Print Form

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

Applicant/Program: Louisville Works ESL, Computer and Job Readiness Program
Applicant Requested Amount: $10,000
Appropriation Request Amount: $10,000

Executive Summary of Request

Funding will be used to go toward the salary of the director of the year-round English As a Second Language, Computer and Job Readiness Program.

Is this program/project a fundraiser?	☐ Yes	■ No
Is this applicant a faith based organization?	☐ Yes	■ No
Does this application include funding for sub-grantee(s)?	☐ Yes	■ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

21	Vitalis Lanshima	$10,000	07/23/2018
District #	Primary Sponsor Signature	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

Final Appropriations Amount: _______

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Wesley House Community Services, Inc.

Program Name and Request Amount Louisville Works ESL, Computer and Job Readiness Program $10,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is 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?	~~Yes~~ N/A
Is the entity in good standing with: ▸ 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?	N/A
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?	Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes

Prepared by: Briana Morgan Date: 07/23/18

Wesley House
Community Services

July 19, 2018

Councilman Vitalis Lanshima,
601 West Jefferson St.
Louisville, KY 40202

Dear Councilman Lanshima,

Thank you for your support of Wesley House Community Services. I sincerely appreciate your assistance with the funding of the Workforce Development/English as a Second Language program. This bi-lingual program provides needed skills to individuals in our community.

Please also relay my gratitude to your Assistant, Ellen Hurt for her diligence and kindness throughout this process. Thank you again for your service to our Community.

Respectfully,

R. Campbell, Ed.D

President/CEO
502-968-8231

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records*	Wesley House Community Services Inc		
Main Office Street & Mailing Address:	5114 Preston Highway, Louisville, KY 40213		
Website:	www.wesleyhouseky.org		
Applicant Contact:	Dr. Renee Campbell	**Title:**	Presient/CEO
Phone:	502-968-8231	**Email:**	drcwesleyh@gmail.com
Financial Contact:	Dr. Earnestine White	**Title:**	Bookkeeper
Phone:	502-418-0441	**Email:**	earnestine.white@gmail.com
Organization's Representative who attended NDF Training:	Dr. Renee Campbell		
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	5114 Preston Highway, Louisville, Kentucky 40213		
Council District(s):	21	**Zip Code(s):**	40213

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:	Louisville Works ESL, Computer and Job Readiness Program		
Total Request: ($)	10,000	**Total Metro Award (this program) in previous year: ($)**	10,000

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 Required Attachments:

IRS Exempt Status Determination Letter	Signed lease if rent costs are being requested
Current year projected budget	IRS Form W9
Current financial statement	Evaluation forms if used in the proposed program
Most recent IRS Form 990 or 1120-H	Annual audit (if required by organization)
Articles of Incorporation (current & signed)	Faith Based Organization Certification Form, if applicable
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:	EAF Arts Grants	Amount: ($)	2,500
Source:		Amount: ($)	
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☒ Yes ☐ No

Has the applicant met the BBB Charity Review Standards? ☒ Yes ☐ No

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of Wesley House Community Services Inc is to "help people help themselves". Our vision is "that every individual live life more abundantly." Services include the Weskids Early Childhood Development Center, Youth Brigade Academy, Louisville Works ESL, Computer and Job Readiness program, Volunteer Income Tax Assistance and the Wear @ Wesley House Community Services.

Applicant's Initials DRC

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Charles Hammock	Dec 1, 2018
Clinton Bennett	Dec 1, 2018
Ray Fore	Dec 1, 2018
Joan Vance	Dec 1, 2020
Steven Henderson	Dec 1, 2018
Jeanette Westerfield	Dec 1, 2018
Melissa Brown	Dec 1, 2020

Describe the Board term limit policy:

Board members terms are 3 years and they make serve an additional 3 consecutive year term.

Three Highest Paid Staff Names	Annual Salary
Dr. Renee Campbell	73,623
Suzel Mohedano Gonzalez	26,000
Katherine Contrears	21,840

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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 Louisville Works ESL, Computer and Job Readiness Program is a continuous year round program that begins on July 1st and ends on June 30th. It is a bilingual workforce development program that on a daily basis supports immigrants, and other English as a second language residents to adjust to new ways of saying and doing things. A dedicated staff assists them to connect to an unknown culture and system. Other minorities and low-income individuals are also provided services. The program assists low income individuals to obtain job seeking skills and provides remedial education and referrals when needed. Typing, Microsoft office and English as a Second Language are provided. Participants also attend Job Fairs, learn about resume writing, interviewing skills, and appropriate dress for different professions. Participants receive clothing vouchers for the Wear @ Wesley House Community Services and Dress for Success Louisville, where they can obtain appropriate interviewing attire. After completion of the class, students are encouraged to pursue vocational and technical certifications as well as enroll in continued English as a Second Language classes.

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

Funding will be used to help pay the salary of the program director.

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

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:

☒ 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.

☐ Reimbursements should not be made before application date 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.

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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:

1. Immigrants and other participants with no or limited English learn to speak, read and write in English.
2. Participants increase customer service and employability skills in various employment settings.
3. Participants increase knowledge in basic typing, computers, and Microsoft Office.

