D Id the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) \(| | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance | | | | | | | | |
| Amount | No | | | | | | | |
| d Additions during the year e Distributions during the year f Ending balance 116 f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V | | | | | | | | |
| Ending balance | | | | | | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations 3a(ii) 3a(ii) | | | | | | | | |
| Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Section 1. S | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year | No | | | | | | | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 3a(ii) | ars back | | | | | | | |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 3a(ii) | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | |
| a Board designated or quasi-endowment ▶ | | | | | | | | |
| b Permanent endowment ► | | | | | | | | |
| b Permanent endowment ► | | | | | | | | |
| The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 3a(ii) | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 3a(ii) | | | | | | | | |
| by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations | | | | | | | | |
| (i) unrelated organizations3a(i)(ii) related organizations3a(ii) | s No | | | | | | | |
| (ii) related organizations 3a(ii) | | | | | | | | |
| | | | | | | | | |
| B TOO TO CANTE ATO THE TOTAL OF STREAM OF STREAM OF STREAM OF STREAM OF THE STREAM OF | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. | | | | | | | | |
| Part VI Land, Buildings, and Equipment. | | | | | | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | | | | | | | | |
| Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book v | alue | | | | | | | |
| basis (investment) basis (other) depreciation | | | | | | | | |
| 1a Land | | | | | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | | | | | | |
| d Equipment | | | | | | | | |
| e Other 540. | 513. | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | 513. | | | | | | | |

Schedule D (Form 990) 2013

| Cabadda D (Farm 200) 2010 I.OIIT CUTLLE | ASSET BUILDIN | VIC CONT.THIC | זאנ | | Dogo 3 |
|--|----------------------------|--------------------|---------------------|--------------------|--------|
| Part VIII Investments - Other Securities. | ASSEL DOTUDII | NG COADITIE | 711 | | Page 3 |
| Complete if the organization answered "Yes" | to Form 990 Part IV line | 11b See Form 990 | Part X line 12 | | |
| (a) Description of security or category (including name of security) | (b) Book value | | | end-of-year market | value |
| (1) Financial derivatives | | + | | | |
| (2) Closely-held equity interests | | | · . | | |
| (3) Other | | | | | |
| (A) | | : | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | ~~~ | | |
| (H) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | | |
| Part VIII Investments - Program Related. | | | | | |
| Complete if the organization answered "Yes" | | 11c. See Form 990, | Part X, line 13. | | |
| (a) Description of investment | (b) Book value | (c) Method of | valuation: Cost or | end-of-year market | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | - | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) (9) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | | |
| Part IX Other Assets. | | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11d. See Form 990, | Part X, line 15. | | |
| | Description | | | (b) Book v | alue |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | 1 | |
| (8) | | | | | |
| (9) | - 45) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <i>3 15.</i>) | | | | |
| Part X Other Liabilities. Complete if the organization answered "Yes" | to Form 990 Part IV line | 11e or 11f See For | m 99∩ Part X line | 25 | |
| (a) Description of liability | to Form 990, Fait IV, line | (b) Book value | 1 550, Fait X, inte | | |
| (1) Federal income taxes | | 1.1 = | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| (6) | |
|--|--|
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

Schedule D (Form 990) 2013

| Par | t XI Reconciliation of Revenue per Audited Financial St | atements With Reven | ue per Return. |
|-----------|---|---------------------|------------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, li | ne 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: | | |
| а | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | 4c |
| c | Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12 | | |
| Pai | rt XII Reconciliation of Expenses per Audited Financial S | tatements With Expe | nses per Return. |
| · u | Complete if the organization answered "Yes" to Form 990, Part IV, li | | , |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | | |
| С | Other losses | 1 _ 1 | |
| d | Other (Describe in Part XIII.) | 1 1 | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 1 1 | |
| b | Other (Describe in Part XIII.) | 4b | |
| C | | | |
| | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |
| 5 Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 18.) | 5 |

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Name of the organization LOUISVILLE ASSET BUILDING COALITION

