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

Applicant/Program: Home for the Aged of the Little Sisters of the Poor/St Joseph's Home Holiday Event Applicant Requested Amount: \$4,500 Appropriation Request Amount: \$4,500				
Executive Summary of Request  This request is for funding some of the expenses associated with the annual Wine Tasting Event to held on October 27, 2016 from 6-8 PM at the St. Joseph's Home on Audubon Plaza Dr. This event is open to the public and the proceeds will benefit the elderly poor who attend the Senior Center.				
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)?	■ Yes □ No ■ Yes □ No □ Yes ■ No			
I have reviewed the attached Neighborhood Development Fund within Metro Council guidelines and request approval of fundin organization's statement of public purpose to be furthered by the purpose is legitimate. I have also completed the disclosure sect	ng in the following amount(s). I have read the e funds requested and I agree that the public			
10 District # Primary Sponsor Signature	\$4,500 09/16/2016 Amount Date			
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.				
Approved by:				
Appropriations Committee Chairman	Date			

Legal Name of Applicant Organization Home for the Aged of the Little Sisters of the Poor

Program Name and Request AmountSt Joseph's Home Holiday Event / \$4,500	
	Yes/No/NA
s the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
s the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	No
Is the entity in good standing with:  New Kentucky Secretary of State?  Louisville Metro Revenue Commission?  Louisville Metro Government?  Internal Revenue Service?  Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	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?	Yes
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 required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No
Prepared by: Geoff Wohl D10 LA Date: 09/16/2016	



SECTION 1 - APPLICANT INFORMATION				
Legal Name of Applicant Organization:				
(as listed on: http://www.sos.ky.gov/business/records) Home For The Aged of the Little Sisters of the Poor.org				
Main Office Street & Mailing Address: 15 Audubon Plaza Drive, Louisville, KY 40217				
Website: www.littlesis	· — ·	<u> </u>		
Applicant Contact:		ontreras	Title:	Development Director
Phone:		6-2300 x-217	Email:	dvlouisville@littlesistersofthepoor.or
Financial Contact:		Reynolds	Title:	Business Manager
Phone: 502-636-2300 x-211 Emaîl: bslouisville@littlesistersofthepoor.org				
Organization's Representative who attended NDF Training:				
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED				
Program Facility Loca	tion(s):	15 Audubon Plaza Dr	ive, Louisville, KY	40217
Council District(s):		10	Zip Code(s):	40217
		on 2 – Program requ		YFORMATION
		Joseph's Home for the		
Total Request: (\$)	4,750.0		ward (this program	i) in previous year: (\$) \$4,500.00
Purpose of Request (check all that apply):				
Operating Funds (generally cannot exceed 33% of agency's total operating budget)				
Programming/services/events for direct benefit to community or qualified individuals				
☐ Capital Project of the organization (equipment, furnishing, building, etc)				
The Following are Re				
IRS Exempt Status De Current Year Project		n Letter	i	ent costs are being requested
List of Board of Direct	_	le term & term limits	IRS Form W9	
Current financial stat				s if used in the proposed program
Most recent IRS Form	n 990 or 11	20-н		required by organization) anization Certification Form, if required
Articles of Incorporat				
Cost estimates from proposed vendor if request is for 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:	St. Josep	h's Wine Tasting	Amount: (\$)	\$4,500.00
Source	St. Joseph	's Flag Day Celebration	Amount: (\$)	\$2,500.00
Source:	n/a		Amount: (\$)	0
Has the applicant contacted the BBB Charity Review for participation? Yes No				
Has the applicant met the BBB Charity Review Standards?  Yes No				



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

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

#### a. Mission

The Little Sisters extend care, compassion and respect to the elderly, in helping them to maintain dignity and a feeling of well-being. The Little Sisters welcome all elderly, age 65 years and older with limited financial means, regardless of race, national origin, religion, age or gender to become a Resident of St. Joseph's Home or to participate in the Senior Day Center

#### b. History

In 1868, the Little Sisters established the first U.S. Homes. Father Earnest Lelievre, a priest who dedicated his life to this young Congregation, sailed to America in May, 1868. A mere 8 months later, the first Home of the Little Sisters was opened in Louisville, Kentucky. This Home at 622 South 10th Street was in operation from 1869 through 1977. The Home was finally closed due to severe structural problems. The Little Sisters were sorely missed in the Louisville community and with an outpouring of love, a group formed to raise funds to build a new Home and bring the Little Sisters back. The current Home was built in 1991 and the Little Sisters returned to Louisville.

#### c. Current programs and/or activities

The sole purpose of the Little Sisters of the Poor is serving the needs of the elderly poor in the Louisville Metropolitan area. Quality care is provided to 77 residents (with an average age of 84 ½ years) who are without the means, family or social support to maintain independence in the community. The continuum of services permits a sense of security throughout their life. In Louisville, our services include a 50-bed nursing home with three levels of care, a 27-unit apartment building for the elderly and a Senior Day Center. The Senior Day Center is open to needy elderly in the community as well as those living at St. Joseph's Home. Levels of care are:

Apartment Living – Offered to the needy elderly who are still able to live independently. Rent is based on income.

Personal Care – For the ambulatory senior who desire minimal assistance while still being able to perform basic tasks of daily personal care independently (dressing, bathing, etc.)

Nursing Care – (Assisted and Skilled Care), for those residents who need more extensive nursing care and assistance with their daily needs.

The Little Sisters not only provide a comfortable home and nutritious meals for impoverished seniors, they care for the whole person by offering: medical and nursing services, pastoral services, social services, an extensive activity program, Senior Day Center, beauty shop and barber shop services and as needed physical and occupational therapies.

#### d. Accomplishments

St Joseph's Home has provided a safe haven for over 6000 of the poorest elderly in the Louisville area in the last 147 years. Although, St. Joseph's Home is open to all regardless of race, religion, gender or nationality, as Little Sisters of the Poor, the Sisters take vows of Chastity, Poverty, and Obedience as do many of the religious orders. The Little Sisters of the Poor take a fourth vow of Hospitality which guides their profound respect for life. It is through this respect, that the Little Sisters take turns as to never leave a Resident and their family, offering them comfort and prayer on the Resident's final days as they journey toward eternal life.



# SECTION 4 - PROGRAM/PROJECT NARRATIVE A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.): The Little Sisters of the Poor will be hosting a Wine Tasting Event on October 27, 2016, from 6pm to 8pm. This event is open to the public and will include a tour of the Home with live entertainment, heavy hors d'oeuvres, and a wine tasting. Proceeds from this event will benefit the elderly poor who attend the senior center, volunteer and live at St. Joseph's Home. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Funding will be spent on: Equipment Rental, Supplies, Decorations, Printing, and Advertising.



C: If this request is a fundraiser, please detail how the proceeds will be spent:  Proceeds from St. Joseph's Home for the Holiday's Wine Tasting will benefit the elderly
poor who attend the senior center, volunteer and live at St. Joseph's Home.
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: Many of the Residents have outlived their family members or do not have the financial or social support to live on their own. Many come from unsafe environments, where they may not be receiving the proper nutrition and medical attention. Living at St. Joseph's Home provides that for them and much more. The activities are designed to foster interaction among the Residents which leads to lasting friendships. Unless they are ill, all the Residents eat together in a dining room where they are served three meals a day plus snacks. This is also community building. One of the indicators used by St. Joseph's Home is daily charting. Residents are asked a series of questions each day and their responses are recorded. Some of the questions are their desire to participate in activities, how they are feeling, how did they rest the night before etc. As Residents become acclimated to their new home it becomes apparent in their attitude, appetite, and interest in activity that they feel safe and well cared for.
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.  None - does not apply.



#### SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	4,750.00	5,930.00	10,670.000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			_
*TOTAL PROGRAM/PROJECT FUNDS	4,750.00	5,930.00	10,670.00
% of Program Budget	45 %	55 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	5,930.00
Fees Collected from Program Participants	
Other (please specify) Anticipated Revenue from event	15,000.00
Total Revenue for Columns 2 Expenses	20,930.00

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

<sup>\*\*</sup>Must equal or exceed total in column 2.



#### SECTION 6 - CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
  year end
- B. 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.
- 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**

- 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.
- 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	re of Legal Signatory:	mother 1	Paul	Magyar	Date:	08-23-16
Legal Sig	natory: (please print):	Mother Paul	Magyar		Title:	Mother Superior
Phone:	502-636-2300	Extension:	217	Email:	mslouisville	@littlesistersofthepoor.org



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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation				
Volunteers/Time	22.55hr x 150 = \$3382.50	The Non Profit Times				
Total Value of In-Kind  (to match Program Budget Line Item.  Volunteer Contribution &Other In Kind)	\$3382.50					
DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE ISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK  Agency Fiscal Year Start Date: January 1  Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES						
es your Agency anticipate a significant increas	se or decrease in your budget f	rom the current fiscal year to th				
es your Agency anticipate a significant increas aget projected for next fiscal year? NO		rom the current fiscal year to th				
es your Agency anticipate a significant increas lget projected for next fiscal year? NO		rom the current fiscal year to th				
es your Agency anticipate a significant increas lget projected for next fiscal year? NO		rom the current fiscal year to th				
es your Agency anticipate a significant increas Iget projected for next fiscal year? NO		rom the current fiscal year to th				
es your Agency anticipate a significant increas		rom the current fiscal year to t				

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

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

faith-based organization will be approved unless the prospective grant it is committed to compliance with each of the following conditions and			
Legal Name of Applicant Organization: Home for the Aged of the Little	Sisters of the Poor, Inc.		
As in the case of all legislative enactments, the appropriation must be for a appropriation must have a secular legislative purpose to support a program been, or could be undertaken by the government.			
The appropriation must be totally and demonstrably earmarked for the bene or significantly intangible benefit inuring to the organization. Specifically, used by the organization, nor may it be used for improvements to real or perchurch or organization.	the appropriation may not fund equipment		
The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.			
The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.			
Public funds involved in the grant may not be used to support a school or a grantee church or organization, or in its name.	ny program of instruction operated by the		
The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.			
The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.			
SIGNATURE			
I agree under the penalty of law to comply with all the items in this discle be eligible for funding if investigation at any time shows falsification. If a approved, any allocations already received and expended are subject to be authorized to sign this disclosure for the applying organization.	falsification is shown after funding has been		
Signature of Legal Signatory:  Mither Davi Magyar	Date: 8/23/16		
Legal Signatory (please print):  MOTHEL PAUL MAGYAL	Date: 8/23/16 Title: President		
Phone: Extension: 502-434-2300 X 205	Email: MSLouisville @ Littles		
	thepol		

To address the question of whether there is an expectation or requirement of the Residents of St. Joseph's Home, operated by the Little Sisters of the Poor, to participate in any religious activities, services or if there is requirement to be an active member or in the process of becoming an a member of the Roman Catholic Church in order to live in, volunteer at or work at St. Joseph's Home the answer is no. The Little Sisters offer Mass every day and all are welcome to attend, but not required. The Little Sisters respect the privacy and individual religious freedoms and preferences of each of the Residents and encourage them to participate in her their own faiths both inside and outside of St. Joseph's Home.

.019



# St. Joseph's Home for the Holidays Wine Tasting 2016 Budget

Item	Description	Cost	Non Metro	Metro	
Event Printing	Programs, Invitation, Signage	\$3,155.00	\$890.00	\$890.00 \$2,275.00	
Piano tuning	Tune Piano	\$75.00		\$75.00	
Musicians		\$400.00		\$400.00	
Bev/Event License	License	\$140.00	\$140.00		
Equipment Rental	Tables, Chairs, Linens, tuxes Etc.	\$1,500.00		\$1,500.00	
Food	Food, Cutlerly & Untensils	2,500.00	\$2,500.00		
Decorations	Decorations	\$500.00		\$500.00	
Beverages		\$800.00	\$800.00		
Postage	Mailing of invitations	\$1,100.00	\$1,100.00		
Mailing House	To process inviations	\$500.00	\$500.00		
Total		\$10,670.00	\$5,930.00	\$5,930.00 \$4,750.00	

Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201 **Department of the Treasury** 

Date: June 4, 2014

Person to Contact:
Roger Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500

United States Conference of Catholic Bishops 3211 4<sup>th</sup> Street, NE Washington, DC 20017-1194 Employer Identification Number:

Group Exemption Number: 0928

Dear Sir/Madam:

This responds to your May 19, 2014, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the Official Catholic Directory for 2014, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the Official Catholic Directory for 2014 are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the Official Catholic Directory, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, Group Exemption, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Director, Exempt Organizations

Wiechert, Joseph C., St. Gregory, Samuels Wright, Joseph P., Dir., Permanent Diaconate Office, Dir., Permanent Diaconate Office, Holy Family, Louisville; St. Therese, Louisville Toung, R. James, (On Leave) Zoldak, Richard P., St. Martin of Thurs, Louisville

Tulbert, Michael A., St. Thomas More, Louisville Tumes, David R., St. Boniface, Louisville Turner, James R., St. Martin de Porres; St. Augustine, Louisville Turnez, Scott R., St. Thomas; St. Monica, Bard-

LOUISVILLE (L)

Vessels, Michael J., St. John the Raptist, Rineyville; St. Brigid, Vine Grove

Villalobos, Francisco J., St. Barthelomew, Louis

Waldon, F. Engene, Our Ledy of Louides, Louisville Wall, Joseph, (Retired) Walsh, Richard J., St. Joseph, Bardstown

Ward, Ken, St. Martha, Louisvilla Whelen, John R., St. Martin of Tours, Flaherty

#### INSTITUTIONS LOCATED IN THE ARCHDIOCESE

IAI COLLEGES AND UNIVERSITIES

Louisvalle. Bellarmine University, 2001 Newburg Rd., 40205-0871. Tel: 502-272-8000; Fax: 502-272-8033. Web: www.bellarmine.edu. John Stemmer, Librarian. Priests 4; Sinters 1; Students 3,090. Administration Officers: Most Rev. Joseph E. Kmtz, D.D., Archbishop of Looisville, Chancellor, Reva. Clyde F. Crews; George A. Kilcourse; Less: McDaniel; Adam Burnell, O.F.M.Conv.; Dr. Michael Mattei, Dean Continuing & Professional Studies; Dr. Dan Buuer, Dean of the Rubel School of Business; Dr. Sancer, Drain Dr. School, of Business; Dr. Sancer, Dr. School, of St. Scho Bauer, Dean of the Bubel School of Business; Dr. Susen Bavis, Dean of the Lensing School of Nursing; Mr. Glenn Kosse, Vice Pres. Devel. & Alumni Rels.; Dr. Joseph J. McGowan, Pres.; Dr. Cindy Guadinger, Asst. Vice Pres. Academic Affairs; Dr. Fred W. Rhodes, Vice Pres. Student Affairs; Mr. Tim Sturgam, Dean of Administions; Dr. Doris Tegart, Prevost; Dr. Melamie Prejean Sollivan, Dir. Campus Ministry; Mr. Sean Ryan, Vice Pres. Enrollment Mgmt; Mr. Robert L. Zimlich, Vice Pres., Admin. & Finance; Mr. Hunt Helm, Vice Pres. Communications & Public affairs; John Stemmer, Dir. Library.

Pres. Communications & Public affairs; John Stemmer, Dir. Library.

\*Spalding University, 845 S. 3rd St, 40203. Tel: 502-585-9911; Fax: 502-585-7158. Web: www.spalding.edu. Tori Murden McChure, Pres.; Dr. Handy Strickland, Provost; Dr. Beverly Keepers, Dean Callege of Education; Dr. John James, Dean Callege of Education; Dr. John James, Dean Callege of Education; Dr. John James, Dean Callege of Hudanin; Dr. John Jensey, Dean Callege of Hudanin; Dr. John Jensey, Dean College of Health & Natural Sciences; Mark Hohman, CFO; Chris Hart, Dean Enrollment Mgmt.; Rick Barney, Race. Dir. Mctg. & Public Rels.; Rzza Krunhansi, Rose. Dir. Information Bechnology; Melissa Lowe, Exce. Dir. Human Resources. Sisters 1; Lay Teachers 92; Students 2,069.

Students 2,069.

St. Catharine. St. Catharine Callege, 2735 Bardstown Rd., 40061. Tal: 859-836-5082; Fax: 859-336-5031.

Email: clarys@sccky.edu. Webt: www.sccky.aiu. Mr. Bill Huston, Pres.; Dr. Dan Giles, Vice Pres. & Academic Dean; Roger I. Marcum, Exer. Vice Pres.; Rev. Benedict J. Brown, Chap.; Dana Burdette, Librarian. Dominican Sisters of Peace Priests 1; Sisters 10; Lay Teachers 45; Students 1083.

(B) HIGH SCHOOLS, ARCHDIOCESAN

LOUISVILLE. St. Francis DeSales High School, 425
Kenwood Dr., 40214. Tel: 502-358-5513; Fax: 502358-5172. Web: www.desaleshighschool.com. Mr.
Dongias Strothman, Pres.; Mrs. Mary Lee McCoy,

BARDSTOWN. Bethlehem High School 40004. Tel: 502-248-8594; Fax: 502-349-1247. Email: BHSG bethlebamhigh.org, Web: www.bethlebemhigh.org. Tom Hamilton, Prin.; Mrs. Susan Simpson, Librarian. Sisters of Charity of Nazareth. Sisters 1; Lay Teachers 24; Students 317.