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.

Collaborative relations include: Louisville Asset Building Coalition provides financial literacy programs for parents. American Woodsmen Fraternity provide educational materials for youth that include financial literacy training; Robert Frost Academy and Indian Train Elementary has agreed to partner with Wesley House to implement the Community Service In Lieu of Referral an Suspension program; Metro United Way's YPQI and Blocks program provide training to staff to help improve the program; The Mature Workers and Foster Grandparents programs provided volunteers to assist with program activities; United Methodist Women assist to provide educational supplies and books; All collaborative relationships will support the implementation and operation of the proposed program.

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	10000	21240	31240
B: Rent/Utilities		8750	8750
C: Office Supplies		250	250
D: Telephone		2000	2000
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		500	500
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment		2040	2040
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		9118	9118
****TOTAL PROGRAM/PROJECT FUNDS***	10000	43898	53898
% of Program Budget	19 %	81 %	**100%**

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

Other State, Federal or Local Government	
United Way	29862
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	14036
Total Revenue for Columns 2 Expenses **	43898

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

***Must equal or exceed total in column 2.*

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
OTHER EXPENSES - Program portion of liability		9118	9118
insurance, workers compensation insurance and			
building maintenance			
Total		9118	9118

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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
INTERNS	2600	$25X2HRS WK X 52 WKS
WORKSHOP PRESENTERS	600	;25 HR X 2HRS MONTH X 1;
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$3200	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: JULY 1, 2018

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

If YES, please explain:

Applicant's Initials DRC

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	D. Campbell			**Date:**	11/18/2018
Legal Signatory: (please print):	Renee Campbell			**Title:**	President/CEO
Phone:	502-968-9323	**Extension:**		**Email:**	drcwesleyh@yahoo.com

Applicant's Initials DRC

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
WESLEY HOUSE COMMUNITY SERVICES INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
5114 PRESTON HIGHWAY

Requester's name and address (optional)

6 City, state, and ZIP code
LOUISVILLE KY 40213

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

[redacted]

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** [signature] **Date ▶** 8/10/2018

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Internal Revenue Service

Date: April 30, 2001

Wesley House Community Services, Inc.
803 East Washington Street
Louisville, KY 40206-1631

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Carol Kraft - [redacted]
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
[redacted]

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on August 10, 1998. We have updated our records to reflect the name change from Wesley Community House.

Our records indicate that a determination letter issued in January 1971 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Wesley House Community Services, Inc.
[redacted]

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

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services

[redacted]
Exemption Number

WESELY HOUSE COMMUNITY SERVICES, INC.
Name of Exempt Institution

Important—Certificate not valid unless completed.

PURCHASE EXEMPTION CERTIFICATE

Check Applicable Block
Blanket ☒
Single Purchase ☐

I hereby certify that WESLEY HOUSE COMMUNITY SERVICES, a Kentucky resident, nonprofit educational,
Name of Exempt Institution

charitable or religious institution, or Kentucky historical site, located at 803 E. WASHINGTON ST. LOUISVILLE, Kentucky

and that the tangible personal property or services to be purchased from ______
Name of Vendor

______
Address

will be used solely within the exempt function of a charitable, educational or religious institution or historical site.

Description of property to be purchased: ______

In the event that the property purchased is not used for an exempt purpose, it is understood that I am required to pay the tax measured by the purchase price of the property.

Any official or employee who uses this certificate to make tax-free purchases for his own personal use or that of any other person will be subject to the penalties provided in KRS 139.990 and other applicable laws.

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

[signature]
Authorized Signature

Vice President
Title

1-10-2000
Date

CAUTION TO SELLER: This certificate cannot be issued or used in any way by a construction contractor to purchase property to be used in fulfilling a contract with an exempt institution. Sellers accepting certificates for such purchases will be held liable for the sales or use tax.

REVENUE CABINET
Frankfort, Kentucky 40620

51A126 (8-92)

[redacted]
Exemption Number

Wesley House Community Svcs.
Name of Exempt Institution

nportant—Certificate not
valid unless completed.

PURCHASE EXEMPTION CERTIFICATE

Check Applicable Block
Blanket ☒
Single Purchase ☐

ıreby certify that Wesley House Comm. Svcs. is a Kentucky resident, nonprofit educational,
Name of Exempt Institution

able or religious institution, or Kentucky historical site, located at 803 E. Washington St., Kentucky

hat the tangible personal property or services to be purchased from IKON Office Solutions
Name of Vendor

810 Gears Road, Houston, TX 77067
Address

e used solely within the exempt function of a charitable, educational or religious institution or historical site.

cription of property to be purchased: Office Equipment and Supplies.

he event that the property purchased is not used for an exempt purpose, it is understood that I am required to pay the tax measured e purchase price of the property.
/ official or employee who uses this certificate to make tax-free purchases for his own personal use or that of any other person will bject to the penalties provided in KRS 139.990 and other applicable laws.
ler penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

Joyce J. Mun
Authorized Signature

Executive Asst.
Title

10-10/03
Date

TION TO SELLER: This certificate cannot be issued or used in any way by a truction contractor to purchase property to be used in fulfilling a contract with empt institution. Sellers accepting certificates for such purchases will be held for the sales or use tax.