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

| HOOTSVILLE ASSET BUILDING COALITION | |
|--|---------|
| FORM 990, PART VI, SECTION B, LINE 11: | |
| EXPLANATION: THE 990 TAX RETURN IS PREPARED BY A CPA FIRM. BEFORE TO | |
| RETURN IS FILED, A DRAFT OF THE RETURN IS REVIEWED BY THE BOARD. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EXPLANATION: THE POLICY IS REVIEWED ANNUALLY BY THE BOARD. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| EXPLANATION: GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| | |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 1,823. |
| MANAGEMENT AND GENERAL EXPENSES | 7,603. |
| FUNDRAISING EXPENSES | 2,000. |
| TOTAL EXPENSES | 11,426. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 11,426. |
| | |
| | |
| | |
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| | |
| | |
| | |

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ➤ Attach to your tax return. Business or activity to which this form relates

990

OMB No. 1545-0172 Sequence No. 179

Identifying number

| T 05 | | | T ITI T O 3.1 | | . ^ | 00 - | 7 CT 10 | | |
|-----------------|---|--|---|----------------------------|----------|-----------------------------------|--------------------|-------------|----------------------------|
| | JISVILLE ASSET BUJ | | | _ | - | AND DESCRIPTION OF REAL PROPERTY. | AGE 10 | 1// 6 | |
| Par | <u> </u> | | 79 Note: If you have | any list | ed pr | operty, c | omplete Part | | |
| | faximum amount (see instructions) | | | | | | | | 500,000. |
| | otal cost of section 179 property p | | | | | | | | 2,000,000. |
| | hreshold cost of section 179 prop | • | | | | | | | 2,000,000. |
| | leduction in limitation. Subtract line | | | | | | | ··· | |
| | ollar limitation for tax year. Subtract line 4 from | | | itely, see : st (busine | | | (c) Elected | | |
| 6 | (a) Description | or property | (b) Cos | si (busine | 35 036 | Orny) | (O) Electica | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | isted property. Enter the amount f | rom line 20 | | - | | 7 | | | |
| | otal elected cost of section 179 pr | ************ | in column (c) lines | | | | | 8 | |
| | entative deduction. Enter the sma | | | | | | | | |
| | Carryover of disallowed deduction | | | | | | | | |
| | Business income limitation. Enter th | | | | | | | | |
| | Section 179 expense deduction. A | | | | | | | | |
| | Carryover of disallowed deduction | | | | | 13 | | | |
| Note | Do not use Part II or Part III belov | v for listed property. I | nstead, use Part V. | ********* | | | | | |
| Par | | | | t includ | le liste | ed prope | rty.) | | |
| 14 S | pecial depreciation allowance for | | | | | | | | |
| | | | | | | | | 14 | |
| | Property subject to section 168(f)(1 | | | | | | | | |
| 16 C | Other depreciation (including ACRS | S) | | | | | | 16 | |
| Par | t III MACRS Depreciation (De | o not include listed pr | operty.) (See instruc | ctions.) | | | | | |
| | | | Section A | 1 | | | | | |
| 17 N | MACRS deductions for assets plac | ed in service in tax ye | ears beginning befor | re 2013 | | | | 17 | |
| 18 If | you are electing to group any assets placed in | n service during the tax year | into one or more general as | sset acco | unts, c | heck here | | <u> </u> | |
| | Section B - Ass | sets Placed in Servic | e During 2013 Tax (c) Basis for deprecia | | Jsing | the Gen | eral Deprecia | ation Syste | em |
| | (a) Classification of property | (b) Month and year placed in service | (business/investment only - see instructio | use | | Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | _ | | | | | 00000 | 0.77 |
| b | 5-year property | | 5 | 40. | 5 | YRS. | MQ | 200DB | 27. |
| С | 7-year property | | | | | | | | |
| d | 10-year property | | | | | | | | |
| <u>e</u> | 15-year property | | | | | | | - | |
| f | 20-year property | | | | | | _ | | |
| g | 25-year property | | | | | 5 yrs. | | S/L | |
| h | Residential rental property | / | | | | 7.5 yrs. | MM | S/L | |
| | | / | | | | 7.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | | 3 | 9 yrs. | MM | S/L | |
| | • • • • | ets Placed in Service | During 2012 Tay V | /oor Us | ing t | ho Altori | MM native Depre | S/L | stem |
| | | ets Placed III Sel vice | During 2013 Tax 1 | eai Us | ning u | TIC AILCI | Tative Bepre | S/L | |
| <u>20a</u> | Class life | | | | | 2 yrs. | _ | S/L | |
| b | 12-year | , | | | | 0 yrs. | MM | S/L | |
| Dai | 40-year rt IV Summary (See instruction | 7 | | | | o yis. | 191191 | _ O/L | |
| | | | | | | | | 21 | |
| | _isted property. Enter amount from F otal. Add amounts from line 12, li | | se 10 and 20 in colu | ump (a) | and | line 21 | | | |
| | Total. Add amounts from line 12, iii Enter here and on the appropriate i | | | | | | r | 22 | 27. |
| | For assets shown above and place | | | | | 555 11131 | ** | | |
| | ortion of the basis attributable to | | | | | 23 | | | |
| 31625 12-19- | 1 LLIA For Denominary Bodies | | | | | | | - | Form 4562 (2013) |