[C] HIGH SCHOOLS, PRIVATE

LOUISVILLE. Academy of Our Lody of Mercy, 5801 Fegenbush Ln., 40228. Tel: 502-671-2010; Farc 502-491-0661. Email: mjohnson@ mercyacademy.com.

mercyacademy.com. Web:
www.mercyacademy.com. Mr. Michael C. Johnson,
Pres; Julie H. Groze, Prin.; Karen Alpiger, Asst.
Prin.; Kristina Hortart, Librarian. Sisters of
Marcy 2; Lay Teachers 55; Students 612.
Astumption High School, 2170 Tyler In., 40205.
Tel: 502-458-9551; Fax. 502-454-8411. Web:
www.nhurocketa.org. Elnine Salvo, Pres; Rebecra
Henle, Prin.; Erica Lasley, Librarian. Sisters of
Mercy. Sisters 1; Lay Teachers 84; Students 868.
Presentation Academy, 881 S. 4th St., 40203. Tel:

502-583-5935; Fax: 502-583-1342. mbruder@presentationscademy.org. Web: www.presentationscademy.org. Sr. Christina Beckett, S.C.N., Pres., Barbara Wine, Prin.; Tarry Roberts, Librarian. Sisters 2; Lay Teachers 33; Students 267. Sacred Heart Academy, 3175 Lexington Rd., 40206

Tel: 502-897-6097; Fax: 502-893-0120. Email: officeaha@sacredheartschools.org. Web: www.sacredheartschools.org/academy. Dr. Beverly McAuliffe, Print; Linda Lemban, Librarian. Ursuline Sisters. Sisters 2; Lay Teachers 76; Stindents 816

Students 310.

St. Kanier High. School, Kaverian Brothers, 1609
Peplar Level Rd., 40217. Tel: 502-637-4712; Fax.
502-534-2171. Email: psangall@ssintx.com. Web:
www.ssintx.com. Dr. Perry E. Sangalli, Pres;
Frank Espinoss, Princ; Mrs. Elaine Steinberg,
152-54-555. Librarian, Lay Teachers 122; Students 1,390.

[D] RLEMENTARY SCHOOLS, PRIVATE

LOUSVILLE. "Holy Angels Academy, Inc., (Grades K-12), 12201 Old Henry Rd., 40222. Tal: 502-254-9440; Far: 502-254-9907. Joseph M. Norton, Headmaster and Prin., Grades School; Michael A. Momeghan, Prin., High School; Rev. Robert M. Gregor, G.P.M., Chap. Priests 1; Lay Teachers 12; Students 100.

Students 100.
Sucred Heart Model School, (Grades K-8), 3107
Lexington Rd., 40206. Tel: 502-896-3931; Far: 502-896-3932. Email: mbowling@secredheartschools.org. Web: www.ascredhartschools.org. Dr. Mary Beth Bowling, Prio.; Mrs. Carol Kraemer, Librarian. Sisters 1; Lay Thuchers 36; Studenta 360. Sucred Heart Preschool, 3105 Lexington Rd., 40206.

Tel: 502-896-3341; Far: 502-896-3966. Web: www.sacredheartschools.org. Vicki Furlow, Dr. Lay Teachers 40; Students 256.

[E] REGIONAL SCHOOLS

LOUISVILLE. St. Andrew Academy, (Grades Prak-8), 7724 Calumbine Dr., 49258. Tel: 502-935-4578, Fax: 502-933-2204. Email: office@ standrewacademy.com. Jennifiza Barz, Prin.; Cathy Wright, Literacy Courd, Lay Teachers 11; Students 212.

Sindents 212.
John Paul II Academy, (Grades PreK-8), \$525
Goldsmith La., 40220. Tel: 502-452-1712; Fax:
502-451-2462. Lynn Witt, Prin.; Nancy Heady,
Librarian. Lay Teachers 25; Students 277.

St. Nicholas Academy, (Grades E.-8), 5501 New Cut Rd., 40214. Tel: 502-368-8506; Fax: 502-380-5453. Email: bdelorier@sna-punthers.org. Web: www.sna-panthers.org. Kathy DeLozier, Prin. Lay

www.ans-panithers.org. Kathy DeLozier, Prin. Lay Teachers 27; Total Enrollment 415. Notre Dame Academy, (Grades PreK-8), 1927 Lewiston Dr., 40216. Tel: 502-447-8155; Fax: 502-447-5515. Email: b.scherr@ndasaints.org. Web: ndasaints.org. Bernica Scherr, Prin.; Mrs. Daivie Kay, Librarian. Sisters 1; Lay Teachers 26; Strutents 447.

PROSPECT. St. Mary Academy, (Grades PreK-8), 11311 Saint Mary Ln., 40059. Tel: 502-315-2555; Fux: 502-326-3655. Ma. Julie Tobbe, Prin. Lay Teachers 33: Studenta 540.

[F] SPECIAL SCHOOLS

LOUISVILLE. St. Joseph Child Development Center, 2823 Frankfort Ave., 40205. Tel: 502-898-0241; Fax: 502-896-2394. Web: www.sjbids.org. Leanna Mays, Admin. Students 150; Taschers 32.

acays, amum. Amuents 191; Thathers 32.

\*Notivity Academy, 529 E. Liberty St., 40202. Tel:
502-855-8300; Fax: 502-562-2192. Carol Nord,
Exec. Dir.; Meghan Weyland, Prin. (Grades 6-8)
Students 54; Staff 17.

Pitt Academy, 6010 Prestm Hwy., 40219. Tel: 502-968-6979; Fax: 502-962-8678. Emzil: sdowney@ pitt.com. Web: www.pitt.com. Shoory Downey, Prin. Lay Teachers 12; Students 65.

Socred Heart School for the Arts, 3105 Lexington Rd., 40206. Tel. 502-897-1816; Fax: 502-896-3927. Emed: dthurmond@sacredheartschools.org. Web: www.sacredheartschools.org. David X. Thurmond, Dir. Students 400.

[G] ORPHANAGES AND INFANT HOMES

LOUISVILLE. St. Joseph Catholic Orphan Society, 2823 Frankfart Ave., 40206. Tel: 502-893-0241; Fax:

502-896-2394. Web: www.sjkids.org. Paul Hirn, Pres. Bd. of Directors.

St. Thomas Orphan Society, Inc., P.O. Box 1073, 40201. St. Vincent's Orphan Society, Inc., P.O. Box 1073,

#### [H] GENERAL HOSPITALS

LOUISVELLE, SS. Mary and Elizabeth Hospital, 1850 Bluegrass Ava., 40215. Tel: 502-351-6000; Fax: 502-351-6799. Welt: Jusmin.org. James Parobet, Pres. & CEO. Catholic Health, Infitatives, Sisters 4; Bed Capacity 298; Patients Assisted Annually 220,000 170,000.

170,000.

Bardstows, Maget Healthcare, Inc. dba Flaget
Memorial Hospital 4305 New Shepherdrylle Rd.,
40004. Tel: 502-350-5000; Fax: 502-350-5039.
Email: info@flaget.com. Web: www.flaget.com. Six
Downs, Pres. Catholic Hesith Initiatives.,
Attended from St. Joseph Church. Sisters 2; Bed
Capacity 52; Bassinets 8; Patients Assisted Annually 93,350.

#### (I) SPECIAL HOSPITALS

LOUISVILLE, Our Lady of Peace, 2020 Newburg Rd, 40205. Tel: 502-451-3330; Fax: 502-479-4140. Email: rebectalkister@lismh.org. Web: www.lismh.org. Jennifer Nolan, Pres. & CEO. Catholie Health Initiatives., Hospital for Psychiatric Illness. Sisters 1; Bed Capacity 396; Patients Assisted Annually 5,907.

[J] PROTECTIVE INSTITUTIONS

[3] PROTECTIVE INSTITUTIONS

LOUISVILLE. Boys' Haven, 2301 Goldswith Lin., 40218.

Teb. 502-458-1171; Faz. 502-451-2161. Email: jhadley@boyshaven.org. Web: www.hoyshaven.org. Jeff Hadley, CEO, For dependent, neglected, or abused boys and girls, 12 to 23 years of aga. Total Assisted 765.

St. Joseph Children's Home, 2823 Frankfort Ave., 40206. Tel: 502-883-0241; Fax: 502-212-1290. Web: www.sjkids.org. Pamela Cotton, L.C.W., M.S.S.W., Exer. Dir. Children 40.

IN NURSING HOMES

LOUSSVILE. St. Joseph Home for the Aged, 15 Audiebon Plane Dr., 40217. Tel: 508-638-2300; 502-696-2239. were little intercollibe poor org.

Landau-Ganes, Pros.

Home for the Aged of the Little Sisters of the Poor Sisters 10; Bed Capacity 77.

Nazureth Home, Inc., 2000 Newburg Rd., 40205. Tdl: 502-459-9681; Fax: 502-458-9077. Email: phaynes@nazhome.org. Web: nazhome.org. Mary Haynes, CEO & Admin.; Bridget Bunning, Dir. Paskoral Care; Deason Lawrence Bivan, Chap. Sisters of Chenily of Mazareth. Staff Sisters 2; Residents 168; Personal Care 33; Total Staff 259.

#### [L] MONASTERIES AND RESIDENCES OF PRIESTS AND BROTHERS

PRIESTS AND BROTHERS

LOUISVILLE. Bishup David Apartments, 5146 Dixis

Hwy., 40216. Tel: 502-449-2159. Revs. Albert L.

Wilson, Dir. (Retired); John B. Gephart (Retired);

Donald P. Ryan (Retired); Gerald L. Timmel

(Retired). Priests 4.

St. Francis of Assisi Friary, 2225 Lower Hunters

Trace, 40216. Tel: 502-447-5566. Revs. Christian

Moore, O.F.M.Conv.; Paul Schloemer, O.F.M.Conv.;

Brus. Larry Eberhardt, O.R.M.Conv.; John Mauer,

O.F.M.Conv.; Dennis Mosse, O.F.M.Conv.

St. Louis Bertrand Priory, 1104 S. Sixth St., 40203.

O.F.M.Conve; Dennis Mosse, O.F.M.Conv.

St. Louis Bertrand Priory, 1104 S. Sixth St., 40203.

Thi: 502-563-4448; Fax: 502-568-0056. Very Rev.

William P. Garrott, O.P., Prior; Revs. George G.
Christian, O.P.; William Duminic Fields, O.P.;

Elias A. Hanritoy, O.P.; Jennes B. Muller, O.P.;

Emmanuel Bertrand, O.P. Priests: see St. Louis

Bertrand Parish Priests 6.

Bertrand Parish Prissts 5.

Sacred Heart Retreat, 1924 Newburg Rd., 40205.

Thi: 502-451-330; Fac. 502-451-0192. Web:
www.passionist.org. Rev. John Schootk, C.P., Local
Supr. (Corporate Title: Congregation of the
Passion, Sacred Heart Community) Priests 13;
Brothers 2. In Res. Revs. Lean Grantz, C.P.;
Philip Schanfer, C.P.; Emmet Linden, C.P.; Joseph
Mitchell, C.P.; Albert Schwert, C.P.; Frederick
Sucher, C.P.; Bernard Weber, C.P.; David Colhour,
C.P.; Robert Weiss, C.P.; Alfred Pooler, C.P.; Leuis

#### LITTLE SISTERS OF THE POOR ST. JOSEPH'S HOME FOR THE AGED 2016 BUDGET

REVENU	IES	
	Nursing Facility Services	\$2,315,000
	Personal Care Services	\$259,000
	Rent	\$146,000
	TOTAL DEVENUES.	
	TOTAL REVENUES:	\$2,720,000
OPERAT	ING EXPENSES	
	Administrative and General Expense	\$625,000
	Dietary Expenses	\$640,000
	Direct Nursing Care Expense	\$1,330,000
	Direct Personal Care Expense	\$400,000
	Employee Benefits	\$601,000
	Housekeeping Expense	\$231,000
	Laundry/Linen Expense	\$63,000
	Pastoral Care Services/Supplies	\$65,000
	Plant Operating and Maintenance	\$590,000
	Property Expense and Depreciation	\$260,000
	Senior Center Expense/Volunteer	\$30,000
	TOTAL EXPENSES	\$4,835,000
	DEFICIENCY OF REVENUES	
	OVER EXPENSES BEFORE	
	NON-OPERATING REVENUE	(\$2,115,000)
	11211	(ψ2, 110,000)
NON-OP	ERATING REVENUE	
	Donated Commodities	\$140,000
	Investment Income	\$30,000
	Miscellaneous Income	\$10,000
	Unrestricted Gifts and Bequests	\$800,000
	Restricted Gifts	\$350,000
	Fund Raising, Net of Expense	\$175,000
	Donated Sisters' Services	\$203,000
	Grant Income	\$75,000
	TOTAL NON OPERATING REVENUE	\$1,783,000
	EXCESS (DEFICIENCY) OF REVENUES	
	OVER EXPENSE	(ቂያሪን በሰበ)
		(\$332,000)



#### LITTLE SISTERS OF THE POOR ST. JOSEPH'S HOME FOR THE AGED 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217

#### PRINCIPAL OFFICERS AND DIRECTORS

Sister Paul Magyar– President Sister Maureen Courtney – Vice President Sister Clotilde Jardim – Secretary/Treasurer

> PROVINCIAL SUPERIOR Sister Maria Christine Lynch Provincial of Chicago Province

SUPERIOR GENERAL Mother Celine de la Vistation St. Pern, France

#### LAY ADVISORY BOARD

CHAIRPERSON	Mr. Alan Steiden Air Systems - Owner	
MEMBER	Mr. George "Dutch" Boehnlein Retired	
MEMBER	Mr. Thomas Elliott Old National Bank	
MEMBER	Mrs. Rosemary Smith Retired CEF	
MEMBER	Mrs. Alexandra Spoelker	
MEMBER	Ms. Diane M. Gahafer CA Technologies	

MEMBER	Ms. Kim Allen Louisville Metro Government
MEMBER	Ms. Janet M. Norton Baptist Health

The Little Sisters of the Poor appreciate the advice received from members of the Lay Advisory Board who helps them with their expertise in many areas and in development contacts.

Auditor's Report and Financial Statements
December 31, 2014 and 2013



**December 31, 2014 and 2013** 

#### Contents

Independent Auditor's Report	
Financial Statements	
Balance Sheets	3
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	6
Supplementary Information	
Schedule of Balance Sheet Information by Operation	14
Schedule of Statement of Operations Information by Operation	15



#### Independent Auditor's Report

Board of Directors
St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. Louisville, Kentucky

We have audited the accompanying financial statements of St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home), which comprise the balance sheets as of December 31, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

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

#### Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Home's preparation and fair presentation of the financial statements to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Home's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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



Board of Directors
St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc.
Page 2

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Home as of December 31, 2014 and 2013, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of balance sheet information by operation and schedule of statement of operations information by operation, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Louisville, Kentucky July 22, 2015

BKD,LLP

## Balance Sheets December 31, 2014 and 2013

	2014	2013
Assets		
Current Assets		
Cash Patient accounts receivable, net of allowance;	\$ 202,906	\$ 216,141
2014 - \$16,000, 2013 - \$17,500	188,945	183,227
Prepaid expenses and other	24,516	18,067
Total current assets	416,367	417,435
Assets Limited As To Use		
Internally designated	365,180	368,160
Externally restricted by donors	245,441	
	610,621	368,160
Property and Equipment, At Cost		
Land and land improvements	220,139	192,543
Buildings	16,891,819	16,825,824
Equipment	1,577,396	1,576,273
	18,689,354	18,594,640
Less accumulated depreciation	13,180,137	12,803,121
	5,509,217	5,791,519
Other Assets		
Beneficial interest in trusts	3,467,617	3,447,605
Total assets	\$ 10,003,822	\$ 10,024,719
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 73,923	\$ 181,353
Accrued expenses	347,218	357,118
Total current liabilities	421,141	538,471
Accrued Interest	1,330,830	1,239,589
Long-Term Debt	3,350,000	2,550,000
Total liabilities	5,101,971	4,328,060
Net Assets	3,101,771	7,328,000
Unrestricted	1 100 500	0.000
Temporarily restricted	1,188,793	2,249,054
Permanently restricted	245,441 2 467 617	2 447 605
Total net assets	3,467,617	3,447,605
	4,901,851	5,696,659
Total liabilities and net assets	\$ 10,003,822	\$ 10,024,719

#### Statements of Operations and Changes in Net Assets Years Ended December 31, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	\$ 2,568,207	\$ 2,456,904
Rental revenue	139,044	133,241
Contributions	761,489	672,666
Contributed services	132,125	140,000
Special events	219,425	232,854
Other revenue	24,732	5,734
Total unrestricted revenues, gains and other support	3,845,022	3,641,399
Expenses and Losses		
Salaries and wages	2,599,573	2,678,778
Employee benefits	630,164	640,271
Purchased services and professional fees	385,286	332,181
Supplies	133,064	141,296
Interest expense	91,242	68,267
Depreciation and amortization	401,446	401,228
Provision for uncollectible accounts	29,680	(7,549)
Special events	43,467	37,905
Gain on sale of property and equipment	-	(3,200)
Other	617,362	580,282
Total expenses and losses	4,931,284	4,869,459
Operating Loss	(1,086,262)	(1,228,060)
Other Income		
Interest income	26,001	17,574
Total other income	26,001	17,574
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets	(1,060,261)	(1,210,486)
Temporarily Restricted Net Assets		
Contributions	245,441	*
Permanently Restricted Net Assets		
Change in beneficial interest in trusts	20,012	293,213
Change in Net Assets	(794,808)	(917,273)
Net Assets, Beginning of Year	5,696,659	6,613,932
Net Assets, End of Year	\$ 4,901,851	\$ 5,696,659

#### Statements of Cash Flows Years Ended December 31, 2014 and 2013

	2014			2013		
Operating Activities						
Change in net assets	\$	(794,808)	\$	(917,273)		
Items not requiring cash	•	(// 1,000)	•	(***,****)		
Depreciation and amortization		401,446		401,228		
Provision for uncollectible accounts		29,680		(7,549)		
Gain on sale of property and equipment		_		(3,200)		
Change in beneficial interest in trusts		(20,012)		(293,213)		
Contributions restricted by donors		(245,441)		=		
Changes in		` , ,				
Patient accounts receivable		(35,398)		(7,223)		
Contribution receivable		*		194,040		
Accounts payable and accrued expenses		(26,089)		(47,923)		
Prepaid expenses and other current assets		(6,449)		21,361		
Net cash used in operating activities		(697,071)		(659,752)		
Investing Activities						
Purchases of investments		(242,461)		(211,345)		
Proceeds from dispositions of investments		53		77,239		
Purchase of property and equipment		(119,144)		(153,513)		
Proceeds from sale of equipment	_	#1		3,200		
Net cash used in investing activities		(361,605)		(284,419)		
Financing Activities						
Proceeds from issuance of long-term debt		800,000		700,000		
Contributions restricted by donors		245,441		161		
Net cash provided by financing activities		1,045,441	_	700,000		
Decrease in Cash		(13,235)		(244,171)		
Cash, Beginning of Year		216,141		460,312		
Cash, End of Year	\$	202,906	\$	216,141		

Notes to Financial Statements
December 31, 2014 and 2013

#### Note 1: Nature of Operations and Summary of Significant Accounting Policies

#### Nature of Operations

St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home) primarily earns revenues by providing nursing care services and an apartment living facility to low income, elderly residents in Louisville, Kentucky.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Assets Limited As To Use

Assets limited as to use include assets restricted by donors and assets set aside by the board of directors for future capital improvements over which the board retains control and may, at its discretion, subsequently use for other purposes. Assets limited as to use consist of cash at December 31, 2014 and 2013.