REVENUE CABINET
Frankfort, Kentucky 40620
51A126 (6-92)

Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248226241
Apr. 29, 2008 LTR 4168C E0
[redacted] 000000 00 000
00013811
BODC: TE

WESLEY HOUSE COMMUNITY SERVICES INC
5114 PRESTON HWY
LOUISVILLE KY 40213-2739144

Employer Identification Number: [redacted]
Person to Contact: Janet Duncan
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 18, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in Jan. 1971, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

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

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

WESLEY HOUSE COMMUNITY SERVICES, INC
BUDGET
JULY 1, 2018 - JUNE 30, 2019

REVENUE	**2018-2019 BUDGET**	**EXPENSES**	**2018-2019 BUDGET**
CHURCHES	$7,000	BUILDING MAINT	$12,500
CONTRIBUTIONS	$6,000	PROFESSIONAL FEES	$18,000
GRANTS	$50,000	DUES, FEES, ETC	$5,000
KY CONFERENCE UMC	$5,000	EQUIPMENT	$4,500
UNITED METHODIST WOMEN	$17,680	FOOD COST	$18,428
METRO UNITED WAY	$40,702	FUNDRAISING	$2,200
KY FOOD PROGRAM	$50,000	OFFICE SUPPLIES	$3,000
PROGRAM FEES	$150,000	PRINTING	$800
SPECIAL EVENTS	$20,000	TELEPHONE	$6,800
THE WEAR	$8,000	INSURANCE	$25,000
INVESTMENT INCOME	$12,000	PAYROLL EXPENSES	$246,074
		POSTAGE	$200
		PROGRAM SUPPLIES	$200
		SALES TAX	$480
		TRAINING/SEMINARS	$700
		UTILITIES	$22,000
		VEHICLE EXPENSE	$500
TOTAL REVENUE	**$366,382**	**TOTAL EXPENSES**	**$366,382**
NET INCOME/LOSS	$0		

Wesley House Community Services
Profit & Loss Budget vs. Actual
July 2017 through May 2018

	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18
Expense										
BUILDING MAINTENANCE	627.58	793.06	536.45	1,995.93	5,874.00	5,181.12	1,209.19	835.94	1,080.11	118.89
CONTRACT SERVICES										
PROFESSIONAL FEES	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,300.00	1,200.00
Total CONTRACT SERVICES	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,300.00	1,200.00
DUES, FEES, ETC.	321.06	308.56	389.79	840.62	281.48	622.03	316.25	356.81	613.77	257.50
EQUIPMENT RENTAL & MAINTENANCE	800.00	425.23	0.00	0.00	0.00	25.00	0.00	1,102.43	1,518.50	0.00
FOOD COST	291.47	3,109.97	277.34	125.45	139.72	3,101.91	1,647.66	2,968.23	416.30	170.49
FUNDRAISING	0.00	0.00	2,162.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OFFICE SUPPLIES	1,185.05	94.89	291.35	96.33	0.00	120.62	94.82	175.74	314.03	78.78
OPERATION										
PRINTING/ADVERTISING	0.00	0.00	162.50	228.00	0.00	0.00	0.00	222.63	0.00	56.60
TELEPHONE & COMMUNICATIONS	0.00	1,065.07	0.00	1,054.85	0.00	1,574.66	0.00	1,052.51	0.00	0.00
Total OPERATION	0.00	1,065.07	162.50	1,282.85	0.00	1,574.66	0.00	1,275.14	0.00	56.60
Other Types of Expenses										
INSURANCE	0.00	0.00	10,636.08	0.00	1,223.93	2,907.84	637.28	1,441.42	0.00	5,652.84
Total Other Types of Expenses	0.00	0.00	10,636.08	0.00	1,223.93	2,907.84	637.28	1,441.42	0.00	5,652.84
Payroll Expenses										
EMPLOYEE BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMPORARY HELP	0.00	404.74	0.00	0.00	0.00	1,219.29	0.00	0.00	0.00	0.00
Payroll Expenses - Other	21,554.24	20,359.59	20,419.21	22,055.29	20,121.07	20,228.11	18,588.24	20,271.78	19,989.99	21,164.61
Total Payroll Expenses	21,554.24	20,764.33	20,419.21	22,055.29	20,121.07	21,447.40	18,588.24	20,271.78	19,989.99	21,164.61
POSTAGE	29.40	0.00	0.00	47.70	0.00	49.00	0.00	0.00	50.00	0.00
PROGRAM SUPPLIES	0.00	13.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.87
SALES TAX	188.63	0.00	0.00	50.96	0.00	0.00	68.84	0.00	0.00	0.00
STAFF TRAINING/SEMINARS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	499.00	0.00
TRAVEL AND MEETINGS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UTILITIES	0.00	924.50	3,922.50	2,211.30	702.25	3,103.90	1,737.09	2,859.20	0.00	3,843.19
VEHICLE EXPENSE	50.00	0.00	55.01	80.03	20.00	40.22	43.03	25.00	20.05	57.00
Total Expense	26,247.43	28,698.67	40,052.37	29,986.46	29,562.45	39,373.70	25,542.40	32,511.69	25,801.75	32,637.77
Net Ordinary Income	-2,003.12	-7,284.79	-7,304.66	-12,451.77	-5,280.87	-11,101.99	1,545.96	-11,423.00	-8,206.12	-10,021.19
Other Income/Expense										