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 only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Part V

| | Section A - | Depreciation | on and Other | Informa | tion (Ca | ution: S | See the i | nstruci | tions for l | imits for p | asseng | er auton | าobiles.) | | |
|---------------------|---|----------------------------------|--|---------------------|-----------------------------|-----------|--|----------|---------------------------|---------------|---------------------------|-------------|-------------------------|-----------------------------|-------|
| 24a | Do you have evidence to s | support the bu | siness/investme | ent use cla | aimed? | Y | es | No | 24b If "Y | es," is th | e evide | nce writt | en? | Yes | No |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentag | l ot | (d) Cost or her basis | | (e) is for depre siness/inve use only | stment | (f) Recovery period | Met | g) hod/ ention | Depre | h) ciation action | Elec section co | n 179 |
| 25 | Special depreciation all | owance for q | ualified listed | property | placed | in servi | ce during | g the ta | ax year ar | nd | | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | | | | 25 | | | | |
| 26 | Property used more tha | n 50% in a c | ualified busin | ess use: | | | | | | | | | | | |
| | | : : | 9 | 6 | | | | | | | | | | | |
| | | : : | 9 | 6 | | | | | | | | | | | |
| | | : : | 9 | 6 | | | | | | | | | | | |
| 27 | Property used 50% or le | ess in a quali | ified business | use: | | | | | | | | | | | |
| | | 1 1 | 9 | 6 | | | | | | S/L· | | | | | |
| | | : : | 9 | 6 | | | | | | S/L- | | | | | |
| | | : : | 9 | 6 | | | | | | S/L - | | | | | |
| 28 | Add amounts in column | (h), lines 25 | through 27. E | nter here | e and on | line 21, | page 1 | | | | 28 | | | | |
| 29 | Add amounts in column | (i), line 26. E | nter here and | on line 7 | 7, page 1 | 1 | | | | | | | 29 | | |
| | | | S | ection E | 3 - Infor | mation | on Use | of Veh | icles | | | | | | |
| Con | nplete this section for ve | hicles used | by a sole prop | rietor, p | artner, o | r other ' | more th | an 5% | owner," | or related | l person | . If you p | provided | vehicles | ; |
| | our employees, first ans | | | | | | | | | | | | | | |
| , | : | | | | , | | | | | Ŭ | | | | | |
| | | | | (: | a) | (1 | b) | | (c) | (0 | 1) | (6 | e) | (f) |) |
| 30 | Total business/investment miles driven during the | | Vehicle | | Vehicle | | Vehicle | | Vehicle | | | nicle | Vehi | | |
| | year (do not include com | | _ | | | | | | | | | | | | |
| | Total commuting miles | | | | | | | | | | | | | | |
| | Total other personal (no | | | | | | | | | | | | | | |
| | driven | | | | | | | | | | | | | | |
| | Total miles driven during | | | | | | | | | | | | | | |
| | Add lines 30 through 32 | - | | | | | | | | | | | | | |
| | Was the vehicle availab | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | during off-duty hours? | • | | | | | | | | | | | | | |
| | Was the vehicle used p | | | | | | | | | | | | | | |
| | than 5% owner or relate | | | | | | İ | | | | | | | | |
| | Is another vehicle availa | | nal | | | | | | | | , , | | | | |
| | | • | | | | | | | | | | | | | |
| | use? | | - Questions 1 | or Empl | lovers W | /ho Pro | vide Vel | nicles : | for Use h | v Their F | mplove | es | | | |
| Λno | wer these questions to | | | | | | | | | | | | re not m | ore than | 5% |
| | ners or related persons. | determine ir | you meet an e | xceptioi | 1 10 00111 | picting | 500110111 | D 101 V | 01110100 0 | 30 0 D | прюўос | O 11110 Can | | 5.5 17.5 | • |
| | Do you maintain a writte | an nolicy stat | tement that nr | ohibits a | all nersor | nal use o | of vehicle | es incl | ludina co | mmutina | by you | r | | Yes | No |
| | • | | | | | | | | | | | | | | |
| 38 | employees? | an policy stat | tement that nr | ohibits r | personal | use of v | ehicles | excen | t commu | tina. by v | our | | | | |
| | employees? See the ins | | | | | | | | | | | | | | |
| | Do you treat all use of v | | | | | | | | | | | | | | |
| | Do you provide more th | | | | | | | | | | | | | | |
| | the use of the vehicles, | | | | | | | | | | | | | | |
| | Do you meet the require | | | | | | | | | | | | | | |
| | Note: If your answer to | | | | | | | | | | | | | | |
| Control of the last | art VI Amortization | 07,00,00,7 | 0, 0, 41 10 10 | 0, 40 710 | <i>y</i> : 00 <i>p</i> . | | | | | | | | | | |
| 1 6 | (a) | | | (b) | T | (c) | | 1 | (d) | Т | (e) | $\neg \neg$ | | (f) | |
| | Description o | f costs | Date | amortization | | Amortizat | ole | | Code section | | Amortiza period or per | | An fc | nortization or this year | |
| 40 | Amortization of costs th | at begins d | ring your 201 | begins 3 tax vea | ar: | | | | | | poliou OI PEI | vontage | | | |
| 42 | ACTIONIZACION OF COSES II | iai bogina at | | | î . | | | | | - | | T | | | |
| | | | | : : | | | | + | | | | | | | |
| 12 | Amortization of costs th | at hegan ho | fore vour 2013 | : : | ır | | | | | | | 43 | | | |
| | 43 Amortization of costs that began before your 2013 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 | | | | | | | | | | | | | | |
| 44 | Total. Add amounts in | JUIUITIIT (1). 30 | se me msmuci | וטו פווטו | WHELE IC | , iehoir | | | | | | | | | |