#### Patient Accounts Receivable

The Home reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Home provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the Home bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

#### Property and Equipment

Property and equipment are stated at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

#### Notes to Financial Statements December 31, 2014 and 2013

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and improvements 5-40 years Leasehold improvements 5-20 years Equipment 3-10 years

#### Long-Lived Asset Impairment

The Home evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended December 31, 2014 and 2013.

#### Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Home has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Home in perpetuity.

Temporarily restricted net assets consisted of amounts restricted by donors for equipment purchases at December 31, 2014.

#### Net Patient Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods, as adjustments become known.

#### Rental Revenue

Rental revenue related to apartment leasing is recognized on the straight-line basis over the term of the agreement. Any amounts received in advance are recorded as unearned revenue.

## Notes to Financial Statements December 31, 2014 and 2013

#### **Contributions**

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Conditional gifts depend on the occurrence of a specified future and uncertain event to bind the potential donor and are recognized as assets and revenue when the conditions are substantially met and the gift becomes unconditional.

#### **Contributed Services**

Contributions of services are recognized as revenue at their estimated fair values only when the services received create or enhance nonfinancial assets or require specialized skill possessed by the individuals providing the service and the service would typically need to be purchased if not donated. Contribution revenue for the years ended December 31, 2014 and 2013, recognized from contributed services consisted of:

	 2014	 2013		
General and administrative activities Health care services	\$ <b>82,000</b> 50,125	\$ <b>82,000</b> 58,000		
	\$ 132,125	\$ 140,000		

#### **Professional Liability Claims**

The Home recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 8.

Notes to Financial Statements
December 31, 2014 and 2013

#### Income Taxes

The Home has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Home is subject to federal income tax on any unrelated business taxable income. The Home files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Home is no longer subject to U.S. federal examinations by tax authorities for years before 2011.

#### Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 financial statement presentation. These reclassifications had no effect on the change in net assets.

#### Note 2: Net Patient Service Revenue

The Home has agreements with third-party payers that provide for payments to the Home at amounts different from its established rates.

These payment arrangements include revenues from Medicare and Medicaid. The amounts of service revenues are determined by a number of factors, including the number of licensed beds and occupancy rates of the Home, the acuity levels of patients and the rates of reimbursement among payers.

Approximately 90% and 88% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2014 and 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and changes. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Home has also entered into payment agreements with certain managed care organizations and other third-party payers.

Notes to Financial Statements
December 31, 2014 and 2013

#### Note 3: Concentration of Credit Risk

#### Accounts Receivable

The Home grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2014 and 2013, was:

	2014	2013
Medicare	33%	17%
Medicaid	66%	80%
Other third-party payers and patients	1%	3%
	100%	100%

#### Bank Balances

The Home considers all liquid investments with original maturities of three months or less to be cash equivalents.

At December 31, 2014, the Home's cash accounts exceeded federally insured limits by approximately \$6,000. The cash included in assets limited as to use are not subject to Federal Deposit Insurance Corporation (FDIC) insurance.

#### Note 4: Beneficial Interest in Perpetual Trusts

The Home is the beneficiary under perpetual and remainder trusts administered by outside parties. Under the terms of the perpetual trusts, the Home has the irrevocable right to receive income earned on the trust assets in perpetuity but never receives the assets held in trust. Under the terms of the remainder trust, the specified beneficiaries receive distributions of the trust's net income during their lives, and upon the deaths of all beneficiaries, the Home receives the remainder of the trust's assets. As each beneficiary expires, the Home receives that beneficiary's right to receive net income distributions. The estimated value of the expected future cash flows is \$3,467,617 and \$3,447,605, which represents the fair value of the trust assets at December 31, 2014 and 2013, respectively. The income from these trusts for 2014 and 2013 was \$82,841 and \$80,274, respectively.

## Notes to Financial Statements December 31, 2014 and 2013

#### Note 5: Long-Term Debt

The Home has an uncollateralized note payable in the amount of \$1,750,000 due September 12, 2015, with Little Sisters of the Poor Chicago Province, Inc. (Province), which is an organization related to the Home. The note payable includes interest at 3% that is due at the maturity of the note. Subsequent to the end of the year, the Province extended the due date of note payable and interest payable to September 12, 2020.

The Home has an uncollateralized note payable in the amount of \$100,000 due November 2, 2017, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$200,000 due March 21, 2018, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$500,000 due June 17, 2018, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$250,000 due January 23, 2019, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$200,000 due May 19, 2019, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$150,000 due September 2, 2019, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

The Home has an uncollateralized note payable in the amount of \$200,000 due November 1, 2019, with the Province. The note payable includes interest at 3% that is due at the maturity of the note.

#### Note 6: Functional Expenses

The Home provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2014	2013
Health care services	\$ 4,114,918	\$ 4,057,904
General and administrative	771,610	772,732
Fundraising	44,756	38,823
	\$ 4,931,284	\$ 4,869,459

Notes to Financial Statements
December 31, 2014 and 2013

#### Note 7: Pension Plan

The Home participates in the Christian Brothers Employee Retirement Plan, a multiemployer-defined benefit pension plan that covers substantially all of its employees. The Home contributed approximately \$60,000 and \$65,000 to the plan in 2014 and 2013, respectively, which was included in employee benefits as pension expense in 2014 and 2013 in the statements of operations and changes in net assets.

The Home participates in the Christian Brothers Retirement Savings Plan, a defined contribution pension plan covering substantially all employees. There was no pension expense associated with this plan for the years ended December 31, 2014 and 2013.

#### Note 8: Medical Malpractice Costs

The Home purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Home's claim experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

#### Note 9: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

#### Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

#### Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Notes 1 and 8.

Notes to Financial Statements
December 31, 2014 and 2013

#### Litigation

In the normal course of business, the Home is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Home's commercial insurance, *i.e.*, allegations regarding employment practices or performance of contracts. The Home evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

#### Note 10: Subsequent Events

In April 2015, the Home received an unrestricted contribution of approximately \$890,000.

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.



\*

## Schedule of Balance Sheet Information by Operation December 31, 2014

	Nursing Home	Apartments	Eliminations	Total
Assets				
Current Assets  Cash  Patient accounts receivable, net of allowance	\$ 185,791 188,945	\$ 17,115 	\$	\$ 202,906 188,945
Prepaid expenses and other current assets  Due from apartments	22,795 110,025	1,721	(110,025)	24,516
Total current assets	507,556	18,836	(110,025)	416,367
Assets Limited As To Use Internally designated Externally restricted by donors	365,180 245,441	\$ ·		365,180 245,441
	610,621			610,621
Property and Equipment, At Cost Land and land improvements	197,136	23,003	<i>20</i>	220,139
Buildings Equipment	11,811,645	5,080,174 108,157		16,891,819 1,577,396
Less accumulated depreciation	13,478,020 10,055,171	5,211,334 3,124,966		18,689,354 13,180,137
	3,422,849	2,086,368		5,509,217
Other Assets Beneficial interest in trusts	3,467,617			2 4/5 /17
				3,467,617
Total assets	\$ 8,008,643	\$ 2,105,204	\$ (110,025)	\$ 10,003,822
Liabilities and Net Assets				
Current Liabilities				
Accounts payable Accrued expenses	\$ 71,465 347,218	\$ 2,458	\$ -	\$ 73,923 347,218
Due to nursing home	J+1,210	110,025	(110,025)	347,210
Total current liabilities	418,683	112,483	(110,025)	421,141
Accrued Interest	1,330,830	*	12	1,330,830
Long-Term Debt	3,350,000		- 17	3,350,000
Total liabilities	5,099,513	112,483	(110,025)	5,101,971
Net Assets Unrestricted	(803,928)	1,992,721		1,188,793
Temporarily restricted	245,441	-		245,441
Permanently restricted	3,467,617			3,467,617
Total net assets	2,909,130	1,992,721		4,901,851
Total liabilities and net assets	\$ 8,008,643	\$ 2,105,204	\$ (110,025)	\$ 10,003,822

### Schedule of Statement of Operations Information by Operation Year Ended December 31, 2014

_		lursing Home	Ap	artments	Elir	minations		Total
Operating Revenues			_		•		Φ.	2 560 207
Net patient service revenue	\$	2,568,207	\$	(1992)	\$	-	\$	2,568,207
Rental revenue				139,044		- 5		139,044 761,489
Contributions		761,489		-		-		
Contributed services		132,125		-				132,125
Special events		219,425		-		-		219,425 24,732
Other revenue		24,732			_		_	24,132
Total operating revenues		3,705,978		139,044			_	3,845,022
Operating Expenses								0.500.573
Salaries and wages		2,563,936		35,637		-		2,599,573
Employee benefits		622,648		7,516		5.00		630,164 385,286
Purchased services and professional fees		373,925		11,361				133,064
Supplies		126,237		6,827		-		91,242
Interest expense		91,242		126 441		-		401,446
Depreciation and amortization		265,005		136,441		-		29,680
Provision for uncollectible accounts		30,457		(7 <b>77</b> )		-		43,467
Special events		43,467		66 071				617,362
Other .		552,291	_	65,071				017,502
Total operating expenses		4,669,208	_	262,076	_			4,931,284
Operating Loss		(963,230)	_	(123,032)		•	_	(1,086,262)
Other Income								26 001
Interest income	_	26,001	_		_	-	-	26,001_
Total other income	_	26,001			_	-	_	26,001
Deficiency of Revenues Over Expenses and Decrease in Unrestricted Net Assets		(937,229)		(123,032)		<b>=</b>		(1,060,261)
Temporarily Restricted Net Assets Contributions		245,441				3		245,441
Permanently Restricted Net Assets  Change in beneficial interest in perpetual  trusts		20,012	_	-	_	ş	_	20,012
Change in Net Assets		(671,776)		(123,032)		-		(794,808)
Net Assets, Beginning of Year		3,580,906	_	2,115,753	_		_	5,696,659
Net Assets, End of Year	\$	2,909,130	\$	1,992,721	\$	-	_	4,901,851

DLN; 93493219015825

Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

► Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at <a href="https://www.jrs.gov/form990">www.jrs.gov/form990</a>

2014

Open to Public Inspection

A For	the 20	14 cal	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
B Chec			C Name of organization LITTLE SISTERS OF THE POOR HOME FOR THE AGED		D Employe	er identi	fication number
Addr		i	OF LOUISVILLE KENTUCKY				
Nam	e chano	re .	% BOOKKEEPER Doing business as		1		
☐ Initia	_				E Telephon	o mumobo	
Fina			Number and street (or P O box if mail is not delivered to street address) Room/suite				
T retui	m/termi	nated	15 AUDUBON PLAZA DRIVE Suite		(502)6	36-23	00
☐ Ame	nded re	turn	City or town, state or province, country, and ZIP or foreign postal code		]	ounte di A	022 702
T Appl	ication p	ending	LOUISVILLE, KY 40217		G Gross rec	zeipics » «	,033,202
			F Name and address of principal officer	H(a) Ist	m :his a group r	eturn fo	or
			SISTER CHANTAL PEYTON	sub	ordinates?		☐ Yes 🗹 No
			15 AUDUBON PLAZA LOUISVILLE,KY 40217	H/b) A ==	all subordin	atac	□ Yes □ No
					luded?	ucus	, , , , , , , , ,
1 Tax	-exemp	t status	501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	If"	No," attach a	ı lıst (s	ee instructions)
3 We	:bsite:	► N/	A	H(c) Gr	oup exemptio	n numl	ber ▶ 0928
					formation 188	n Mas	tate of legal domicile KY
			Corporation Trust Association Other ►	L Teal Of	ioillation 100	0 143	tate of legal conficie Ki
Par			ımary				
	- 11	TTIF	escribe the organization's mission or most significant activities SISTERS OF THE POOR CARE FOR THE ELDERLY POOR IN SPIRIT O THEY WELCOME THE ELDERLY AS WOULD JESUS CHRIST HIMSELF	F HUMBL & SERVE	E SERVICE I	RECEIV	/ED FROM JEANNE
<u>2</u>	-						
Governance	_						
到	2 C	heck t	his box 🚩 if the organization discontinued its operations or disposed of	more than	25% of its i	net ass	ets
§							
ACTIVITIES &			of voting members of the governing body (Part VI, line 1a)		• •	3	3
22			of independent voting members of the governing body (Part VI, line 1b)	* * *		4	3
Ę.			imber of individuals employed in calendar year 2014 (Part V, line 2a) .		• • •	5	133
۲			ımber of volunteers (estimate if necessary)			6	100
			related business revenue from Part VIII, column (C), line 12			7a 7b	0
	b N	et unr	elated business taxable income from Form 990-T, line 34		rior Year	/8	Current Year
					673,6	56	1,016,930
9	8		nbutions and grants (Part VIII, line 1h)	-	2,456,9	_	2,568,207
Revenue	9	_	am service revenue (Part VIII, line 2g)	20,77		$\overline{}$	26,001
Ρş	10		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	332,924			329,734
	11		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	**	12)			3,484,2		3,940,872
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	14		fits paid to or for members (Part IX, column (A), line 4)		0-		0
d	15		nes, other compensation, employee benefits (Part IX, column (A), lines		3,233,8	47	3,124,141
p enraes	16a	5-10	ssional fundraising fees (Part IX, column (A), line 11e)	-		0	0
듄	100						
盃	Ь		fundraising expenses (Part IX, column (D), line 25) ▶1,289	-			4.752.575
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,600,9	_	1,763,676
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	4,834,7	_	4,887,817 -946,945
	19	Reve	nue less expenses Subtract line 18 from line 12	Basin	-1,350,4 ning of Curren	_	
₩ <del>2</del>				Begini	Year	_	End of Year
200	20	Tota	assets (Part X, line 16)		10,024,7	19	10,003,822
Not Assets or Fund Bakances	21		liabilities (Part X, line 26)		4,328,0	60	5,101,971
훒퍝	22	Net:	essets or fund balances Subtract line 21 from line 20		5,696,6	559	4,901,851
	rt II	Sig	nature Block				
my k	nowled	lge and	f perjury, I declare that I have examined this return, including accompand belief, it is true, correct, and complete Declaration of preparer (other the knowledge	ring sched an officer)	iules and sta is based on	tement all info	s, and to the best of rmation of which
		1	h444		2015-08-07		
Siar	1	18	nature of officer		Date		
Her		SIS	TER MAUREEN COURTNEY VICE PRESIDENT				
			pe or print name and title				
			Preparer's name Preparer's signature Di KIM SCIFRES KIM SCIFRES	ate	Check if if self-employed	PTIN P01316	095
Pai	d		Firm's name BKD LLP		seir-employed Film's EIN ►		
Pre	pare	er				A 704 00	11
	On!		Firm's address № 360 E 8TH AVE STE 201 PO BOX 1196	1	Phone no (270	701-01	.11
			BOWLING GREEN, KY 421021196				Eve Ette
May	the IR	S disc	uss this return with the preparer shown above? (see instructions)				F Yes □No

Form 9	990 (2014)				Page 2
Part	IIII State	ement of Program Servi	ce Accomplishments onse or note to any line in this	Part III	
1	Briefly desc	ribe the organization's mission			
FOR T	HE ELDERL'	Y IN NEED THE HOME IS PA	THE HOME FOR THE AGED W RT OF THE INTERNATIONAL ND SERVES THE ELDERLY IN	HICH PROVIDES NURSING AND F CONGREGATION OF THE LITTLE S 31 COUNTRIES	RESIDENTIAL CARE SISTERS OF THE POOR,
	the prior For	m 990 or 990-EZ?	ant program services during the	year which were not listed on	Yes   ∇ No
		cribe these new services on S			
	services?	nization cease conducting, or i		it conducts, any program	☐ Yes ☐ No
4	Describe the	e organization's program service	e accomplishments for each of	its three largest program services, a report the amount of grants and alloc	s measured by ations to others,
4a	(Code	) (Expenses \$	4,141,919 including grants of	\$ ) (Revenue \$	2,582,939 )
	THE ORGANIZ			THE NURSING HOME DONATED SERVICES	TOTALED \$132,125 DONATED
4b	(Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
4c	(Code	) (Expenses \$	mcluding grants of	\$ ) (Revenue \$	)
4d	Other prod	gram services (Describe in Sch	nedule O )		
	(Expenses		luding grants of \$	) (Revenue \$	)
4e	Total prog	ram service expenses >-	4,141,919		
_					Form 990 (2014

Part IV	Checklist	of Req	uired	Schedul	es

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	<u> </u>
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		No
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		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8	<u> </u>	No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

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 domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part  IX column (A) line 2? If "Yes." complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1	23		No
	and complete Schedule K. If "No," go to line 25a	24a		No
	<u> </u>	24b		
¢	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		No
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	25Ь		No
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?	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"  complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		No
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		No
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
-	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes." complete Schedule R, Part V, line 2	36		No
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		Nο
38	and provide explanations in Schedule O for Part VI, lines 11b and 197		Yes	1/201/

Form	990 (2014)			Page !					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> 1		<u></u>					
	7	-	Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0		- 1						
	Effet the Rumber of Politis W-29 metaded in the 24 Effect of in hot opposition								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
£	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No					
d	file Form 8282?	7.0		- 110					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>7</b> g		No					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No					
8	Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time								
	during the year?	8							
9a		9a		<u> </u>					
b		9b							
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12								
a b				<u> </u>					
11	Section 501(c)(12) organizations. Enter			1					
а	1 to 1								
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?	1.2a		İ					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	And the second s	1							
8	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O	<del></del>		<del>                                     </del>					
	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								
	Enter the amount of reserves on hand	 							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		L .					