Wesley House Community Services
Profit & Loss Budget vs. Actual
July 2017 through May 2018

	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18
Other Income										
GAIN (LOSS) ON INVESTMENTS	2,976.44	-1,108.68	-376.09	-26,574.85	3,246.22	-1,506.54	4,490.62	-10,276.77	-3,492.09	-11,334.09
Total Other Income	2,976.44	-1,108.68	-376.09	-26,574.85	3,246.22	-1,506.54	4,490.62	-10,276.77	-3,492.09	-11,334.09
Other Expense										
DEPRECIATION	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	0.00	2,000.00
Total Other Expense	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	0.00	2,000.00
Net Other Income	976.44	-3,108.68	-2,376.09	-28,574.85	1,246.22	-3,506.54	2,490.62	-12,276.77	-3,492.09	-13,334.09
Net Income	**-1,026.68**	**-10,393.47**	**-9,680.75**	**-41,026.62**	**-4,034.65**	**-14,608.53**	**4,036.58**	**-23,699.77**	**-11,698.21**	**-23,355.28**

Form **990**

Return of Organization Exempt From Income Tax

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

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/1/2016 **, and ending** 6/30/2017

B Check if applicable:	**C** Name of organization WESLEY HOUSE COMMUNITY SERVICES, INC
☐ Address change	Doing business as
☐ Name change	Number and street (or P.O. box if mail is not delivered to street address) 5114 PRESTON HIGHWAY — Room/suite
☐ Initial return	City or town LOUISVILLE — State KY — ZIP code 40213
☐ Final return/terminated	Foreign country name — Foreign province/state/county — Foreign postal code
☐ Amended return	
☐ Application pending	**F** Name and address of principal officer: DR. RENEE CAMPBELL-MAPP, PRESIDENT 5114 PRESTON HIGHWA

D Employer identification number [redacted]

E Telephone number 502-583-8317

G Gross receipts $ 325,083

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.wesleyhouseky.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ — **L** Year of formation: 1903 — **M** State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ECONOMICAL EARLY CHILD DEVELOPMENT AND ADULT/TEEN SERVICES, EARLY CHILD DEVELOPMENT & DAYCARE CENTER, NEIGHBORHOOD SERVICES-YOUTH, ADULTS, SENIOR ADULTS.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	184,375	131,819
	9	Program service revenue (Part VIII, line 2g)	128,932	162,333
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,674	8,696
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,423	22,235
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,404	325,083
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	264,833	255,881
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,935		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	158,616	133,803
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	423,449	389,684
	19	Revenue less expenses. Subtract line 18 from line 12	-72,045	-64,601
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	679,824	596,066
	21	Total liabilities (Part X, line 26)	64,319	44,774
	22	Net assets or fund balances. Subtract line 21 from line 20	615,505	551,292

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Ollie Green, MBA, CPA	Ollie Green, MBA, CPA	5/22/2018		[redacted]

Firm's name ▶ Ollie Green & Company, CPA's, LLC — Firm's EIN ▶ [redacted]

Firm's address ▶ 1300 South Fourth Street, Suite 100, Louisville, KY 40208 — Phone no. 502-634-3003

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission:
THE ORGANIZATION'S MISSION IS TO EMPOWER FAMILIES, INDIVIDUALS AND COMMUNITIES TOWARDS SELF-SUFFICIENCY, CREATING HOPE AND OPPORTUNITY THAT RESULTS IN EXTRAORDINARY CHANGE IN THE LIVES OF THOSE IT SERVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ______) (Expenses $ 152,074 including grants of $ ______) (Revenue $ 201,682)
EARLY CHILD DEVELOPMENT AND CHILDCARE CENTER

4b (Code: ______) (Expenses $ 133,505 including grants of $ ______) (Revenue $ 58,768)
NEIGHBORHOOD SERVICES - YOUTH, HOLDIAY, ADULTS, SENIOR ADULTS

4c (Code: ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 285,579

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV.*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions).	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . ☐

		Line	Amount		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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: ▶
ORGANIZATION 502-968-8231
5114 PRESTON HIGHWAY, LOUISVILLE, KY 40213

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) SEE ATTACHED BOARD OF DIRECTORS LI BOARD MEMBERS	5.00 0.00	X						0	0	0
(2) DR. RENE CAMPBELL-MAPP PRESIDENT	50.00 0.00			X	X	X		70,117	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								70,117	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								70,117	0	0

2 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

		Yes	No
3 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*	3		X
4 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*	4		X
5 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*	5		X

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	131,819				
	g Noncash contributions included in lines 1a-1f: $ 0						
	h **Total.** Add lines 1a–1f ▶			131,819			
Program Service Revenue		Business Code					
	2a PROGRAM SERVICE FEES			162,333	162,333		
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f ▶			162,333			