316252 12-19-13

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

| If you ar | re filing for an Automatic 3-Month Extension, complet | te only Pa | rt I and check this box | | | X |
|---|---|---------------------------------|---|-------------------------|---|-------------------------|
| | re filing for an Additional (Not Automatic) 3-Month Ex | | | | | |
| | mplete Part II unless you have already been granted a | | | | m 8868. | |
| Electronic | c filing (e-file). You can electronically file Form 8868 if y | ou need a | 3-month automatic extension of tin | ne to file (6 | months for a | a corporation |
| | o file Form 990-T), or an additional (not automatic) 3-mor | | | | | |
| | file any of the forms listed in Part I or Part II with the exc | | | | | |
| | Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| | irs.gov/efile and click on e-file for Charities & Nonprofits | | (000 11.01.1201.01.10). 7 01 11.1070 12.01.1010 | | | , |
| Part I | Automatic 3-Month Extension of Time | | ubmit original (no copies nee | eded). | | |
| | ion required to file Form 990-T and requesting an autor | | | | | |
| Part I only | | | | | | |
| | orporations (including 1120-C filers), partnerships, REM | | | | | |
| | me tax returns. | | 4 | | r's identifyin | a number |
| Type or | Name of exempt organization or other filer, see instru- | ctions | | | | number (EIN) or |
| | Marie of exempt organization of other filer, see instru | Oliono. | | ٠٥١٥) ٥٠ | 100111111001101 | (=113) |
| orint | LOUISVILLE ASSET BUILDING (| COALI | TION | | | |
| ile by the | Number, street, and room or suite no. If a P.O. box, so | | | Social se | curity numbe | r (SSN) |
| due date for iling your | 118 WEST BRECKINRIDGE STREE | ee iiisii uc 간다 . N (| 300 | 00010100 | sarrey manibo | (0014) |
| eturn. See nstructions. | City, town or post office, state, and ZIP code. For a fo | | | | *************************************** | |
| istructions. | LOUISVILLE, KY 40202 | neigh add | 1633, 366 1131140110113. | | | |
| | HOOLDVILLE, KI 40202 | | | , | | |
| | Return code for the return that this application is for (file | a congra | to application for each return) | | | 0 1 |
| inter the F | Return code for the return that this application is to: (ille | з а ѕерага | te application for each return, | | | |
| A 1: 4: a | | Return | Application | | | Return |
| Application | on | Code | Is For | | Code | |
| s For | E 000 57 | | | 07 | | |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | 08 | | |
| Form 990- | | 02 | Form 1041-A | 09 | | |
| |) (individual) | 03 | Form 4720 (other than individual) Form 5227 | | | |
| Form 990- | | 04 | | 10 | | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 12 | | |
| orm 990- | T (trust other than above) | 06 D T.A.C.I | Form 8870 KY & WINSLOW, PSC | | | |
| | oks are in the care of > 943 S FIRST STI | | | 0203 | | |
| • The boo | oks are in the care of \bigcirc 943 B FIRST BIT | 71217. | | 0205 | | |
| | one No. ► 502-584-9793 | - (II A) 1 1- | Fax No. | | | |