Pa -	Governance, Management, and Disclosure For each "Yes" response to lines 2 through "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chan See instructions.	7b belo ges in	ow, and Sched	d for a ule O.
	Check if Schedule O contains a response or note to any line in this Part VI			চ
S	ection A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the end of the tax		Yes	No
	year	1		
	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	,   ;		
2	Old 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Yes	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
36	ection B. Policies (This Section B requests information about policies not required by the Internal F	levent	re Cod	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	· · · ·
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13 14	Did the organization have a written whistleblower policy?	13	Yes	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14	Yes	<del></del>
a	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Va.	
	Other officers or key employees of the organization	15a	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17 18	List the States with which a copy of this Form 990 is required to be filed ►KY			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BOOKKEEPER 15 AUDUBON PLAZA DRIVE LOUISVILLE,KY 40217 (502) 636-2300	3		

Form	۵	۵	Δ.	10	6	4	43	ń
-orm	3	7	v	~	u	1	4	ı

Page 7

# 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more than one person is both and a director or chiector to cor chiector to chi		do not check ne box, unless oth an officer ctor/trustee)		ss er )	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Œ.	ไทแฮเลล			sated				
(1) SR CHANTAL PEYTON	40 0									
PRESIDENT	# 4 m 6 m 6 m 6 m 2 m 4 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1			Х				0	٥	0
(2) SR MAUREEN COURTNEY	40 0			Г	Г					
VICE PRESIDENT		L		Х				0	0	0
(3) SR ROSE MARIE MAYOCK	40 0									
SECRETARY/TREASURER				Х				0	0	0

Part VII	Section A.	Officers, Directors,	Trustees, I	Key Employees,	and Highest Compens	ated Employees (con	tınued)

organizations below dotted line)  Sub-Total  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations from the organization and related organizations from the surface and the su	(A) Name and Title	lame and Title Average hours per week (list any hours			one i both	ot check oox, unless an officer /trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	from related - organizations (W	/-   '	(F) Estima imount o compens from t	sted fother sation the
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensator		organizations below	ndividual trustee  x director		Officer	Highest compensated employee	Former	2/1099-M13C	) 2/1099-MISC		relate	ed
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensator												
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensator												
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensator												
Total (add lines 1b and 1c)	<u> </u>	***					- h-					
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensator			iection /		•							
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation	sheets to Part VII, S					Þ		0	0		
on line 1a7 If "Yes," complete Schedule I for such individual	c Total from continuation d Total (add lines 1b and Total number of individu	sheets to Part VII, S  1c)		to th	ose	listed abov	<b>⊩</b>	ho received more	o e than	0		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	Total from continuation  Total (add lines 1b and  Total number of individu \$100,000 of reportable	a sheets to Part VII, S 1c)	Irmited ne organ	to th	ose on <b>⊳</b> (	listed abov	e) w	<u> </u>	<u> </u>	0	Yes	No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	Total from continuation d Total (add lines 1b and Total number of individu \$100,000 of reportable  Did the organization list	als (including but not compensation from the	Imited ne organ	to th	ose on <b>⊳</b> ( stee,	listed abov	e) w	, or highest comp	ensated employee		Yes	No No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation	Total from continuation  Total (add lines 1b and  Total number of individu \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related	als (including but not compensation from the any former officer, displete Schedule J for sur on line 1a, is the sum	limited ne organ rector of ch indiv	to the	ose on • (	key emplo	e) w	, or highest comp	ensated employee	3	Yes	No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation	Total from continuation  d Total (add lines 1b and  Total number of individu \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual	als (including but not compensation from the any former officer, displete Schedule I for sur on line 1a, is the sum organizations greater.	limited ne organ rector o ch indiv n of reporthan \$	to the nization or true or true or true or true or true or table 150,	ose onlet	key emplo mpensatio ? If "Yes,"	be) w	, or highest comp d other compens olete Schedule I fo	ensated employee ation from the er such	3	Yes	
Name and business address Description of services Compensation	Total from continuation  Total (add lines 1b and  Total number of individus \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual  Did any person listed on services rendered to the	als (including but not compensation from the any former officer, displete Schedule I for sure organizations greater alline 1a receive or accordanization? If "Yes	limited ne organ rector o ch indiv n of reporthan \$	to the nization or true or true or true or true or true or table 150,	ose onlet	key emplo mpensatio ? If "Yes,"	be) w	, or highest comp d other compens olete Schedule I fo	ensated employee ation from the er such	3	Yes	No
	Total from continuation  Total (add lines 1b and  Total number of individus \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual  Did any person listed on services rendered to the  Section B. Independe  Complete this table for years	als (including but not compensation from the any former officer, displete Schedule J for sure organizations greater of the sure organizations of the sure organization? If "Yes	rector coch indiv	to the nization or true or tru	ose on le co on on le co on o	, key emplo , key emplo , mpensatio ? If "Yes," , on from an	pyee n an comp	, or highest composed other compensolete Schedule I for a serior control of the c	ensated employee ation from the r such ion or individual for more than \$100,000	3 4 5		No No
	Total from continuation  Total (add lines 1b and  Total number of individus \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual  Did any person listed on services rendered to the  Section B. Independe  Complete this table for years	als (including but not compensation from the any former officer, displete Schedule J for sure organizations greater of line 1a receive or act organization? If "Yes not Contractors over five highest comportanization Report c	imited ne organ rector c ch indiv n of reporthan \$ crue co r," comp	to the nization or true or tru	ose on le co on on le co on o	, key emplo , key emplo , mpensatio ? If "Yes," , on from an	pyee n an an actor	, or highest compens of the schedule I for the sche	nensated employee  ation from the r such  ion or individual for  more than \$100,000 within the organizat	3 4 5	tax year	No No
	Total from continuation  Total (add lines 1b and  Total number of individus \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual  Did any person listed on services rendered to the  Section B. Independe  Complete this table for years	als (including but not compensation from the any former officer, displete Schedule J for sure organizations greater of line 1a receive or act organization? If "Yes not Contractors over five highest comportanization Report c	imited ne organ rector c ch indiv n of reporthan \$ crue co r," comp	to the nization or true or tru	ose on le co on on le co on o	, key emplo , key emplo , mpensatio ? If "Yes," , on from an	pyee n an an actor	, or highest compens of the schedule I for the sche	nensated employee  ation from the r such  ion or individual for  more than \$100,000 within the organizat	3 4 5	tax year	No No
Total number of independent contractors (including but not limited to those listed above) who received more than	Total from continuation  Total (add lines 1b and  Total number of individus \$100,000 of reportable  Did the organization list on line 1a? If "Yes," com  For any individual listed organization and related individual  Did any person listed on services rendered to the  Section B. Independe  Complete this table for years	als (including but not compensation from the any former officer, displete Schedule J for sure organizations greater of line 1a receive or act organization? If "Yes not Contractors over five highest comportanization Report c	imited ne organ rector c ch indiv n of reporthan \$ crue co r," comp	to the nization or true or tru	ose on le co on on le co on o	, key emplo , key emplo , mpensatio ? If "Yes," , on from an	pyee n an an actor	, or highest compens of the schedule I for the sche	nensated employee  ation from the r such  ion or individual for  more than \$100,000 within the organizat	3 4 5	tax year	No No

341,003 Form **990** (2014)

Part V	HH	Statement of	Revenue e O contains a respons		a in this Dart Wiff			
		Check if Schedul	e O contains a respons	e or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u 10	1a	Federated campa	aigns 1a					
a m	ь	Membership due	s 11 W 1b					
G. E.	c	Fundraising ever	nts 👸 🛬 1c		l			
\$ ₹	d	Related organiza	ntions 1d					
5 5	e	Government grants						
Si iž	-	_	ns, gifts, grants, and 1f	1,016,930				1
	1	similar amounts not	included above					1
출형	9	Noncash contribution	ns included in lines	133,957				
Contributions, Gifts, Grants and Other Similar Amounts	Ь,	Total. Add lines	1a-1f		1,016,930			1
	-	<u> </u>		Business Code				1
Program Seruce Raverus	2a	NET PATIENT SERVI	ICE RÉVÊNUE	623000	2,568,207	2,568,207		
9,	ь		<del></del>					
<del>م</del>								
25	a	-						
ž								
56	f	All other progra	m service revenue					
2	1	* * * * * * * * * * * * * * * * * * * *	20 26		2,568,207			-
	3		2a-2f					25.001
	-	and other simils	er amounts)		26,001			26,001
	4	Income from invest	tment of tax-exempt bond ;		0			-
	5	Royalties	100 1					-
		C	(i) Real 176,207	(II) Personal				j
	6a b	Gross rents Less rental	37,163		-	<b>†</b>		
	-	expenses	139,044					
	C	or (loss)			139,044			139,044
	d	Net rental inco	me or (loss) (i) Securities	(II) Other		-	 	
	72	Gross amount	(I) Securities	(II) O CHOI	1			
	"	from sales of assets other				1		
	1.	than inventory			-			
	ь	other basis and sales expenses						
	c				]			
	d	Net gain or (los	is)	<b>-</b>  ►	<u> </u>	<u> </u>		
40	8:	Gross income f						ļ
Other Revenue		\$						
₹	1	of contribution:	s reported on line 1c)					
æ		See Part IV, III	a	122,410				
₹	1	Less direct ex	penses b	32,542		1		
ö		Net income or	(loss) from fundraising	events 📂	89,86	8	ļ	89,868
	94		from gaming activities ne 19		]			
		See Fait IV, iii	a	108,715	;			
	1	Less direct ex	cpenses b	22,625				0.5 000
		c Net income or	(loss) from gaming act	vities	86,09	0	<u> </u>	86,090
	10	<ul> <li>Gross sales of returns and all</li> </ul>						ļ
		returns and an	owances .		7			ĺ
		b Less cost of g	goods sold b		]			
	1	c Net income or	(loss) from sales of inv	entory		0		
		Miscellaneou	is Revenue	Business Code		5,09		
	11	OTHER RESID	DENT INCOME	81230		<u> </u>		
		MISCELLANE	ous	90009	9,0:	9,03	1	-
	'	c					<del> </del>	
	- (	d All other rever			-	-	1	
		-	es 11a-11d		14,73	32	-	
	12	Total revenue	. See Instructions .		3,940,87	72 2,582,93	9	0 341,00

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

				,	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	27,000		27,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,558,853	2,309,861	248,992	
7	Other salanes and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	352,600	316,614	35,986	
10	Payroll taxes	185,688	166,737	18,951	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	8,063	7,257	806	
12	Advertising and promotion	0			
13	Office expenses	61,501	49,201	12,300	
14	Information technology	55,998	44,798	11,200	
15	Royalties	1,672		1,672	<del></del>
16	Occupancy	0		3,313	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal,				
	state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	91,242	54,745	36,497	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	401,446	240,868	160,578	
23	Insurance	104,856	83,885	20,971	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OPERATION OF PLANT	448,177	313,724	134,453	
b	IL (PERS CARE) & NURSING	443,451	443,451		
C	BAD DEBTS	29,680	29,680		
d	HOUSEKEEPING & PASTORAL	117,344	82,141	35,203	
e	All other expenses	246	-1,043		1,289
25	Total functional expenses. Add lines 1 through 24e	4,887,817	4,141,919	744,609	1,289
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)				

Check if Schedule Q contains a response or note to any line in this Part X   Fig.	Par	t X	Balance Sheet			
1   Cash-non-interest-beaning   Segmining of year   Sed of year   Sed of year   Cash-non-interest-beaning   Sed of Cot   Sed of S			Check if Schedule O contains a response or note to any line in this Part X		•	· · · · · · · · · · · · · · · · · · ·
1 Cesh-non-interest-bearing (500 1 600 1 500 1						
3   Pledges and grants receivable, net   10   3   10   0		1	Cash-non-interest-bearing		1	
4 Accounts receivable, net		2	Savings and temporary cash investments	583,701	2	812,927
10   10   10   10   10   10   10   10		3	Pledges and grants receivable, net	Ð	3	0
## Part II of Schedule L    Cans and other receivables from other disqualified persons (as defined under action 4958(P(I)), persons described in section 4958(P(I)), persons described in section 4958(P(I)3/8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L    Part VI of Schedule D		4	Accounts receivable, net	181,747	4	188,346
Schadule L		5				
100   100						
Consider the content of the conte			Sulledule L	٥	5	٥
## 49 \$8 (f() 1), persons described in section 49 58 (c() 3 (8), and contributing employers and sponsoring organizations of section 50 12 (c()) voluntary employee's beneficiary organizations (see instructions) Complete Part II of Schedule L    10		6	Loans and other receivables from other disqualified persons (as defined under section			
Prepart expenses and deferred charges   10			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
7   Notes and loans receivable, net   0   6   0   0   7   0   0   0   7   0   0   0						
19   Prepared expenses and deferred charges   19,547   9   25,115	\$		organizations (see instructions) Complete Part II or Schedule L	٥		0
19   Prepared expenses and deferred charges   19,547   9   25,115	80	,	Notes and loans recovable not			ļ
9 Prepaid expenses and deferred charges  10 Land, buildings, and equipment cost or other basis Complete Part V of Schedule D  10 Less accumulated depreciation  11 Investments—publicity traded securities  12 Investments—publicity traded securities  13 Investments—program-related See Part IV, line 11  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18,547 eg  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV Schedule D  21 Unsecured notes and loans payable to unrelated third parties  22 Unsecured notes and loans payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities. Add lines 17 through 25  26 Total liabilities. Add lines 17 through 25  27 Organizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  26 Permanently restricted net assets  27 Organizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 20 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building or equipment fund  32 Setting and chart assets or fund balances  33 Total net assets or fund balances  5 Total inet assets or fund balances  5 Total inet assets or fund balances  10 Capital stock or trust principal, or current funds  11 Capital stock or trust principal, or current funds  12 Capital stock or trust principal, or current funds  13 Paid-in or capital surplus, or land, building or equipment fund  14 Interest Particular and programment fund  25 Total liabilities for fund balances  15 Total liabilities  16 Total liabilities  17 Total liabilities  18 Temporarily restricted net assets  19 Secured mortga	₹	l .				
10a					_	<u> </u>
Part VI of Schedule D   10e   18,689,354   10b   13,180,137   5,791,519   10c   5,509,217   11   Investments—publicly traded securities See Part IV, line 11   0   12   0   0   13   0   0   14   0   0   14   0   15   0   15   0   15   0   15   0   15   0   15   0   16   16   0   16   16   0   16   0   17   0   17   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   18   0   19   0   18   0   19   0   0   19   0   0   0   0   0   0   0   0   0		_		10,017		20,110
11   Investments—publicly traded securities   0   11   0   0   12   0   0   13   10   0   13   10   13   10   13   10   13   10   14   10   13   10   14   10   13   10   14   10   15   10   14   10   15   15		100				
12   Investments—other securities See Part IV, line 11		ь	Less accumulated depreciation 10b 13,180,137	5,791,519	10c	5,509,217
13		11	Investments—publicly traded securities	0	11	0
14 Intangible assets		12	Investments—other securities See Part IV, line 11	0	12	0
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11	0	13	0
16   Total assets. Add lines 1 through 15 (must equal line 34)   10,024,719   16   10,003,822		14	Intangible assets	0	14	0
17		15	Other assets See Part IV, line 11	3,447,605	15	3,467,617
18   Grants payable   0   18   0   0   19   0   0   19   0   0   19   0   0   0   19   0   0   0   19   0   0   0   19   0   0   0   19   0   0   0   0   19   0   0   0   0   19   0   0   0   0   19   0   0   0   0   19   0   0   0   0   19   0   0   0   19   0   0   0   19   0   0   0   19   0   0   0   10   1		16	Total assets. Add lines 1 through 15 (must equal line 34)	10,024,719	16	10,003,822
19		17	Accounts payable and accrued expenses	1,778,060	17	1,751,971
20   Tax-exempt bond liabilities   0   20   0   0   20   0   0   21   0   0   22   23   3350,000   22   24   0   0   23   0   0   24   0   0   24   0   0   24   0   0   25   0   0   0   25   0   0   0   0   25   0   0   0   0   0   0   0   0   0		18	Grants payable	0	18	0
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	0	19	0
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	0	20	0
24 Unsecured notes and loans payable to unrelated third parties	92	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
24 Unsecured notes and loans payable to unrelated third parties	iiitie	22				
24 Unsecured notes and loans payable to unrelated third parties	ge		persons Complete Part II of Schedule L	2,550,000	22	3,350,000
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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   Total liabilities. Add lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Official lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Official lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Official lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Official lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Official Research		23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D  25 0 26 Total liabilities. Add lines 17 through 25 0 Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  Universtricted net assets 5,696,659 27 4,901,851 28 Temporarily restricted net assets 0 29 Permanently restricted net assets 0 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34.  Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 5,696,659 33 4,901,851		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
26 Total liabilities. Add lines 17 through 25		25				_
Organizations that follow SFAS 117 (ASC 958), check here > 7 and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets						
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		4,328,060	26	5,101,971
33 Total net assets or fund balances	ு di					
33 Total net assets or fund balances	ĕ	27		5,696,659	27	4.901.851
33 Total net assets or fund balances	<u> </u>					
33 Total net assets or fund balances	<u></u>			0		0
33 Total net assets or fund balances	를		·			
33 Total net assets or fund balances	Ē					
33 Total net assets or fund balances	0	30	Capital stock or trust principal, or current funds	}	30	
33 Total net assets or fund balances	츚	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	A S	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	<u>ಹ</u>	33	Total net assets or fund balances	5,696,659	33	4,901,851
		34	Total liabilities and net assets/fund balances	10,024,719	34	10,003,822