		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A) Total revenue	(B)	(C)	(D)
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			8,696	8,696		
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less: cost or other basis and sales expenses	0	0				
	c Gain or (loss)	0	0				
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19.	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue		Business Code				
	11a SPECIAL EVENTS			14,897	14,897		
	b RETAIL SALES			7,338	7,338		
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d ▶			22,235			
	12 **Total revenue.** See instructions. ▶			325,083	193,264	0	0

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 . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	70,117	7,229	62,888	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	166,978	166,978		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	500	500		
10 Payroll taxes	18,286	15,410	2,876	
11 Fees for services (non-employees):				
a Management	19,100	5,500	13,600	
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 O.)	0			
12 Advertising and promotion	0			
13 Office expenses	4,691	966	1,790	1,935
14 Information technology	0			
15 Royalties	0			
16 Occupancy	34,057	33,662	395	
17 Travel	537	334	203	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	210	210		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,551	10,913	3,638	0
23 Insurance	20,242	18,874	1,368	
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 DUES/FEES & SUBSCRIPTIONS	11,976	1,241	10,735	
b FOOD & OUTREACH/SPECIAL EVENT	18,428	15,132	3,296	
c TELEPHONE	6,302	5,258	1,044	
d EQUIPMENT/RENT/MAINTENANCE	3,361	3,361		
e All other expenses OTHER PROGRAM EXPENSES	348	11	337	
25 **Total functional expenses.** Add lines 1 through 24e	389,684	285,579	102,170	1,935
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,925	1	11,196
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		42,909	3	34,263
	4	Accounts receivable, net		8,325	4	8,797
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 567,234			
	b	Less: accumulated depreciation	10b 287,374	294,411	10c	279,860
	11	Investments—publicly traded securities		331,254	11	261,950
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		679,824	16	596,066
Liabilities	17	Accounts payable and accrued expenses		64,319	17	44,774
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		64,319	26	44,774
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		310,290	27	271,207
	28	Temporarily restricted net assets		305,215	28	280,085
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		615,505	33	551,292
	34	Total liabilities and net assets/fund balances		679,824	34	596,066

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	325,083
2	Total expenses (must equal Part IX, column (A), line 25)	2	389,684
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	615,505
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	388
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	551,292

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
WESLEY HOUSE COMMUNITY SERVICES, IN	990	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	14,551
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,551
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Kentucky State Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562*.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
WESLEY HOUSE COMMUNITY SERVICES, IN	990	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7			
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7			8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8			9	0
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562			10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11			12	0
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	0		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	14,551
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28			21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions			22	14,551
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number
[redacted]

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in section **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** 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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations 0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	313,230	341,777	242,292	184,375	131,819	1,213,493
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	313,230	341,777	242,292	184,375	131,819	1,213,493
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						1,213,493

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	313,230	341,777	242,292	184,375	131,819	1,213,493
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,006	41,935	9,470	12,686	8,696	104,793
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	367,233	276,195	210,120	150,355	184,568	1,188,471
11 **Total support.** Add lines 7 through 10						2,506,757

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 48.41%

15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 45.25%

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2015.** 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—2016.** 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 organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section 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* ***Part VI*** *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		
b	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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b 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.*	4b		
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)(B) purposes.*	4c		
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	**Type I or Type II only.** 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 I of Schedule L (Form 990 or 990-EZ).*	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* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b 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		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	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		

Section 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* ***Part VI*** *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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			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		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).*

a ☐ The organization satisfied the Activities Test. *Complete **line 2** below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete **line 3** below.*

c ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	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 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior 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	0	0
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	0	0

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):			
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)	1d	0	0
e **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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 **Minimum Asset Amount** (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts 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	Amounts 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.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	0
10	Line 8 amount divided by Line 9 amount	0.000

	Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2016:				
a					
b					
c	From 2013	0			
d	From 2014.	0			
e	From 2015	0			
f	**Total** of lines 3a through e		0		
g	Applied to underdistributions of prior years			0	
h	Applied to 2016 distributable amount				0
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		0		
4	Distributions for 2016 from Section D, line 7: $	0			
a	Applied to underdistributions of prior years			0	
b	Applied to 2016 distributable amount				0
c	Remainder. Subtract lines 4a and 4b from 4.		0		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				0
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c.		0		
8	Breakdown of line 7:				
a					
b	Excess from 2013	0			
c	Excess from 2014	0			
d	Excess from 2015	0			
e	Excess from 2016	0			

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.)

Part II Section B Line 10 THIS INCOME IS DERIVED FROM PROGRAM SERVICE REVENUE AND SALE OF MERCHANDISE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047
2016

Name of the organization
WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number
[redacted]

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number
[redacted]

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	METRO UNITED WAY 334 E BROADWAY LOUISVILLE KY 40202 Foreign State or Province: Foreign Country:	$ 34,268	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	UNITED METHODIST WOMEN 475 RIVERSIDE DRIVE NEW YORK NY 10015 Foreign State or Province: Foreign Country:	$ 17,680	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	KOSAIR CHARITIES 982 EASTERN PARKWAY LOUISVILLE KY 40217 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number
[redacted]

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number
[redacted]

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ________

4 Number of states where property subject to conservation easement is located ▶ ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	0
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . ☐