| If the or | rganization does not have an office or place of busines: s for a Group Return, enter the organization's four digit | S in the Or | mention Number (CEN) | If this is fo | the whole a | roup check this |
| | s for a Group Return, enter the organization's four digit . If it is for part of the group, check this box | Gloup Exe | emption value (GEN) | fall mamb | ore the exten | eion is for |
| oox ▶ ∟ | | | | | ers tric exteri | 30113101. |
| | quest an automatic 3-month (6 months for a corporation | | | | The extension | n |
| | FEBRUARY 15, 2015, to file the exemp | i organiza | tion return for the organization ham | eu above. | THE EXICHOID | |
| is for the organization's return for: | | | | | | |
| calendar year or X tax year beginning JUL 1, 2013 , and ending JUN 30, 2014 | | | | | | |
| | X tax year beginningJUL_1, 2013 | , an | defiding 5014 507 2011 | | _ · | |
| | the state of the factors there 40 weember a | مممد بامما | on: X Initial return | Final retur | n | |
| 2 If the | e tax year entered in line 1 is for less than 12 months, o | neck reas | on. Lita milianetum | i iriai retur | | |
| | Change in accounting period | -× 6060 | enter the tentative tay logg any | | | |
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| nonrefundable credits. See instructions. | | | y rofundable crodite and | 3a | Ψ | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | | | | 0. |
| estimated tax paymone made, monde any prior your everyment amond as a contract | | | | | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, | | | 0. | | | |
| by u | Ising EFTPS (Electronic Federal Tax Payment System). | See instru | CHOIS. | | 100 | |
| by u | using EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic funds withdrawal | See instru | ictions. | 3c 3453-EO ar | \$ nd Form 8879 | 0 • 9-EO for payment |

Form 8868 (Rev. 1-2014)

bschell ADD

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/22/2012 10:18 AM Fee Receipt: \$8.00

ARTICLES OF INCORPORATION

OF

LOUISVILLE ASSET BUILDING COALITION, INC.

WE THE UNDERSIGNED, for purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be Louisville Asset Building Coalition, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:

334 East Broadway Louisville, KY 40203

The name of the initial registered agent for service of process, located at such address is:

Nedra Young

The principal office of the Corporation is located at:

334 East Broadway Louisville, KY 40203

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

More specifically, the purposes of the Corporation shall be as follows:

- 1. To assist low income individuals and families to attain economic success and financial stability through programs of information, education and direct service.
- 2. To develop asset-building opportunities for low income individuals and families, and to educate such individuals and families about existing asset-building opportunities.
- 3. To educate low and moderate income individuals about state and federal income tax laws, including through assisting them to prepare their income tax returns.
- 4. To engage in other educational and charitable activities consistent with these purposes.