Page	12

.01111 220 (507.	m 990 (2014	) )	O	2	)	C	9	9	ì	п	n	o	*
------------------	-------------	-----	---	---	---	---	---	---	---	---	---	---	---

orm	990 (2014)			P	age 12
Part	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. IV
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9	40,872
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	87,817
3	Revenue less expenses Subtract line 2 from line 1	3		-9	46,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 🗻 👸	4		5,6	96,659
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		1	32,125
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			20,012
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,9	01,851
Dar	t XIII Financial Statements and Reporting				
rai	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				Yes	No
	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				N.o.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	wed o	n		
	2 Separate again		2ь	Yes	
b	Were the organization's financial statements audited by an independent accountant?	arato	-		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sept basis, consolidated basis, or both	aracc			
	Separate basis Consolidated basis Both consolidated and separate basis	1. 1			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
34	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
t	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	required sudit of sudits, explain why in Schedol C and describe any ottops		F	orm <b>99</b>	0(2014)

DLN: 93493219015825

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.lrs.gov/form990.

2014

Open to Public Inspection

LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE KENTUCKY 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E ) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by 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). 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 ) An organization that normally receives (1) more than 331/3% 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 331/3% 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type L. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (v) Amount of (vi) Amount of (iv) Is the organization (ii) EIN (iii) Type of (i)Name of supported monetary support other support (see listed in your governing organization organization instructions) (see instructions) document? (described on lines 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 Gifts, grants, contributions, and membership fees received (Do not 2.483.643 2,602,789 1,187,295 673,666 1,016,930 7.964,323 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to 0 the organization without charge Total. Add knes 1 through 3 2,483,643 2,602,789 1,187,295 673,666 1,016,930 7,964,323 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 0 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 7.964,323 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) Amounts from line 4 2,483,643 2,602,789 1,187,295 673,666 1,016,930 7,964,323 Gross income from interest, dividends, payments received on securities loans, rents, royalties 8.690 2.260 170,168 189,357 202,208 572,683 and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on Other income Do not include gain or loss from the sale of 193,471 192,412 256,991 237,588 234.157 1,114,619 capital assets (Explain in Part VI) Total support Add lines 7 through 11 9,651,625 Gross receipts from related activities, etc. (see instructions) 12 9,187,247 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 82 518 % 14 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 88 480 % 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Part III

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

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

Con	tion A. Public Support						
Sec	dar year (or fiscal year beginning		(63.3011	(0) 2012	(d) 2013	(e) 2014	(f) Total
calen	in) >	(a) 2010	<b>(b)</b> 2011	(c) 2012	(0) 2013	(6) 2017	(1) 10001
4	Gifts, grants, contributions, and						
1	membership fees received (Do not			1	1		
	include any "unusual grants ")		<u>                                     </u>		<u> </u>	ļl	
2	Gross receipts from admissions,		1		1		
_	merchandise sold or services			1			
	performed, or facilities furnished in					ļ l	
	any activity that is related to the	]					
	organization's tax-exempt				1		
	purpose						
3	Gross receipts from activities that			1	1		
	are not an unrelated trade or			1		1	
	business under section 513		<del> </del>	<del> </del>	<del>                                     </del>		
4	Tax revenues levied for the	1				1	
	organization's benefit and either						
	paid to or expended on its	ŀ		]			
1550	behalf		+				
5	The value of services or facilities	Į.	1	1			
	furnished by a governmental unit to	1		1			
_	the organization without charge	1					
6	Total. Add lines 1 through 5		+				
7a	Amounts included on lines 1, 2,	1			1		
	and 3 received from disqualified						
	persons Amounts included on lines 2 and 3						
b	received from other than	1					]
	disqualified persons that exceed		1	1		ļ	l
	the greater of \$5,000 or 1% of the		ŀ		1		
	amount on line 13 for the year				<del></del>		
_	Add lines 7a and 7b						
g	Public support (Subtract line 7c				1		
8	from line 6 )		<u> </u>	1		<u> </u>	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(a) 2014	(f) Total
	in) >	(4) 4010	(0) 2011	(5) 2522		+	
9	Amounts from line 6			<del></del>	<b>_</b>	-	ļ
10a	Gross income from interest,			}	1	1	]
	dividends, payments received on		ļ	1	1		İ
	securities loans, rents, royalties			1			
	and income from similar		Ì	1		1	
	sources		-	<del> </del>	+		
b	Unrelated business taxable			1			1
	income (less section 511 taxes)		1	1	1	1	1
	from businesses acquired after					1	<u></u>
	June 30, 1975		-		1		
c	Add lines 10a and 10b			<del> </del>			
11	Net income from unrelated				1		
	business activities not included		1		1	1	1
	in line 10b, whether or not the		1		<u> </u>	1	
	business is regularly carried on Other income. Do not include		1				
12	gain or loss from the sale of		1	1	1	1	1
	capital assets (Explain in Part			1		1	
	VI)				<del>                                     </del>		<del> </del>
13	Total support. (Add lines 9, 10c,				1		
4.3	. =		<u> </u>		-681	n eastern FA1/a	/3 ) organization
14	First five years. If the Form 990 is	for the organizat	tion's first, secoi	nd, third, fourth, c	rππn tax year as	a section sort(c)	)(3) organization,
	check this box and stop here						-
S	ection C. Computation of Pub	lic Support	rercentage	- 13[ (6)	\	48	
15	Public support percentage for 2014	(jine 8, column	(f) divided by lin	ie 13, column (f),	I	15	
16	Public support percentage from 20	13 Schedule A,	Part III, line 15			16	
	ection D. Computation of Inv	estment Inc	ome Percent	age			
	Investment income percentage for	2014 (line 10c.	column (f) divide	d by line 13, coli	ımn (f))	1.7	
17	TillAeprilletir illentile bei ceurade in	_ 2012 Cabadul	a A Dart III line	17		18	
18	Investment income percentage fro	m 2013 Schedule	- m, rait 111, iille	i M.F. Sansan Suns 4.4 -	and line 1 E an area		nd line 17 is not
19a	33 1/3% support tests—2014. If th	e organization d	lid not check the	box on line 14, a	Mich supported	e ulali 22 1/270, a organization	ind line 17 is flot
	more than 33 1/3%, check this box 33 1/3% support tests—2013. If the						
- 1	33 1/3% support tests—2013. If the 18 is not more than 33 1/3%, check	le organization d	ton here. The co	anization disalifi	es as a publicly s	upported organiza	tion 📂
-	18 is not more than 33 1/3%, chec	tion did not che	ck a box on line 1	4. 19a. or 19b.	check this box ar	d see instructions	s <b>▶</b> □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I organizations.

	I, complete Sections A and D, and complete Part V )			
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4ь		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
.Oa	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?		-	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
20		11a		
b	A family member of a person described in (a) above?	11b		

C A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Part IV Supporting Or	ganizations (c	ontinued)

Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations	T	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
-	ection E. Type III Functionally-Integrated Supporting Organizations			
	see the second of the second o	instru	ctions)	•
1	The organization satisfied the Activities Test Complete line 2 below			
	h The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions)	ntity (s	see	
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 <b></b>	Check here if t	ne organization satisfied the Integral Part Test as a qualifying trust on Nov 20,1970 See instructions. All oti	her
Type	III non-function	illy integrated supporting organizations must complete Sections A through E	

	Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
_	A	4.		1

	Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1.d		
ė	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	·
2	
3	
4	
5	
6	

Si	ection D - Distributions	Current Year
1	A mounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	A mounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(ਜां) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		,	
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excass distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
<b>b</b> From 2011			
c From 2012			
d From 2013			
e From 2014			

Schedule	A (For	-m 000	0000	-E71	2014
Scheante	ALFOI	III 330	01330	)-r/ I	7 U I 4

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

		Facts And Circumstances Test		
· · · · · · · · · · · · · · · · · · ·	-			
 			 	•

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493219015825

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

► 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.

шп	ne of the organization LE SISTERS OF THE POOR HOME FOR THE AGED OUISVILLE KENTUCKY		Employer identification number	-
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		e —
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			_
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			_
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No	
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant funds of the donor or donor advisor, or for an	can be y other purpose Yes No	J
Par	Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.	_
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	or education)   Preservation of an	historically important land area ertified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	ne form of a conservation	
	edsement on the last day of the tax year	Г	Held at the End of the Year	٦
93.	Total number of conservation easements	İ	2a	┪
b	Total acreage restricted by conservation easements	ì	2h	٦
c	Number of conservation easements on a certified histo	oric structure included in (a)	26	ᅥ
d	Number of conservation easements included in (c) acc			┨
•	historic structure listed in the National Register	,	2d	╝
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during	
	the tax year ▶			
4	Number of states where property subject to conservat	ion easement is located 🛌		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and	ŀ
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easem	nents during the year	
	Amount of expenses incurred in monitoring, inspecting	a and enforcing concentation ascements	during the year	
7	► \$	g, and emorening conservation easements	during the year	
8	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(II)?		Yes No	)
9	In Part XIII, describe how the organization reports co- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	ie footnote to the organization's financial		
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Other Similar Assets.	_
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reveness held for public exhibition, education, o	or research in furtherance of public	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education, o	statement and balance sheet or research in furtherance of public	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	_
2	If the organization received or held works of art, historollowing amounts required to be reported under SFAS	rical treasures, or other similar assets fo 116 (ASC 958) relating to these items		
a	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	

**b** Assets included in Form 990, Part X

Par	<b>1911</b> Organizations Maintaining Co	llections of Art	t, His	<u>itori</u>	ical 1	reasu	ires, or O	<u>the</u>	<u>r Similar As</u>	sets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of	the fol	lowing that a	re a	significant use	e of its	
a	Public exhibition		d	Γ	Loai	orexc	hange progr	ams			
b	Scholarly research		e	Γ	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization's content XIII	ollections and expla	ain ho	w the	y furti	er the	organization	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of a	rt, his	tonca	l treas	ures or other	rsım	ıılar		
	assets to be sold to raise funds rather than									Yes	☐ No
Ра	Part IV, line 9, or reported an ar						n answere	d "Y 	es" to Form !	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					utions	or other ass	ets :	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follo	MING !	table		_				
							-		Aı	nount	
c .	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21,	for e	scrow	orcust	odial accour	nt lia	bility?	Yes	No
b	If "Yes," explain the arrangement in Part XI										Γ-
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year	(b	)Pnor	year	b (c)	wo years back	(d)	Three years back	(e)Four	years back
b	Contributions					-					
c	Net investment earnings, gains, and losses					+-		-		·	
						<del> </del>		_			
d	Grants or scholarships					-		<u> </u>			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance					Ш.,					
2	Provide the estimated percentage of the cur	rent year end balan	ce (lir	ne 1g	, colui	nn (a))	held as				
a	Board designated or quasi-endowment										
b	Permanent endowment >										
C	Temporarily restricted endowment >										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3 <b>a</b>	Are there endowment funds not in the posse	ssion of the organiz	ation	that	are he	id and a	dministered	l for	the	_	
	organization by (i) unrelated organizations								3-1	Ye	s No
	(ii) related organizations		•			930 Bt	25 000 00 1	300	3a 3a 3a 3a		
Ь	If "Yes" to 3a(II), are the related organization			-		·	38 393 4		3		+-
4	Describe in Part XIII the intended uses of the	ne organization's en	down	ent f	unds				-		
Pa	t VI Land, Buildings, and Equipme		the o	rgar	nzatio	n ansı	wered 'Yes	' to	Form 990, Pa	art IV,	line
	11a. See Form 990, Part X, line Description of property	10.		(a)	) Cost o	r other	(b)Cost or of	har	(c) Accumulate	1 (4)	Book value
	Description of property					stment)	basis (othe		depreciation		DOOK ASING
1a	Land						66	,636			66,636
b	Buildings		•				15,749	,135	10,834,3	56	4,914,779
С	Leasehold improvements		•				145	,379	49,6	39	95,740
	Equipment		•				1,577	,396	1,382,4	36	194,960
	Other	1 1 1 1	-	Ш,			1,150		913,70	)6	237,102
Tota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part .	X, colu	ımn (	B), line	• 10(c).,		-	🕪		5.509.217

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		*
ther		
	_	
	l	
and (Column (is count again) Come (CO. Book V. and (B) book 17.)	b-	<del></del>
tal. (Cokumn (b) must equal Form 990, Part X, col (B) line 12)		
Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation
(4) Description of investment	(b) Book value	Cost or end-of-year market value
		<u> </u>
	1	
	+	<del> </del>
otal. (Column (b) must equal form 990. Part X. col (8) line 13 )	h-	
		0. Part IV. line 11d See Form 990. Part X. line 15
	on answered 'Yes' to Form 99	0), Part IV, line 11d See Form 990, Part X, line 15
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
	on answered 'Yes' to Form 99	
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
art IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 99	(b) Book value
Other Assets. Complete if the organization (a) Description (a) Description (b) Description (c)	on answered 'Yes' to Form 99	(b) Book value 3,467,6
Other Assets. Complete if the organization (a) Description (b) Description (c)	on answered 'Yes' to Form 99	(b) Book value 3,467,6
other Assets. Complete if the organization (a) Description (b) Description (c) Description (b) Must equal Form 990, Part X, col. (8) line Part X Other Liabilities. Complete if the organization (c) Part X, line 25.	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
Other Assets. Complete if the organization (a) Describe Describe (a) Describe Describe (a) Descr	on answered 'Yes' to Form 99	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal form 990, Part X, col.(B) line.  Other Liabilities. Complete if the org. Form 990, Part X, line 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
Other Assets. Complete if the organization (a) Described (a) Described (a) Described (a) Described (a) Described (a) Described (a) Described (a) Described (a) Described (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
htel. (Column (b) must equal form 990, Part X, col.(8) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
htel. (Column (b) must equal form 990, Part X, col.(8) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
htel. (Column (b) must equal form 990, Part X, col.(8) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
htel. (Column (b) must equal form 990, Part X, col.(8) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
otal. (Column (b) must equal form 990, Part X, col. (8) line:  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
htel. (Column (b) must equal form 990, Part X, col.(8) line.  Other Liabilities. Complete if the org. Form 990, Part X, ine 25.  (a) Description of liability	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6
tel. (Column (b) must equal Form 990, Part X, col.(B) line:  Year Young Town 1 (a) Description of liability deral income taxes	on answered 'Yes' to Form 99 ription  (5.)  anization answered 'Yes'	(b) Book value 3,467,6