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0	0	0	0	0
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ ________ %
c Temporarily restricted endowment ▶ ________ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
(i)	unrelated organizations	3a(i)		
(ii)	related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	493,139	214,066	279,073
c Leasehold improvements	0	0	0	0
d Equipment	0	21,850	21,761	89
e Other	0	52,245	51,547	698
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				279,860

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	0	

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶	0	

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	0

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe[redacted]
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	325,083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	325,083
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	325,083

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	389,684
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	389,684
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	389,684

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization	Employer identification number
WESLEY HOUSE COMMUNITY SERVICES, INC	[redacted]

Form 990, Part VI, Section C, Line 19: WESLEY HOUSE MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

WESLEY HOUSE COMMUNITY SERVICES, INC

Employer identification number

[redacted]

Use of Vehicles (4562 Part V, Section B) 990

[redacted]

WESLEY HOUSE COMMUNITY SERVICES, INC 61-0449663

	Vehicle Description	Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
1	2004 FORD F150 XLT	12,000	0	0	12,000		X		X		X
2	2006 FORD E350	12,000	0	0	12,000		X		X		X
3	2006 FORD E350 (72676	12,000	0	0	12,000		X		X		X

Form 4562 Statement - 990

WESLEY HOUSE COMMUNITY SERVICES, INC [redacted] 6/30/2017

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2016 Deprec.	2016 Accum. Deprec.
Depreciation Detail																
MACRS deductions for prior years (Line 17)																
	PRESTON DAYCARE	7/1/2006	R-5	100.00%	40,280	0	0	0	0	40,280	10.0	SL/GDS	MM	40,112	168	40,280
	WAREHOUSE RENOVATION	9/1/2006	R-5	100.00%	6,618	0	0	0	0	6,618	10.0	SL/GDS	MM	6,481	137	6,618
	PRESTON DAYCARE RENOV	9/1/2006	R-5	100.00%	9,636	0	0	0	0	9,636	10.0	SL/GDS	MM	9,437	199	9,636
	PHONE SYSTEM	12/31/2006	F-11	100.00%	15,235	0	0	0	0	15,235	10.0	SL/GDS	MM	14,475	760	15,235
	HVAC SYSTEM DC PRE	12/31/2006	R-5	100.00%	13,500	0	0	0	0	13,500	15.0	SL/GDS	HY	8,588	900	9,488
	PRESTON DAYCARE RENOV	4/30/2007	R-5	100.00%	16,613	0	0	0	0	16,613	10.0	SL/GDS	MM	15,297	1,315	16,612
	TECH DEPOT - COMPUTER	7/1/2009	F-11	100.00%	5,448	0	0	0	0	5,448	7.0	SL/GDS	HY	5,060	388	5,448
	BUILDING 5114 PRESTON S1	9/15/2011	R-5	100.00%	225,000	0	0	0	0	225,000	39.0	SL/GDS	MM	27,650	5,769	33,419
	PRESTON HWY ROOF	9/24/2012	R-5	100.00%	75,285	0	0	0	0	75,285	20.0	SL/GDS	MM	14,272	3,764	18,036
	PRESTON-PLUMBING	12/31/2012	R-5	100.00%	1,391	0	0	0	0	1,391	7.0	SL/GDS	MM	705	199	904
	E & H INTEGRATED TELEPH	1/13/2013	F-11	100.00%	899	0	0	0	0	899	5.0	SL/GDS	HY	630	180	810
	FLOOR STORE	2/28/2013	R-5	100.00%	649	0	0	0	0	649	7.0	SL/GDS	MM	314	93	407
	DAYCARE RENOVATIONS/W	1/1/2016	R-5	100.00%	26,492	0	0	0	0	26,492	39.0	SL/GDS	MM	312	679	991
	Total MACRS deductions for prior years (Line 17)				437,046	0	0	0	0	437,046				143,333	14,551	157,884
	Subtotal Depreciation				437,046	0	0	0	0	437,046				143,333	14,551	157,884
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
	2004 FORD F150 XLT	11/30/2006	V-7	100.00%	15,049	0	0	0	0	15,049	7.0	SL/GDS	HY	15,049	0	15,049
	2006 FORD E350	1/1/2006	V-7	100.00%	17,549	0	0	0	0	17,549	7.0	SL/GDS	HY	17,549	0	17,549
	2006 FORD E350 (72676	1/1/2006	V-7	100.00%	18,949	0	0	0	0	18,949	7.0	SL/GDS	HY	18,949	0	18,949
	Total listed prop with > 50% business use				51,547	0	0	0	0	51,547				51,547	0	51,547
	Subtotal Listed Property				51,547	0	0	0	0	51,547				51,547	0	51,547
	Total Depreciation and Amortization				488,593	0	0	0	0	488,593				194,880	14,551	209,431