ARTICLE V

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

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later Kentucky statute), 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 or 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 (1) a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws, or (2) a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or 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, 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, 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, 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, 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 Section 4944 of the Internal Revenue Code, or corresponding provisions of any later tax laws; and
 - (5) the Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

Peter H. Wayne, IV 500 West Jefferson St., Ste. 2800 Louisville, KY 40205

Rebecca Brady 2000 Meidinger Tower 462 S. 4th St. Louisville, KY 40202

Delquan Dorsey 700 Capitol Ave., Ste 138 Frankfort, KY 40601

Marita Willis 500 W. Jefferson St. Louisville, KY 40202 Francesca Curry 2002 Manning Pl. La Grange, KY 40031

Scott Owens 2000 Meidinger Tower 462 S. 4th St. Louisville, KY 40202

Artie Robertson 1535 West Broadway Louisville, KY 40203

ARTICLE VIII

The initial Board of Directors shall consist of seven (7) Directors. The names and addresses of the members of the initial Board of Directors are:

Peter H. Wayne, IV 500 West Jefferson St., Ste. 2800 Louisville, KY 40205

Rebecca Brady 2000 Meidinger Tower 462 S. 4th St. Louisville, KY 40202

Delquan Dorsey 700 Capitol Ave., Ste 138 Frankfort, KY 40601

Marita Willis 500 W. Jefferson St. Louisville, KY 40202 Francesca Curry 2002 Manning Pl. La Grange, KY 40031

Scott Owens 2000 Meidinger Tower 462 S. 4th St. Louisville, KY 40202

Artie Robertson 1535 West Broadway Louisville, KY 40203

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed from office by the Board of Directors whenever in the Board's judgment the best interests of the corporation will be served thereby. Notice of intent to remove must be sent to the Director in question at least fourteen (14) days prior to the meeting at which the action is to be taken. Said notice shall give the reasons for removal. A majority vote of the Directors present in a secret ballot, a quorum being present, shall be required for removal.

ARTICLE X

A director, officer, employee or member of the Corporation shall not be personally liable for the acts or debts of the Corporation, except insofar as the member may become personally liable by reason of his or her own acts or conduct pursuant to KRS 273.187 (or corresponding provision of any later Kentucky statute).

No director of the Corporation shall be held personally liable to the corporation for monetary damages for breach of his or her duties as a director, except for under the following circumstances:

- (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 derived an improper personal benefit.

ARTICLE XI

The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members, if any, entitled to vote.

ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

| IN TESTIMONY WHEREOF, with Corporation, this 13 day of Janva | ness the signature of the Incorporators of this yy, 2012. |
|--|---|
| Hell Maylu | |
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Delquan Dorsey | Artie Robertson |
| Marita Willis | |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this $\frac{13}{4}$ day of

day of July, 201

My Commission Expires:

NOTARY PUBLIC

STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202

(502) 584-1254

ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

| IN TESTIMONY WHEREOF, vector of the Corporation, this 3 day of | witness the signature of the Incorporators of this vacation, 2012. |
|--|--|
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Delquan Dorsey | Artie Robertson |
| Marita Willis | |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this day of au of 2012

My Commission Expires:

NOTARY EUBLIC

STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

ARTICLE XII

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ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

| IN TESTIMONY WHERE Corporation, this 18 ¹⁰ day of 1 | F, witness the signature of the Incorporators of this 2012. |
|--|---|
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Delquan Dorsey | Artie Robertson |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

My Commission Expires:

NOTARY PUBLIC

STATE AT LARGE, KENTUCKY

This Document Prepared By:

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ARTICLE XIII

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| IN TESTIMONY WHE | REOF, witness the signature of the Incorporators of this |
|--------------------------|--|
| Corporation, this day of | REOF, witness the signature of the Incorporators of this |
| | |
| | - 10,11110 |
| Peter H. Wayne, IV | Francesca Curry |
| | |
| Rebecca Brady | Scott Owens |
| | |
| | |
| Delquan Dorsey | Artie Robertson |
| | |
| Marita Willis | |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

Witness my signature and seal of office this 13th da

My Commission Expires:

NOTARY PUBLIC

_ day of

STATE AT LARGE, KENTUCKY

This Document Prepared By:

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

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| IN TESTIMONY WHEREOI Corporation, this day of | F, witness the signature of the Incorporators of this 2012. |
|---|---|
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Delquan Dorsey | Artie Robertson |
| Marita Willis | |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

My Commission Expires:

STATE AT LARGE, KENTUCKY

This Document Prepared By:

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

| IN TESTIMONY WHERE Corporation, this 18 day of 3 | OF, witness the signature of the Incorporators of this ANN 1924, 2012. |
|--|--|
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Delquan Dorsey | Artie Robertson |
| Marita Willis | |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