Part		wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1		er support per audited financial statements	1	4,116,464
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments   2a		
ь	Donated services and use of f	acilities		
C	Recovenes of prior year grant	S		
d	Other (Describe in Part XIII )	)		
e	Add lines 2a through 2d .		2e	132,125
3	Subtract line 2e from line 1 .		3	3,984,339
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	)		
C	Add lines 4a and 4b		4c	-43,467
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	3,940,872
Part		xpenses per Audited Financial Statements With Expenses	рег	Return. Complete
		swered 'Yes' to Form 990, Part IV, line 12a.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	•	r audited financial statements	1	4,931,284
2		ut not on Form 990, Part IX, line 25		
4	Donated services and use of f	(5)		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII )	2d 43,467		
e	Add lines 2a through 2d		2e	43,467
3	Subtract line 2e from line 1 .		3	4,887,817
4		0, Part IX, line 25, but not on line 1:		
a	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	)		
C	Add lines 4a and 4b		4c	
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	4,887,817
Part	XIII Supplemental In	formation		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
SCH [	PART XI, LINE 4B	RECONCILIATION OF AUDIT REPORT - REVENUES		
		OTHER ITEMS INCLUDED ON FORM 990 PART VII BUT NOT ON LINE GAMING/FUNDRAISING EXPENSES NETTED AGAINST INCOME PER		DN 4/42 4671
ECH (	, PART XII, LINE 2D	RECONCILIATION TO AUDIT REPORT - EXPENSES		
SCH L	, PART ALL, LINE 20	OTHER ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990 PART I		
	<u></u>	EXPENSES NETTED AGAINST INCOME PER RETURN \$43,467		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			

Pag		edule D (Form 990) 2013
	r (continued)	rt XIII Supplemental Information
	Explanation	Return Reference

Schedule D (Form 990) 2014

DLN: 93493219015825

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2014

Internal Reve	enue Service	Dec. e.				90 or Form 990-EZ.		Open to Public Inspection
LITTLE S	the organization SISTERS OF THI ISVILLE KENTU	E POOR HO	-		990 or 990-i	EZ) and its instructions is at w		entification number
Part I			es. Complete to complete th		ganızatıo	n answered "Yes" to	Form 990, Part IV	, line 17. Form 990-EZ
1 Inc	licate whether the	e organizat	on raised funds t	hrough a	ny of the f	following activities Che	eck all that apply	
аГ	Mail solicitation				e	Solicitation of nor		
ь [	Internet and em		tions		f	Solicitation of gov	_	
c	Phone solicitati				g	Special fundraisin	g events	
d (	In-person solici	itations						
						vidual (including office) tion with professional f		Γ <sub>Yes</sub> Γ <sub>No</sub>
	Yes," list the ten be compensated				fundraise	rs) pursuant to agreem	ents under which the f	undraiser is
	ame and address individual entity (fundraiser		(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1				Yes	No			
-								
2								
3				-				
3								
4								
5								
6								
7								
8								
9								
10								
Total .					<b>&gt;</b>			
	t all states in whi istration or licen		nization is regis	ered or li	censed to	solicit contributions o	r has been notified it i	s exempt from
	·							

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi	on answered "Yes" to ons and gross income	Form 990, Part IV, line on Form 990-EZ, line	e 18, or reported es 1 and 6b. List
			(a) Event #1  TURTLE DERBY  (event type)	(b) Event #2  GOLF SCRAMBLE (event type)	(c) Other events  3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	26,038			122,410
970	2	Less Contributions				
<u>«</u>	3	Gross income (line 1 minus line 2)	26,038	51,585	44,787	122,410
	4	Cash prizes				
60	5	Noncash prizes				
) TSe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
to e	8	Entertainment . 👊 🖫				
Ā	9	Other direct expenses .	9,698	10,724	12,120	32,542
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(32,542)
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		89,868
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, hi		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$13,000 OH FORM 330 LZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
9	1	Gross revenue			108,715	108,715
Ses	2	Cash prizes			11,700	11,700
Direct Expenses	3	Non-cash prizes .				
тg Tg	4	Rent/facility costs				
	5	Other direct expenses			10,925	10,925
	6	Volunteer labor	Yes %	Yes %	Yes 75 000 %	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		22,625
	8	Net gaming income summary Subt	ract line 7 from line 1, co	lumn (d)		86,090
9	Ent	er the state(s) in which the organiza	ation conducts gaming ac	tivities		
a b		the organization licensed to conduct No,* explain				
10a b		re any of the organization's gaming   Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?	

che	chedule G (Form 990 or 990-EZ) 2014		Page 3
1		· · · · Fyes F	V No
	the state of the s		
	formed to administer charitable gaming?		No No
3			
a		13a 100	000 %
b		13b	%
4	and the agreement the agreement of a service deposits broke as	nd records	
	Name MARY ANN MORGAN	· 上版表 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	
	Address 15 AUDUBON PLAZA DRIVE LOUISVILLE,KY 40217	~	
	5a Does the organization have a contract with a third party from whom the organization receives gaming		
58	tevennes		₹ No
The .	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		740
D	amount of gaming revenue retained by the third party • \$		
С	C If "Yes," enter name and address of the third party		
	Name 🟲		
	Address >		
.6			
	Name MARY ANN MORGAN		+
	Gaming manager compensation 🟲 \$		
	Description of services provided ▶ IN CHARGE OF OPERATION OF RAFFLES		<b>*</b> ** * ***
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	7 Mandatory distributions		
a			_
	retain the state gaming license?	Yes	No
b	b Enter the amount of distributions required under state law distributed to other exempt organizations or sp	ent	
	in the organization's own exempt activities during the tax year \$ 175,958	dumne (m) and (v)	and
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addit instructions).	ional information (s	ee
_	Return Reference Explanation	-	
		ule G (Form 990 or 990	-EZ) 2014

DLN: 93493219015825

Schedule L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

LITTLE	≘ of the organization : SISTERS OF THE POOR HOME FOR THE A UISVILLE KENTUCKY	GED		Employer ident if	ication numb	er	
Part		tions (section 501(c)(3), section 501(c nswered "Yes" on Form 990, Part IV, line					
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description	on of transaction	(d) Co	rrected?	
		person and organization			Yes	No	
							_

2	Enter the	an	lour	nt of	tax	ınc	urre	ed by	y or	gan	ızat	เดก	mai	nag	ers	ord	lisqt	ualıf	ied	per	son	s du	iring	the	ye	aru	ınde	rse	tioi	n
	4958 .				-		-									-					-		-					-	\$	
3	Enter the	ns e	nour	nt of	tax	, ıf a	any,	ดก	lıne	2, 8	abo	ve,	reın	nbui	rsed	i by	the	org	anız	zatio	on .							•	\$	

### Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loas or from organizat	the	(e)O riginal principal amount	(f)Balance due				ved rd or tee?	(i)Written agreement?	
		l	To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												

Total		<b>&gt;</b> \$		3,350,000	
Part III		ssistance Benefiting Ir he organization answered		t IV, line 27.	
~ -	e of interested erson	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions In Complete if the organization	nvolving Interested n answered "Yes" on f	orm 990, Part 10 <u>, Illi</u>	e 28a, 28b, or 28c.	Les Charms
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(a) Description of Cansaction	(e) Sharing of organization's revenues? Yes No

Part V Supplemental Infor	nation
Provide additional informa	tion for responses to questions on Schedule L (see instructions)
PTOVIDE BOUILDING MISSING	Explanation
Return Reference	
	Schedule L (Form 990 or 990-EZ) 2014

### **Additional Data**

Software ID: Software Version:

FTN

Name: LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE KENTUCKY

### Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fro	oan to m the zation?	(e)Original principal amount	(f)Balance due		In ult?	Appr by boo	oved ard or	(i)Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)LSP CHICAGO PROVINCE		CONSTRUCTION OF HOME		х	1,750,000	1,750,000		No	Yes	;	Yes	
(2)LSP CHICAGO PROVINCE		OPERATION OF HOME		х	100,000	100,000		No	Yes		Yes	
(3) LSP CHICAGO PROVINCE		OPERATION OF HOME		х	200,000	200,000		Νo	Yes		Yes	
(4)LSP CHICAGO PROVINCE		OPERATION OF HOME		х	500,000	500,000		Nο	Yes		Yes	
(5) LSP CHICAGO PROVINCE		OPERATION OF HOME		х	250,000	250,000		No	Yes		Yes	
(6) LSP CHICAGO PROVINCE		OPERATION OF HOME		х	200,000	200,000		No	Yes		Yes	
(7)LSP CHICAGO PROVINCE		OPERATION OF HOME		х	150,000	150,000		No	Yes		Yes	
(8) LSP CHICAGO PROVINCE		OPERATION OF HOME		х	200,000	200,000		No	Yes		Yes	

DLN: 93493219015825

SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Open to Public >Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization Employer identification number LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE KENTUCKY Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining or items contributed amounts reported on noncash contribution amounts ıf applicable Form 990, Part VIII, line 10 1 Art—Works of art 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . . Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution-Other . 🐺 🐨 Real estate—Residential 16 Real estate—Commercial . . . Real estate-Other . . . 17 18 Collectibles . . . . 133,957 FMV OF GOODS RECEIVE 19 Food inventory . . . Х Drugs and medical supplies 🖫 21 Taxidermy . . . . . 🦃 22 Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . 25 Other ► (\_ 26 Other ▶( \_\_ 77 Other ►( 28 Other ► (\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30a No b If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Nσ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

describe in Part II

Schedule M (Form 990) (2014)

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2014)

DLN: 93493219015825

**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.

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

OMB No 1545-0047

Inspection

Name of the organization LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE KENTUCKY

Employer identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING THE CONFLICT OF INTEREST POLICY — DIRECTORS, OFFICERS, AND ALL BMPLOYEES WHO INFLUENCE THE ACTIONS OF LITTLE SISTERS OF THE POOR ARE COVERED UNDER THIS POLICY CONFLICT OF INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT WITH ANY PERSONS OR FIRMS INVOLVED WITH LITTLE SISTERS OF THE POOR TRANSACTIONS WITH PARTIES WITH WHOM CONFLICTING INTEREST EXIST MAY BE UNDERTAKEN ONLY IF THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, A COMPETETIVE BID OR COMPARABLE VALUATION EXISTS AND THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS FOR DETERMINING COMPENSATION — COMPENSATION FOR THE BOARD MEMBERS, CEOS AND EMPLOYEES ARE BASED ON REASONABLE COMPENSATION THAT WOULD BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES THE OFFICERS, DIRECTO RS, AND TRUSTEES ARE MEMBERS OF THE CONGREGATION OF LITTLE SISTERS OF THE POOR AND TAKE A VOW OF POVERTY RENDERING THEM INELIGIBLE FOR COMPENSATION BENEFITS
FORM 990, PART VI, SECTION C, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS

Afila	CDADUTC	neigh - I	TON OC	DDACECC	As Filed Data -
letile	GKAPHIL	Drint - L	JU NUI	PKLLESS	I AS FIIED Data -

DLN: 93493219015825

SCHEDULE R (Form 990)

Department of the Treasury

### Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE KENTUCKY

Employer Identification number

Part I Identification of Disregarded Entities Complete	f the organization a	answered "Yes" on	Form 990, Pa	art IV <del>, line 33.</del>	
(a)  Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	Officer controlling entity	(13) co	(g) Section 512(b (13) controlled entity?				
						Yes	No				
(1) LITTLE SISTERS OF THE POOR - ST JOSEPH'S 80 WEST NORTHWST HIGHWAY	CARE FOR NEED	ц	501(C)(3)	7	NA		No				
PALATINE, 1L 60067											

Schedule R (	Form 990) 2014												Page 2
Part III													
	(a) Name, address, and EIN of related organization	1	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unnelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	ruonate	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging ner?	(k) Percentage ownership
												$\Box$	

Part IV  Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c)	(d)	(e) Type of entity (C corp, S corp, or trust)	(1)	(g)	(h) Percentage ownership	(f) Section 512 (b)(13) controlled entity?		
								Yes	No	
<u> </u>										

Рa	rt V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.				
	Note. C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule	$\perp$	Yes	No	
1 D	uring the	e tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
		t of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	а		No	
b	-	ant, or capital contribution to related organization(s)	ь		No	
c	c Gift, grant, or capital contribution from related organization(s)					
d		or loan guarantees to or for related organization(s)	ld [		No	
9			le		No	
•	Louis		П			
	Divide	nds from related organization(s)	Lf		No	
			Lg		No	
		ise of assets from related organization(s)	lh		No	
			Li		No	
1		of facilities, equipment, or other assets to related organization(s)	ij		No	
J	rease	n lacinites, equipment, or other assets to relate organization(e)	$\exists$			
		as Southing any another regards from related organization(s)	Lk		No	
		of facilities, equipment, or other assets from related organization(s)  nance of services or membership or fundraising solicitations for related organization(s)	ш		No	
			Lm		No	
		nance of services or membership or fundraising solicitations by related organization(s)	in		No	
		of facilities, equipment, mailing lists, or other assets with related organization(s)	Lo		No	
0	Sharin	g of paid employees with related organization(s)	$\dashv$	-		
		la companya di managanta di managanta di managanta di managanta di managanta di managanta di managanta di manag	lp	-	No	
P		ursellient bara to related organization(s) for expenses		$\neg$	No	
q	Reimb	ursement paid by related organization(s) for expenses	-	_		
			1r	-	No	
r	Other	transfer of cash or property to related organization(s)	15		No	
s	Other	transfer of cash or property from related organization(s)				
	- F 44.	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
2_	If the a	(b) (c) (d)				
		Name of related organization Transaction Amount involved Method of determining amou	int in	ivolved		
		type (a-s)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity	Primary activity	domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-	Are all partners section 501(c)(3) organizations?	Share of total . Income	Share of end-of-year assets	Dispropritional affocations?		manage partne	ng	Percentage ownership
			514)	Yes No	l	l	Yes	No	Yes	No	

Page 5

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation Return Reference

Schedule R (Form 990) 2014

## BOOK 440 PAGES 74

RECEIVED & FILED

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION

eh =/600 Apr 28 8 39 M '92

305 9477 166

OF THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

OF LOUISVILLE, JEFFERSON COUNTY, KENTUCKY

ARTICLE I

The name of the corporation shall be THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

#### ARTICLE II

The period of existence of the corporation shall be perpetual.

#### ARTICLE III

The purposes of the corporation shall be exclusively charitable, religious and educational, including a furtherance of such purposes as (a) the establishment, maintenance and operation, either directly or in any other manner of an institution for the delivery of services to aged and impoverished persons, including providing them with a home and spiritual and physical care; and further, to aid and support the works of the religious Congregation of the Little Sisters of the Poor throughout the United States and the World, with particular attention to the Little Sisters of the Poor, Chicago Province, a religious institute of the Roman Catholic Church, for the advancement of the spiritual and religious welfare of its members in fulfilling their religious obligations; and for its corporate purposes to acquire real and personal property by gift, devise or bequest, or to purchase, use, maintain, sell or transfer same; and (b) any other purpose permitted under the authority of Chapter 273 of the Kentucky Revised Statutes; and (c) the exercise of any or all lawful powers necessary or convenient to effect any or all of the purposes for which the corporation is organized.

#### ARTICLE IV

(a) The corporation shall have one class of members. members of this corporation shall be such members of the Little Sisters of the Poor who have taken the vows of said Congregation, and who, pursuant to the direction of the Congregation, have been designated by the Provincial of the Chicago Province as Mother Superior, the Assistant, Councillor and such other members of the Little Sisters of the Poor who are designated by the Chicago Province. No membership nor any rights arising therefrom may be transferred or assigned, nor shall it pass by descent or will. Membership shall be terminated by cessation of membership in the Congregation of the Little Sisters of the Poor, or by cessation of

(f) Notwithstanding any other provisions hereof, any Home for the Aged operated by the Little Sisters of the Poor within the Chicago Province shall (i) admit and treat individuals without regard to race, sex, national origin or religious belief, and (ii) respect, permit and not interfere with the religious beliefs of persons admitted or treated, nor be engaged in sectarian instruction (except for pastoral services of the kind permitted or provided by similar institutions generally).

#### ARTICLE VIII

On the dissolution of the corporation, the board of directors shall distribute the entire net assets remaining after the payment or satisfaction of any and all liabilities and obligations of the corporation, exclusively for the purposes of the corporation to the Little Sisters of the Poor, Chicago Province, Inc., or to such other Province or Corporation of the Little Sisters of the Poor, as the board od directors shall determine, provided such organization or organizations shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law), or if there be none, then such assets shall be distributed to such other organization or organizations organized and operated exclusively for charitable, religious and educational purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States Internal Revenue Law), as the board of directors shall determine.

#### ARTICLE IX

These Articles may be altered, amended or repealed and new Articles may be adopted by the members of the corporation, by affirmative vote of the majority of the number of members present at any meeting at which a quorum is in attendance.

WIENESS our signatures this 26 day of Quegues ,

SR. CATHERINE REGINA CAVANAUGH

SR. MAUREEN COURTNEY

SR. MAUREEN COURTNEY

SR. CLOTILDE JARDIM

L. Ann Pope

SR. ANN POPE

#### CONSENT

We, the undersigned, members of THE HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC., on motion unanimously carried, consent to and authorize amendment of the Articles of Incorporation.

Dated this 26 day of August, 1992.

S. Catherine Reams Cavanaugh SR. CATHERINE REGINA CAVANAUGH
SR. MAUREEN COURTNEY
SR. CLOTILDE JARDIM
SR. ANN POPE
Sr. Charles Dugan
SR. JOSEPHINE HOFFMAN
Sr. BERNARD HOPKINS
SR. GENEVIEVE FITZPATRICK
In Julie Thompson SR. JULIE THOMPSON
SR. MARY MAGDALENA KOEGER
SR. ANTIONETTE LABELLE
SK. ANTIUNETE LABORER

Internal Revenue Service District Director

Date: June 4, 2002

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:
Myrna Huber #31-07276
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

#### Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2002 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2002 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 1055, 2106, and 2522 of the Code.