Form 4562 Statement Kentucky State - 990

WESLEY HOUSE COMMUNITY SERVICES, INC [redacted] 6/30/2017

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2016 Deprec.	2016 Accum. Deprec.	Special Allowance Difference
Depreciation Detail																	
MACRS deductions for prior years (Line 17)																	
	PRESTON DAYCARE	7/1/2006	R-5	100.00%	40,280	0	0	0	0	40,280	10.0	SL/GDS	MM	40,112	168	40,280	0
	WAREHOUSE RENOVATION	9/1/2006	R-5	100.00%	6,618	0	0	0	0	6,618	10.0	SL/GDS	MM	6,481	137	6,618	0
	PRESTON DAYCARE RENOV	9/1/2006	R-5	100.00%	9,636	0	0	0	0	9,636	10.0	SL/GDS	MM	9,437	199	9,636	0
	PHONE SYSTEM	12/31/2006	F-11	100.00%	15,235	0	0	0	0	15,235	10.0	SL/GDS	HY	14,475	760	15,235	0
	HVAC SYSTEM DC PRE	12/31/2006	R-5	100.00%	13,500	0	0	0	0	13,500	15.0	SL/GDS	MM	8,588	900	9,488	0
	PRESTON DAYCARE RENOV	4/30/2007	R-5	100.00%	16,613	0	0	0	0	16,613	10.0	SL/GDS	MM	15,297	1,315	16,612	0
	TECH DEPOT - COMPUTER	7/1/2009	F-11	100.00%	5,448	0	0	0	0	5,448	7.0	SL/GDS	HY	5,060	388	5,448	0
	BUILDING 5114 PRESTON ST	9/15/2011	R-5	100.00%	225,000	0	0	0	0	225,000	39.0	SL/GDS	MM	27,650	5,769	33,419	0
	PRESTON HWY ROOF	9/24/2012	R-5	100.00%	75,285	0	0	0	0	75,285	20.0	SL/GDS	MM	14,272	3,764	18,036	0
	PRESTON-PLUMBING	12/31/2012	R-5	100.00%	1,391	0	0	0	0	1,391	7.0	SL/GDS	MM	705	199	904	0
	E & H INTEGRATED TELEPH	1/13/2013	F-11	100.00%	899	0	0	0	0	899	5.0	SL/GDS	HY	630	180	810	0
	FLOOR STORE	2/28/2013	R-5	100.00%	649	0	0	0	0	649	7.0	SL/GDS	MM	314	93	407	0
	DAYCARE RENOVATIONS/W	1/1/2016	R-5	100.00%	26,492	0	0	0	0	26,492	39.0	SL/GDS	MM	312	679	991	0
	Total MACRS deductions for prior years (Line 17)				437,046	0	0	0	0	437,046				143,333	14,551	157,884	0
	Subtotal Depreciation				437,046	0	0	0	0	437,046				143,333	14,551	157,884	0
Listed Property																	
Listed property with more than 50% business use (Line 25 and 26)																	
	2004 FORD F150 XLT	11/30/2006	V-7	100.00%	15,049	0	0	0	0	15,049	7.0	SL/GDS	HY	15,049	0	15,049	0
	2006 FORD E350	1/1/2006	V-7	100.00%	17,549	0	0	0	0	17,549	7.0	SL/GDS	HY	17,549	0	17,549	0
	2006 FORD E350 (72676	1/1/2006	V-7	100.00%	18,949	0	0	0	0	18,949	7.0	SL/GDS	HY	18,949	0	18,949	0
	Total listed prop with > 50% business use				51,547	0	0	0	0	51,547				51,547	0	51,547	0
	Subtotal Listed Property				51,547	0	0	0	0	51,547				51,547	0	51,547	0
	Total Depreciation and Amortization				488,593	0	0	0	0	488,593				194,880	14,551	209,431	0

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[illegible]

Jefferson County.

ARTICLES OF INCORPORATION

OF

Woman's Bd. of City Missions of the M. E. Church, South, of Texas

~~Capital Stock, $~~

~~Corporation Purpose~~

Filed and Certificate Issued.

[illegible] Day of Apl, 1907

Recording Fee, $ [illegible] paid.

H. V. McCHESNEY,

Sec'y of State.

By [illegible]

54932

BE IT KNOWN that the Undersigned citizens and residents of the City of Louisville, County of Jefferson, State of Kentucky have associated and do hereby associate to form a corporation having no capital stock, for the religious and charitable purposes hereinafter shown from which no private pecuniary profit is to be derived; with power to sue and be sued; contract and be contracted with; purchase, own, use, mortgage and dispose of such real and personal property as may be necessary or useful to carry on the business of said corporation, and to receive any and all kinds of property as gifts and donations and with power to enact all necessary rules, by-laws and regulations for the government of said corporation, and generally with all the powers incident to a religious and charitable corporation, created and organized under Article 8, Chapter 32 of the Kentucky Statutes.

2. The name of the corporation is and shall be the Women's Board of City Missions of the Methodist Episcopal Church South, of the City of Louisville, Ky., and shall be a branch or subordinate corporation of the Women's Board of Home Missions of the Methodist Episcopal Church South, incorporated by and under the laws of the State of Mississippi and shall be subject to all of the rules and regulations and laws of said Women's Board unless otherwise specified herein.

3. The purpose of the corporation is to unite the efforts of christian women and children to establish and maintain schools, missions, hospitals, homes for the friendless and other like charities and agencies for the propagation of the gospel of Jesus Christ and the elevation of mankind and work in connection with and subordiante to the Women's Board of Home Missions of the Methodist Episcopal Church South, incorporated under the laws of the State of Mississippi, and for the further purpose of admin-

istering to the comfort, health and welfare of all such persons as may be selected by its officers and agents.