Witness my signature and seal of office this 18th d

My Commission Expires:

NOTARY PUBLIC

STATE AT LANGE, KENTUCKY

This Document Prepared By:

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

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| IN TESTIMONY WHI Corporation, this day of | EREOF, witness the signature of the Incorporators of the |
|--|--|
| Peter H. Wayne, IV | Francesca Curry |
| Rebecca Brady | Scott Owens |
| Deldman Dorsey | Artie Robertson |
| Marita Willis | - |

| STATE OF KENTUCKY |) |
|---------------------|------|
| |) SS |
| COUNTY OF JEFFERSON |) |

Witness my signature and seal of office this day, of

, 20

My Commission Expires:

NOTARY PUBLIC

STATE/AT LARGE, KENTUCKY

This Document Prepared By:

leen Brolowa

EILEEN L. ORDOVER

Attorney at Law

LEGAL AID SOCIETY, INC.

416 West Muhammad Ali Blvd.

Louisville, Kentucky 40202

(502) 584-1254

CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 273, the undersigned as the initial registered agent identified in Article III of the Articles of Incorporation of Louisville Asset Building Coalition, Inc. (the "Corporation"), hereby consents to serve the Corporation in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Revised Statutes.

Nedra Young

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 | | | | | | | | |
|--|--|-------------------------|---------------------|--------------------|---|---|-----------------------------|---|----------|
| | Louisville Asset Building Coalition | | | | | | | | |
| J# 2. | 2 Business name/disregarded entity name, if different from above | | | | | | | | |
| Print or type See Specific Instructions on page | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or ✓ C Corporation ☐ S Corporation ☐ Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box the tax classification of the single-member owner. Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) 118 West Breckinridge 6 City, state, and ZIP code Louisville, KY 40203 | rship) ▶ in the line | | for c | ertait istruc ixemi ixemi ixemi ixemi ixemi ixemi ixemi | emptions n entities ctions on of payee ption froi (if any) to accounts fress (op | not page code m FA | individu ≥ 3): (if any) _ TGA rep | als; see |
| | 7 List account number(s) here (optional) | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a | void | Socia | al secu | rity n | umber | | | |
| backu | in withholding. For individuals, this is generally your social security number (SSN). However, | for a | | | | | 1 | | |
| reside | int alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other | er Henta | | | ** | | - | | |
| entities, it is your employer identification number (EIN). If you do not have a number, see How to get a | | | | | | | | | |
| | If the account is in more than one name, see the instructions for line 1 and the chart on pag | e 4 for _ | Empl | loyer id | lentif | ication i | umb | er | |
| guidelines on whose number to enter. | | | | | | | | | |
| | | | | | | | | | |
| Pari | Certification | | | | | | | | |
| Under | penalties of perjury, I certify that: | | | | | | | | |
| | e number shown on this form is my correct taxpayer identification number (or I am waiting fo | | | | | | | | |
| I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and | | | | | | | | | |
| 3. la | m a U.S. citizen or other U.S. person (defined below); and | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report | ing is cor | rect. | | | | | | |
| interes gener | fication instructions. You must cross out item 2 above if you have been notified by the IRS use you have failed to report all interest and dividends on your tax return. For real estate transt paid, acquisition or abandonment of secured property, cancellation of debt, contributions ally, payments other than interest and dividends, you are not required to sign the certification ctions on page 3. | sactions, to an inc | , item i dividua | z ooes I retire | men | appiy. I | ror II | nt (IRA |), and |
| Sign Here | |)ate ⊁ | 1- | .2 | <u>S</u> | - 2 | 0, | 15 | |
| Ger | neral Instructions • Form 1098 (home m | nortgage ir | nterest) | , 1098-1 | E (stu | ident loa | n inte | rest), 10 | T-860 |

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 (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)
- \bullet 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 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:

- 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.

Louisville Asset Building Coalition Three Highest Paid Staff 2015/16

2015/16 Salary

| Ron Hatch, Executive Director | 45,000 |
|--------------------------------------|--------|
| Joan Chandler, VITA Coordinator | 35,000 |
| Debbie Prince, Volunteer Coordinator | 25,000 |

LOUISVILLE ASSET BUILDING COALITION, INC.