### Office of the General Counsel

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

#### IMPORTANT GROUP RULING INFORMATION

June 19, 2002

FOR THE INFORMATION OF:

Most Reverend Archbishops and Bishops, Diocesan

Attorneys and Fiscal Managers, and State Conference

Directors

SUBJECT:

2002 Group Ruling

FROM:

Mark E. Chopko; General Counsel

(Staff: Deirdre Dessingue, Associate General Counsel)

Enclosed is a copy of the Group Ruling Issued to the United States Conference of Catholic Bishops<sup>1</sup> on June 4, 2002 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2002 edition of the Official Catholic Directory ("OCD")<sup>2</sup>. As explained in greater detail below, this ruling is important for establishing:

- (1) the exemption of such organizations from:
  - (a) federal income tax;
  - (b) federal unemployment tax (but see ¶5 of "Explanation" below); and
- the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2002 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD<sup>3</sup>. The language of these rulings has remained relatively unchanged, except to reflect intervening modifications in the Internal Revenue Code ("Code"). The 2002 Group Ruling is consistent with the 2001 ruling.

The name of the United States Catholic Conference was changed to the United States Conference of Catholic Bishops, effective July 1, 2001.

<sup>&</sup>lt;sup>2</sup> A copy of the Group Ruling may also be found on the USCC website at www.usccb.org/ogc.

Catholic organizations with independent IRS exemption determination letters are listed in the 2002 OCD with an asterisk (\*), which is explained at page A-11 and indicates that such organizations are not covered by the Group Ruling.

employee who is paid \$100 or more in a calendar year. Services performed by diocesan priests in the exercise of their ministry are not considered "employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. Form 990. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious

Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to a void p ayment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.

<sup>&</sup>lt;sup>5</sup> *I.R.C.* § 3121(b)(8)(A).

<sup>6</sup> I.R.C. § 1402(a)(8).

<sup>7</sup> Rev. Rul. 77-290, 1977-2 C.B. 26.

The penalty for failure to file the Form 990 is \$20 for each day the failure continues, up to a maximum of \$10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of \$1 million are subject to penalties of \$100 per day, up to a maximum of \$50,000. I.R.C. § 6652(c)(1)(A).

I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). Effective December 20, 1995, the internal support test formerly contained in Rev. Proc. 86-23, 1986-1 C.B. 564, is the sole test for determining whether an organization qualifies as an integrated auxiliary of a church. To qualify, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

<sup>(1)</sup> Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

all schools listed in the OCD. Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

- 9. <u>Lobbying Activities</u>. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.
- 10. Political Activities. Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. If you have any questions in this regard, please refer them to your attorney. (See OGC Memo dated February 29, 2000, which is available at www.usccb.org/ogc.)
- 11. Public Charity Status. The latest Group Ruling affirms that organizations included in the OCD are <u>not</u> private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.
- 12. Group Exemption Number. The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling. We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

If you have questions concerning the Group Ruling or this memorandum, please contact Deirdre Dessingue at 202-541-3300 or by e-mail at ddessingue@usccb.org.

IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.

# (Rev. December 2011) Department of the Treasury

# Request for Taxpayer Identification Number and Certification

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

Interna	Revenue Service		
	Name (as shown on your income tax return)		
	Home for the Aged of the Little Sisters of the Poor, Inc.		
હાં	Business name/disregarded entity name, if different from above		
page			
10°	Check appropriate box for federal tax classification:		
10 s	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation	Partnership Trust/estate	
10 I		□ Exem	pt payee
는 H	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=partnership) =	
Print or type		Non Brofit	
Print or type Specific Instructions on	✓ Other (see instructions) ►	Non-Profit Requester's name and address (optional)	<del></del>
뛽	Address (number, street, and apt. or suite no.)		
Sp	15 Audubon Plaza Dr City, state, and ZIP code	<del></del>	
Sea	Louisville KY 40217-1318		
C.J	List account number(s) here (optional)		
	A management of the control of the c		
Pa	Taxpayer Identification Number (TIN)		
C-4	TIN in the engraphists have the TIN provided must match the name	ne given on the "Name" line   Social security number	7
S	-!-! baalam withholding. Conindividuals, this is volit social sectifity filling	nerissio, rowever for a lift in the lift	
resid	ant alien, sole proprietor, or disregarded entity, see the Part I instruction es, it is your employer identification number (EIN). If you do not have a n	number, see How to get a	
TIN C	n page 3.		
	. If the account is in more than one name, see the chart on page 4 for gu	uidelines on whose Employer identification number	
numi	per to enter.		
*Pa			
Und	er penalties of perjury, I certify that: ne number shown on this form is my correct taxpayer identification numb	ther for Lam waiting for a number to be issued to me), and	
τ. Τ	ne number snown on this form is my correct taxpayer identification number	alon withhelding or this have not been notified by the internal Re	evenue
2. 1:	am not subject to backup withholding because: (a) I am exempt from bac ervice (IRS) that I am subject to backup withholding as a result of a failur	re to report all interest or dividends, or (c) the IRS has notified me	that I am
n n	b longer subject to backup withholding, and		
9 1	am a LLS citizen or other LLS, person (defined below).		
	and the state of the New Years and appear out from 2 above if you have been	en notified by the IRS that you are currently subject to backup wit	hholding
inter	use you have tailed to report all interest and divide los of your day leads est paid, acquisition or abandonment of secured property, cancellation of rally, payments other than interest and dividends, you are not required t	to sign the certification, but you must provide your correct TIN. So	ee the
instr	uctions on page 4.		
Sig	0 0 0	Date > 1-5-16	
He			
Ge	neral Instructions	Note. If a requester gives you a form other than Form W-9 to r	equest
	tion references are to the Internal Revenue Code unless otherwise	your TIN, you must use the requester's form if it is substantially to this Form W-9.	y Julikies
note		Definition of a U.S. person. For federal tax purposes, you are	:
Pii	rpose of Form	considered a U.S. person if you are:	
Δne	rson who is required to file an information return with the IRS must	<ul> <li>An individual who is a U.S. citizen or U.S. resident alien,</li> </ul>	
obts	in your correct tax naver identification number (TIN) to report, for	<ul> <li>A partnership, corporation, company, or association created organized in the United States or under the laws of the United</li> </ul>	or States
GVO	nole, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of secured property, cancellation	An estate (other than a foreign estate), or	
of d	paid, acquisition or abandoniment of secured property, candidated etc. etc. property, candidated etc.	<ul> <li>An estate (other than a loreign estate), of</li> <li>A domestic trust (as defined in Regulations section 301.770</li> </ul>	(-7).
- 11	se Form W-9 only if you are a U.S. person (including a resident	Special rules for partnerships, Partnerships that conduct a t	rade or
alie	n), to provide your correct TIN to the person requesting it (the	husiness in the United States are generally required to pay a v	vitnnoiaing
requ	rester) and, when applicable, to: Certify that the TIN you are giving is correct (or you are waiting for a	tax on any foreign partners' share of Income from such busine Further, in certain cases where a Form W-9 has not been rece	:58. ived. a
1. nun	ber to be issued),	narmership is required to presume that a partner is a foreign p	erson,
2	Certify that you are not subject to backup withholding, or	and pay the withholding tax. Therefore, if you are a U.S. perso	n matisa
2	Claim exemption from backup withholding if you are a U.S. exempt	partner in a partnership conducting a trade or business in the States, provide Form W-9 to the partnership to establish your	U.S.
navi	ee. If applicable, you are also certifying that as a U.S. person, your cable share of any partnership income from a U.S. trade or business	status and avoid withholding on your share of partnership inco	отте.
is n	ot subject to the withholding tax on foreign partners' share of		
	ctively connected income.	5 W-9 6	10 0011



As part of our audit of the financial statements of St. Joseph's Home for the Aged of the Little Sisters of the Poor of Louisville, Kentucky, Inc. (Home) as of and for the year ended December 31, 2014, we wish to communicate the following to you.

#### **AUDIT SCOPE AND RESULTS**

## <u>Auditor's Responsibility Under Auditing Standards Generally Accepted in the United States of America</u>

An audit performed in accordance with auditing standards generally accepted in the United States of America is designed to obtain reasonable, rather than absolute, assurance about the financial statements. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our engagement letter more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our engagement letter more specifically describes your responsibilities.

#### Qualitative Aspects of Significant Accounting Policies and Practices

#### Significant Accounting Policies

The Home's significant accounting policies are described in Note 1 of the audited financial statements.



#### Alternative Accounting Treatments

We had discussions with management regarding alternative accounting treatments within accounting principles generally accepted in the United States of America for policies and practices for material items, including recognition, measurement and disclosure considerations related to the accounting for specific transactions, as well as general accounting policies, as follows:

No matters are reportable

#### Management Judgments and Accounting Estimates

Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. The following area involves significant estimates for which we are prepared to discuss management's estimation process and our procedures for testing the reasonableness of those estimates:

Allowance for uncollectible accounts

#### Financial Statement Disclosures

The following areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures:

- Long-term debt with the Little Sisters of the Poor Chicago Province, Inc.
- Contribution of approximately \$890,000 in April 2015

#### **Audit Adjustments**

During the course of any audit, an auditor may propose adjustments to financial statement amounts. Management evaluates our proposals and records those adjustments which, in its judgment, are required to prevent the financial statements from being materially misstated. Some adjustments proposed were not recorded because their aggregate effect is not currently material; however, they involve areas in which adjustments in the future could be material, individually or in the aggregate.

Areas in which adjustments were proposed include:

#### Proposed Audit Adjustments Recorded

Accrued expenses

#### Proposed Audit Adjustments Not Recorded

Attached is a summary of uncorrected misstatements we aggregated during the current
engagement and pertaining to the latest period presented that were determined by
management to be immaterial, both individually and in the aggregate, to the financial
statements as a whole.

#### Auditor's Judgments About the Quality of the Home's Accounting Principles

During the course of the audit, we made the following observation regarding the Home's application of accounting principles:

No matters are reportable

#### **Disagreements With Management**

The following matter involved disagreements, which if not satisfactorily resolved, would have caused a modified auditor's opinion on the financial statements:

• No matters are reportable

#### **Consultation With Other Accountants**

During our audit, we became aware that management had consulted with other accountants about the following auditing or accounting matter:

No matters are reportable

#### Significant Issues Discussed With Management

#### Prior to Retention

During our discussion with management prior to our engagement, the following issue regarding application of accounting principles or auditing standards was discussed:

No matters are reportable

#### During the Audit Process

During the audit process, the following issue was discussed or was the subject of correspondence with management:

No matters are reportable

#### Difficulties Encountered in Performing the Audit

Our audit requires cooperative effort between management and the audit team. During our audit, we found significant difficulties in working effectively on the following matter:

No matters are reportable

#### Other Material Written Communication

Listed below is the other material written communication between management and BKD related to the audit:

Management representation letter (attached)

#### INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements of the Home as of and for the year ended December 31, 2014, in accordance with auditing standards generally accepted in the United States of America, we considered the Home's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Home's internal control. Accordingly, we do not express an opinion on the effectiveness of the Home's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all deficiencies, significant deficiencies or material weaknesses have been identified.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements of the Home's financial statements on a timely basis. A deficiency in design exists when a control necessary to meet a control objective is missing or an existing control is not properly designed so that, even if the control operates as designed, a control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Home's financial statements will not be prevented or detected and corrected on a timely basis.

A significant deficiency is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

We observed the following matters that we consider to be deficiencies:

#### **Deficiencies**

#### Audit Adjustment

An audit adjustment relating to accrued expenses was recorded at December 31, 2014. We recommend management consider this proposed adjustment throughout the year for recording on its interim financial statements.

#### Unrecorded Audit Adjustments

Unrecorded audit adjustments to patient accounts receivable related to Medicare revenue recorded in the incorrect accounting period and to patient trust accounts and accounts receivable were proposed to management but not recorded due to their overall immateriality to the financial statements taken as a whole. We recommend management consider these proposed adjustments throughout the year for recording on its interim financial statements.

#### Financial Statement Preparation and Disclosures

The preparation of the Home's financial statements and related note disclosures in accordance with accounting principles generally accepted in the United States of America was outsourced during the year-end audit. Preparation of financial statements is complicated, which requires management to be knowledgeable of a considerable number of accounting standards that are constantly changing. Given the level of complexities associated with this process, we do not believe management has complete knowledge of the most current standards affecting the Home to prepare the financial statements, including all applicable note disclosures (similar in format to those presented in the annual audit report), in accordance with accounting principles generally accepted in the United States of America. Additionally, we noted management does not currently have access to current disclosure checklists to ensure propriety and completeness of the financial statement notes.

For management to become fully educated with all applicable standards would take a considerable amount of time, require continuous hands-on experience preparing annual financial statements and note disclosures to remain current. Because of this, many organizations continue to outsource this annual financial statement preparation.

We recommend management consider the costs versus benefits of increasing its knowledge of all standards applicable to the Home's various accounting situations.

#### Review of Journal Entries

Currently, there is no review of nonstandard journal entries being prepared by the business office manager. We recommend the president or administrator review significant nonstandard journal entries made on a monthly basis as a control procedure to help ensure the financial integrity of the monthly and year-end financial statements. This would also help ensure another individual is adequately informed about, and involved in, decisions affecting the financial statements.

#### **OTHER MATTERS**

Although not considered material weaknesses, significant deficiencies or deficiencies in internal control over financial reporting, we observed the following matters and offer these comments and suggestions with respect to matters which came to our attention during the course of the audit of the financial statements. Our audit procedures are designed primarily to enable us to form an opinion on the financial statements and, therefore, may not bring to light all weaknesses in policies and procedures that may exist. However, these matters are offered as constructive suggestions for the consideration of management as part of the ongoing process of modifying and improving financial and administrative practices and procedures. We can discuss these matters further at your convenience and may provide implementation assistance for changes or improvements.

## Potential Changes to the Method of Accounting for Leases Under Generally Accepted Accounting Principles in the United States of America

The Financial Accounting Standards Board (FASB) and the International Accounting Standards Board (IASB) (Boards) began redeliberations in 2014 on significant issues related to the revised lease exposure draft issued in May 2013. The proposed standard requires all leases, other than short-term leases, to be recognized on the balance sheet. In their redeliberations on the May 2013 exposure draft, the Boards have taken divergent approaches. FASB is proposing requiring that lessees classify leases as one of two types. Most existing capital/finance leases would be accounted for as Type A leases with amortization of the right-of-use (ROU) asset recognized separately from interest on the lease liability. Most existing operating leases would be accounted for as Type B leases, with a single total for lease expense recognized on a straight-line basis. Both Type A and Type B leases would result in the lessee recognizing a ROU asset and a lease liability.

When adopted, this new approach will require more monitoring and record keeping. Companies should evaluate the potential impacts on the financial statements, particularly with regard to financial ratios, results and related matters. These changes may have unexpected impacts on debt covenants or other contracts with lenders, vendors, employees, regulators, etc., that may require revision to maintain the original intent.

FASB has not yet established an expected effective date for the final standard, but it will likely be no sooner than three years after issuance. The final standard would be required to be applied to all leases outstanding as of the beginning of the earliest comparative period presented with the option of applying a full retrospective or modified retrospective approach.

As a reminder, until a final standard is issued, any positions contained within the exposure draft are still susceptible to change. FASB has substantially completed their redeliberations and a final standard is expected by the end of 2015.

#### Formal Risk Management Policy

There is no formal risk management policy to identify potential business risks relevant to financial reports and estimate the significance of those risks and the impact to the financial statements. The risk management policy should also include a formalized policy to identify, evaluate and report potential professional liability claims to the insurance provider.

#### New Accounting and Reporting Guidance

FASB ASC No. 2013-06, Not-for-Profit Entities: Services Received from Personnel of an Affiliate, applies to the Home's financial statements for the year ending December 31, 2015. ASC No. 2013-06 requires the recognition of all services received from personnel of an affiliate that directly benefit the recipient organization. The services are recognized at the cost of the affiliate for the personnel providing the services, including but not limited to, compensation and related employee fringe benefits or the approximate fair value of that service. The implementation will be applied prospectively with early application permitted. Management is in the process of evaluating the impact and effect on the financial statements.

#### Potential Changes to Not-for-Profit Financial Reporting

The FASB's Not-for-Profit Advisory Committee (NAC) was established to develop recommendations for improving the financial reporting of not-for-profit organizations. Recent FASB activity in response to the NAC's recommendations could significantly impact not-for-profit financial reporting. Tentative decisions by FASB, described below, will serve as basis for an exposure draft.

Changes to net asset classification – FASB tentatively decided to replace the three existing net asset classes with two classes of net assets: net assets with and without donor-imposed restrictions. FASB also decided to remove the hard-line distinction between temporary and permanent restrictions.

Operating measure – FASB tentatively decided to define an intermediate operating measure on the basis of a mission dimension and an availability dimension. FASB decided to support an alternative for presenting an intermediate operating measure that would present all legally available mission-related revenues before reductions for amounts designated by the governing

board for use in future periods, rather than only the net of those amounts. That presentation also would include amounts of previously unavailable resources that the governing board made available for use in the current period.