General Information

Organization Number

0822309

Name

LOUISVILLE ASSET BUILDING COALITION, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

ΚY

File Date

2/22/2012

Organization Date
Last Annual Report

2/22/2012 5/4/2015

Principal Office

118 WEST BRECKINRIDGE STREET

LOUISVILLE, KY 40202

Registered Agent

RON HATCH

118 WEST BRECKINRIDGE STREET SUITE 300

LOUISVILLE, KY 40203

Current Officers

ChairmanEric SetoVice ChairmanPeter WayneSecretaryLisa LockeTreasurerScott OwensDirectorPeter WayneDirectorEric SetoDirectorScott Owens

DirectorArtie RobertsonDirectorDelquan Dorsey

Director <u>Lisa Locke</u>

Director Dwight Haygood Jr.

DirectorJim BlandfordDirectorMark FarmerDirectorMicheal Raisor

Individuals / Entities listed at time of formation

Director PETER H WAYNE IV

Director REBECCA BRADY

DirectorDELQUAN DORSEYDirectorMARITA WILLIS

Director FRANCESCA CURRY

Director SCOTT OWENS

Director ARTIE ROBERTSON

| Incorporator | PETER H WAYNE IV |
|--------------|-----------------------|
| Incorporator | REBECCA BRADY |
| Incorporator | DELQUAN DORSEY |
| Incorporator | MARITA WILLIS |
| Incorporator | FRANCESCA CURRY |
| Incorporator | SCOTT OWENS |
| Incorporator | ARTIE ROBERTSON |

Images available online

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

| Annual Report5/4/20151 pagePDFPrincipal Office Address Change6/24/2014 10:01:25 AM1 pagePDFAnnual Report6/24/20141 pagePDFRegistered Agent name/address change8/9/2013 5:09:00 PM1 pagePDFAnnual Report8/7/20131 pagePDFArticles of Incorporation2/22/201220 pagestiffPI | <u>Registered Agent</u> <u>name/address change</u> | 5/4/2015 10:01:10 AM | 1 page | <u>PDF</u> | |
|---|---|----------------------|----------|-------------|------------|
| ChangeAM1 pagePDFAnnual Report6/24/20141 pagePDFRegistered Agent name/address change8/9/2013 5:09:00 PM1 pagePDFAnnual Report8/7/20131 pagePDF | Annual Report | 5/4/2015 | 1 page | <u>PDF</u> | |
| Registered Agent name/address change 8/9/2013 5:09:00 PM 1 page PDF 8/7/2013 1 page PDF | | | 1 page | <u>PDF</u> | |
| <u>name/address change</u> Annual Report 8/7/2013 3.09.00 PM 1 page PDF | <u>Annual Report</u> | 6/24/2014 | 1 page | <u>PDF</u> | |
| | | 8/9/2013 5:09:00 PM | 1 page | <u>PDF</u> | |
| Articles of Incorporation 2/22/2012 20 pages <u>tiff</u> <u>Pl</u> | <u>Annual Report</u> | 8/7/2013 | 1 page | <u>PDF</u> | |
| | Articles of Incorporation | 2/22/2012 | 20 pages | <u>tiff</u> | <u>PDF</u> |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------------------------|--------------------------|--------------------------|-----------------|
| Annual report | 5/4/2015 10:11:34 AM | 5/4/2015 10:11:34 AM | |
| Registered agent address change | 5/4/2015 10:01:10 AM | 5/4/2015 10:01:10 AM | |
| Annual report | 6/24/2014 10:09:40 AM | 6/24/2014 10:09:40 AM | |
| Principal office change | 6/24/2014 10:01:25 AM | 6/24/2014 10:01:25 AM | |
| Registered agent address change | 8/9/2013 5:09:00 PM | 8/9/2013 5:09:00 PM | |
| Annual report | 8/7/2013 2:22:45 PM | 8/7/2013 2:22:45 PM | |
| Add | 2/22/2012 10:18:29 AM | 2/22/2012 | |
| | | | |

Microfilmed Images

Bowman, Michael

From:

Fowler, Cindi

Sent:

Tuesday, December 08, 2015 1:51 PM

To:

Bowman, Michael

Subject:

VITA NDF

Michael,

Please sign the VITA NDF on my behalf.

Thanks, Cindi