Reporting cash flows – FASB tentatively decided to require the direct method of reporting cash flows. FASB also discussed rearranging various components of the cash flow statement to better align them with the tentative decision for an intermediate measure of operations.

\* \* \* \* \* \*

This communication is intended solely for the information and use of management, board of directors and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

Louisville, Kentucky July 22, 2015

BKD, LUP



St. Joseph's Home 15 Audubon Plaza Drive Louisville, KY 40217 (502) 636-2300 www.littlesistersofthepoorlouisville.org

July 22, 2015

BKD, LLP Certified Public Accountants P.O. Box 22127 Louisville, KY 40252-0127

We are providing this letter in connection with your audits of our financial statements as of and for the years ended December 31, 2014 and 2013. We confirm that we are responsible for the fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America. We are also responsible for adopting sound accounting policies, establishing and maintaining effective internal control over financial reporting, operations and compliance and preventing and detecting fraud.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, the following:

- 1. We have fulfilled our responsibilities, as set out in the terms of our engagement letter dated April 17, 2015, for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America.
- 2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- 3. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- We have reviewed and approved a draft of the financial statements and related notes referred to above, which you prepared in connection with your audit of our financial statements. We acknowledge that we are responsible for the fair presentation of the financial statements and related notes.

- 5. We have provided you with:
  - (a) Access to all information of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters.
  - (b) Additional information that you have requested from us for the purpose of the audit.
  - (c) Unrestricted access to persons within the Home from whom you determined it necessary to obtain audit evidence.
  - (d) All minutes of meetings of the governing board held through the date of this letter.
  - (e) All significant contracts and grants.
  - (f) All peer review organizations, fiscal intermediary and third-party payer reports and information.
- 6. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- 7. We have informed you of all current risks of a material amount that are not adequately prevented or detected by the Home's procedures with respect to:
  - (a) Misappropriation of assets.
  - (b) Misrepresented or misstated assets or liabilities.
- 8. We believe the effects of the uncorrected financial statement misstatements summarized in the attached schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.
- 9. We have no knowledge of any known or suspected:
  - (a) Fraudulent financial reporting or misappropriation of assets involving management or employees who have significant roles in internal control.
  - (b) Fraudulent financial reporting or misappropriation of assets involving others that could have a material effect on the financial statements.

- (c) Communications from regulatory agencies, governmental representatives, employees or others concerning investigations or allegations of noncompliance with laws and regulations, deficiencies in financial reporting practices or other matters that could have a material adverse effect on the financial statements.
- 10. We have no knowledge of any allegations of fraud or suspected fraud affecting the Home received in communications from employees, customers, regulators, suppliers or others.
- We have disclosed to you the identity of the Home's related parties and all the related-party relationships and transactions of which we are aware. Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with accounting principles generally accepted in the United States of America. We understand that the term related party refers to an affiliate, principal owners, management and members of their immediate families, subsidiaries accounted for by the equity method and any other party with which the Home may deal if the Home can significantly influence, or be influenced by, the management or operating policies of the other. The term affiliate refers to a party that directly or indirectly controls, or is controlled by, or is under common control with, the Home.
- 12. Except as reflected in the financial statements, there are no:
  - (a) Plans or intentions that may materially affect carrying values or classifications of assets and liabilities.
  - (b) Material transactions omitted or improperly recorded in the financial records.
  - (c) Material gain/loss contingencies requiring accrual or disclosure, including those arising from environmental remediation obligations.
  - (d) Events occurring subsequent to the balance sheet date through the date of this letter requiring adjustment or disclosure in the financial statements.
  - (e) Agreements to purchase assets previously sold.
  - (f) Restrictions on cash balances or compensating balance agreements.
  - (g) Guarantees, whether written or oral, under which the Home is contingently liable.
- 13. We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.

- 14. We are not aware of any pending or threatened litigation or claims whose effects should be considered when preparing the financial statements. We have not sought or received attorney's services related to pending or threatened litigation or claims during or subsequent to the audit period. Also, we are not aware of any litigation or claims, pending or threatened, for which legal counsel should be sought.
- 15. We have informed you of all pending or completed investigations by regulatory authorities of which we are aware. There are no known circumstances that could jeopardize the Home's participation in the Medicare or other governmental health care programs.
- 16. Adequate provisions and allowances have been accrued for any material losses from:
  - (a) Uncollectible receivables.
  - (b) Medicare/Medicaid and other third-party payer contractual, audit or other adjustments.
  - (c) Purchase commitments in excess of normal requirements or above prevailing market prices.
- 17. Except as disclosed in the financial statements, the Home has:
  - (a) Satisfactory title to all recorded assets, and they are not subject to any liens, pledges or other encumbrances.
  - (b) Complied with all aspects of contractual agreements, for which noncompliance would materially affect the financial statements.
- 18. With respect to the Home's possible exposure to past or future medical malpractice assertions:
  - (a) We have disclosed to you all incidents known to us that could possibly give rise to an assertion of malpractice.
  - (b) All known incidents have been reported to the appropriate medical malpractice insurer and are appropriately considered in our malpractice liability accrual.
  - (c) There is no known lapse in coverage, including any lapse subsequent to the fiscal year-end, that would result in any known incidents being uninsured.

- (d) Management does not expect any claims to exceed malpractice insurance limits
- (e) We believe our accruals for malpractice claims are sufficient for all known and probable potential claims.
- 19. With respect to any nonattest services you have provided us during the year, including the preparation of a draft of the financial statements and related notes, Medicare and Medicaid cost report filings and Internal Revenue Service Form 990:
  - (a) We have designated a qualified management-level individual to be responsible and accountable for overseeing the nonattest services.
  - (b) We have established and monitored the performance of the nonattest services to ensure that they meet our objectives.
  - (c) We have made any and all decisions involving management functions with respect to the nonattest services and accept full responsibility for such decisions.
  - (d) We have evaluated the adequacy of the services performed and any findings that resulted.
- 20. We are an organization exempt from income tax under Section 501(c) of the Internal Revenue Code and a similar provision of state law and, except as disclosed in the financial statements, there are no activities that would jeopardize our tax-exempt status or subject us to income tax on unrelated business income or excise tax on prohibited transactions and events.
- 21. The financial statements disclose all significant estimates and material concentrations known to us. Significant estimates are estimates at the balance sheet date which could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply or markets for which events <u>could</u> occur, which would significantly disrupt normal finances within the next year. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- 22. The fair values of financial and nonfinancial assets and liabilities, if any, recognized in the financial statements or disclosed in the notes thereto are reasonable estimates based on the methods and assumptions used. The methods and significant assumptions used result in measurements of fair value appropriate for financial statement recognition and disclosure purposes and have been applied consistently from period to period, taking into account any changes in circumstances. The significant assumptions appropriately reflect market participant assumptions.

- 23. We have not been designated as a potentially responsible party (PRP or equivalent status) by the Environmental Protection Agency (EPA) or other cognizant regulatory agency with authority to enforce environmental laws and regulations.
- 24. Billings to third-party payers comply in all material respects with applicable coding guidelines, laws and regulations. Billings reflect only charges for goods and services that were medically necessary, properly approved by regulatory bodies, if required, and properly rendered.
- 25. With regard to cost reports filed with Medicare, Medicaid or other third parties:
  - (a) All required reports have been properly filed.
  - (b) Management is responsible for the accuracy and propriety of those reports.
  - (c) All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payers.
  - (d) The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
  - (e) All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
  - (f) Recorded allowances for third-party settlements are necessary and are based on historical experience or new or ambiguous regulations that may be subject to differing interpretations.
- 26. With regard to supplementary information:
  - (a) We acknowledge our responsibility for the presentation of the supplementary information in accordance with the applicable criteria.
  - (b) We believe the supplementary information is fairly presented, both in form and content, in accordance with the applicable criteria.
  - (c) The methods of measurement and presentation of the supplementary information are unchanged from those used in the prior period.
  - (d) We believe the significant assumptions or interpretations underlying the measurement and/or presentation of the supplementary information are reasonable and appropriate.

**BKD, LLP** July 22, 2015 Page 7

(e) If the supplementary information is not presented with the audited financial statements, we acknowledge we will make the audited financial statements readily available to intended users of the supplementary information no later than the date such information and the related auditor's report are issued.

ST. JOSEPH'S HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR OF LOUISVILLE, KENTUCKY, INC.

Mother Chantal Mary Peyton

Mother Chantal Mary Peyton

President

Mancy Reynolds
Nancy Reynolds
Business Office Manager

Sr. Maureen Courtney

Administrator



# oseph's Home for the Aged of the Little Sisters of the Poor of Louisville, KY, ATTACHMENT

This analysis and the attached "Schedule of Uncorrected Misstatements (Adjustments Passed)" reflects the effects on the financial statements if the uncorrected misstatements identified were corrected.

### QUANTITATIVE ANALYSIS

	Before Misstatements	Misstatements	Subsequent to Misstatements	% Change
Current Assets	416,367	63,116	479,483	15.16%
Non-Current Assets	9,587,455	0	9,587,455	0.00%
Current Liabilities	(1,751,971)	(31,117)	(1,783,088)	1.78%
Non-Current Liabilities	(3,350,000)	0	(3,350,000)	0.00%
Current Ratio	0.24		0.27	13.03%
Total Assets	10,003,822	63,116	10,066,938	0.63%
Total Liabilities	(5,101,971)	(31,117)	(5,133,088)	0.61%
Net Assets	(4,901,851)	(31,999)	(4,933,850)	0.65%
Total Revenues	(4,136,476)	(15,087)	(4,151,563)	0.36%
Expenses and Losses	4,931,284	0	4,931,284	0.00%
Change in Net Assets	794,808	(15,087)	779,721	-1.90%

#### SCHEDULE OF UNCORRECTED MISSTATEMENTS (ADJUSTMENTS PASSED)

Sent: 6t Joseph's Home for the Aged of Period Ending: December 3	1, 2014	of the Poor of Louisville, 4(4), Inc.						TATEMENTS (NO.II)				
Olive Entering			Factual (F),	Ase	ata	Linbi		)	Expenses and		Net Effect on F	
	Location or	Financial	Judgmental (J),	Current	Non-Current	Current		Total Revenues	DR (CR)	Not Assets OR (CR)	Change in Net	Net Assets DR (CR)
Description	Business Unit	Line Buth	or Projected (P)	DR (CR)	DR (CR)	OR (CR)	DR (CR) Th	E DR (CR)	OR (CAR)			
vior year late post Medicare revenue			f			. 6	0		1		7	
recovered during the current year sudil		a construction of the second			and the			16,912		200 Jun 19 19 19 19 19 19 19 19 19 19 19 19 19	2,47	
		Net Petient Service Revenue								(16,912)		
		Net Assets										
										Company of the Land		
o record late post Medicare revenue			F		-	ů,			Car. P		91,9999	(34,1
		Patient Accounts Receivable		31,999								(31,5
		Net Patient Service Revenue						(31,999)			31,999	
To paggred the resident trust accounts		DS TO THE REAL PROPERTY OF THE PARTY OF THE	F			e de la					/ 0	
O DECOMO THE LANGSOIL THAN INCOMES		Cash-Resident Trust Accounts		31,117				in an also	Same and the State of the State			
		Payable-Resident Trust Accounts		31,137		(31,117)						
		Payable foliation line services				(-1,10)						
			1									
			I									
								- Comment	San Law Control	Barty de Calley	Section 201	
			-									
			1									
									1,	İ		
					No.	Access to the last of the last	Management !					
									<del> </del>	-		-
			-					-				
			-				-					
			_		-							
		Taxable passed adjustments		100		- 61		(15,087			31,999	(31,
		Times (1 - effective tax rate of 00	96)			-		(15,087				
		Taxable passed adjustments not Nontexable passed adjustments	or tex impact	85,110	9		7 . 0			0		
		Total passed adjustments, net	of tex Impact (if					(15,087	7) (	(16,912)		
								Impact on Ch	ange in Net Ass	el (15,067)		
								Impact on Na		(31,999)		

## Salary of three (3) highest paid staff

Director of Nursing \$38.71 / hour

Asst. Director of Nursing \$27.91 / hour

Development Director \$27.67 /hour

The Home has 53 full-time and 42 part-time employees

We have Twelve (12) Little Sister of the Poor, who operate the Home but do to their vow of poverty do not receive a paycheck.

### HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

#### **General Information**

**Organization Number** 

0110354

Name

HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

KCO - Kentucky Corporation

Status

A - Active

**Standing** 

G - Good

State

KY

Organization Date

1/1/1880

Last Annual Report

5/2/2016

**Principal Office** 

15 AUDUBON PLAZA DRIVE

LOUISVILLE, KY 40217

**Registered Agent** 

SISTER PAUA MAGYAR

15 AUDUBON PLAZA DRIVE

LOUISVILLE, KY 40217

#### **Current Officers**

**President** 

SR. PAUL MAGYAR

**Vice President** 

SR. MAUREEN COURTNEY

Secretary

SR. CLOTILDE JARDIM

**Treasurer** 

SR. CLOTILDE JARDIM

Director

SR. MAUREEN COURTNEY

Director

SR. CLOTILDE JARDIM

Director

SR. PAUL MAGYAR

## Individuals / Entities listed at time of formation

Director

**IEANNE MARIE TURFINN** 

Director

MADELEINE TERNI

Director

ANNE FLANIGAN

Director

**EUGENEIE PAUMAND** 

Director

EMENANCE GRAUDIN

Incorporator

JEANNE MARIE TURFINN

Incorporator

**MADELEINE TERNI** 

Incorporator

ANNE FLANIGAN

Incorporator

EUGENEIE PAUMAND

Incorporator

**EMENANCE GRAUDIN** 

#### Images available online

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

Annual Report

5/2/2016

1 page

tiff

**PDF** 

	_			
Registered Agent name/address change	2/24/2016	1 page	tiff	<u>PDF</u>
Annual Report	6/9/2015	1 page	tiff	<u>PDF</u>
Annual Report	5/22/2014	1 page	tiff	<u>PDF</u>
Annual Report	6/13/2013	1 page	tiff	<u>PDF</u>
Registered Agent	•	. –	·+:66	PDF
name/address change	5/30/2012	1 page	tiff	FUL
Annual Report	5/17/2012	1 page	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	2/28/2012	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/23/2011	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/6/2010	1 page	tiff	<u>PDF</u>
Annual Report	5/11/2009	1 page	<u>PDF</u>	
Registered Agent name/address change	12/10/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/10/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/14/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/3/2006	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	3/3/2006	1 page	<u>tiff</u>	PDF
Annual Report	4/19/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/23/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/30/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/28/2001	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	5/30/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/21/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/26/1999	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/14/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/2/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/21/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/18/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	8/28/1992	6 pages	<u>tiff</u>	PDF
Statement of Change	8/28/1992	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1992	1 page	<u>tiff</u>	<u>PD</u> F
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>

#### **Assumed Names**

ST. JOSEPH'S HOME FOR THE AGED

Active

**Activity History** 

Filing File Date Effective Date Org. Referenced

Annual report 5/2/2016
2:54:56 PM 5/2/2016

Registered agent address change 2/24/2016
10:06:25 AM 2/24/2016

3/2	2016	Welcome to Fasttra	ck Organization Search	
		6/9/2015 8:56:15 AM	6/9/2015	
	Annual report	5/22/2014 11:47:45 AM	5/22/2014	
	Annual report	6/13/2013 8:45:47 AM	6/13/2013	
	Registered agent address change	5/30/2012 1:12:50 PM	5/30/2012	
	Annual report	5/17/2012 10:49:37 AM	5/17/2012	
	Added assumed name	2/28/2012 9:37:11 AM	2/28/2012	ST. JOSEPH'S HOME FOR THE AGED
	Annual report	2/23/2011 7:57:57 AM	2/23/2011	
	Annual report	4/6/2010 3:22:00 PM	4/6/2010	
	Annual report	5/11/2009 1:42:41 PM	5/11/2009 1:42:41 PM	
	Registered agent address change	12/10/2008 1:39:29 PM	12/10/2008	
	Annual report	3/10/2008 10:42:17 AM	3/10/2008	
	Annual report	3/14/2007 12:20:01 PM	3/14/2007	
	Registered agent address change	3/3/2006 9:45:40 AM	3/3/2006	
	Annual report	3/3/2006 9:40:32 AM	3/3/2006	
	Annual report	6/18/2001 2:20:14 PM	6/18/2001	
	Registered agent address change	11,23,30 AM	5/30/2001	
	Registered agent address change Amendment - Change purpose	8/14/1998 8/28/1992	4/14/1998 8/28/1992	

### **Microfilmed Images**

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

to the corporate records Diamen as se		
Annual Report	4/4/2005	1 page
Annual Report	6/21/2004	1 page
Annual Report	6/23/2003	1 page
Annual Report	4/30/2002	1 page
Annual Report	8/28/2001	1 page
Statement of Change	5/30/2001	1 page
Annual Report	6/21/2000	1 page
Annual Report	5/26/1999	1 page
Statement of Change	4/14/1998	1 page
Annual Report	4/2/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
-		

Annual Report	7/1/1995	1 page
Annual Report	3/21/1994	1 page
Annual Report	3/18/1993	1 page
Statement of Change	8/28/1992	1 page
Amendment	8/28/1992	5 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Articles of Incorporation	5/13/1984	9 pages
Statement of Change	10/9/1978	2 pages
Annual Report	8/30/1978	3 pages
Statement of Change	8/30/1978	2 pages