4. The corporation shall be under the supervision and control of a Board of Managers to consist of not less than three members from each of the Cooperating Auxiliary Societies of the following churches, towit;

Fourth Avenue	West Broadway.
Broadway.	Portland.
Union.	
Lander Memorial.	
Jefferson Street.	
Marcus Lindsey.	
Rivers Memorial.	
Virginia Avenue.	

And the number of said managers may be increased at any time by a majority vote of said Board of managers, and any additional members shall be elected or chosen equally from said Cooperating Auxiliary Societies of said churches and said several Cooperating Auxiliary Societies may elect or choose the memebrs of said Board from their number in any manner provided by each of said individual Cooperating Auxiliary Society of said churches. In the event any of said Auxiliary Societies shall fail to elect such members then the Board of Managers may fill the vacancies caused by such failure from the membership of said Societies so failing to elect.

The said Board of Managers shall have complete control of all the affairs of said corporation, with power to elect its own officers, including its President, vice-presidents, secretary and treasurer and such other officers as they may desire to elect, and with full power to employ and appoint all agents, employees and assistants who in their judgment may be necessary to properly carry on the business of said corporation and shall have full power to make all necessary rules, by-laws and regulations for the government of said corporation.

The Board of Managers of the Women's Board of [illegible]y Missions of the M.E. Church, South, of Louisville, Ky., an unincorporated association shall constitute the Board of Managers of this corporation until the Thirty-first day of March, 1908 and until their successors are elected and qualified, and are hereby given full power and authority until said time to increase their members to not less than three members from each of said Cooperating Auxiliary Societies and to fill all vacancies in said Board. During the month of March, 1908, and annually thereafter the said Auxiliary Societies will elect from their own number as hereinbefore provided the members of said Board for the following year, and shall duly certify such election to the Board of Managers of this corporation and shall thereupon be members of and constitute said Board for one year, and until their successors are elected and qualified. The said Board of Managers may by its by-laws or otherwise provide for regular meetings of said Board and for special meetings and shall have full and complete control of all of the affairs of said corporation.

IN WITNESS OF ALL WHICH the Undersigned have hereunto subscribed their names this the 22nd day of April, 1907.

Mrs Mary L. Kendall
Mrs. Archie W. Alexander.
Mrs Mollie R. Barclay
Mrs Helen B. James
Mrs Jennie M. Wheat
Mrs Ethel C. Baird
Mrs S. S. Thompson

COMMONWEALTH OF KENTUCKY.
Jefferson County. S.S.

I, Arthur Mather, a Notary Public in and for the County and State aforesaid, do hereby certify that on this 22nd day of April A.D. 1907, the foregoing Articles of Incorporation of the Womans Board of City Missions of the Methodist Episcopal Church, South, of the city of Louisville, Ky, were produced before me in the said county, and acknowledged and delivered by Mrs Mary L. Kendall, Mrs Arabel W. Alexander, Mrs Mollie R. Barclay, Mrs Helen B. James, Mrs Jennie M. Wheat, Mrs Ethel, L. Baird, Mrs. Ella C. Davies, Mrs Hannah D. Hitt, Mrs F. Emma Rivers, Mrs Emmabel C. Sprowl, Mrs Pamelia Beattie, Mrs Mary K. Venable, Mrs Letitia T. Watkins, Mrs Mary F. Adams, Mrs Dora M. Applegate, Mrs Mary R. Kent, Mrs Tolulie C. Charlton, Mrs Sue M. Davis, Mrs Ida C. Bradley, Mrs Katherine M. LeFeros, Mrs Genora D. Payne, Mrs Fannie N. Hess, Mrs Bessie Muthler, Mrs Maud Myers, Mrs Elmira Schmidt, Mrs Laura West, and Mrs Lelia Brown, as Managers of said corporation, to be their act and deed.

Witness my hand and seal this 22nd day of April 1907.

My Commission expires at the rising of the next session of the Senate.

Arthur Mather

COMMONWEALTH OF KENTUCKY.
Jefferson County. S.S.

I, Arthur Mather, a Notary Public in and for the County and State aforesaid, do hereby certify that on this 23rd day of April 1907, the foregoing Articles of Incorporation of the Womans Board of City Missions of the Methodist Episcopal Church, South, of the city of Louisville, Ky, were produced ~~she~~ before me in the said county, [illegible] signed, and [illegible] by Mrs. [illegible] Thompson, as a Manager of said corporation, ~~as~~ to be her act and deed.

Witness my hand and seal this 23rd day of April 1907.

My Commission expires at the rising of the next session of the Senate.

Arthur Mather

WESLEY HOUSE COMMUNITY SERVICES, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED
JUNE 30, 2017 and 2016
AND AUDITOR'S REPORT

WESLEY HOUSE COMMUNITY SERVICES, INC.
FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
FOR THE YEARS ENDED JUNE 30, 2017 and 2016

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PAGE

OLLIE GREEN & COMPANY

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Susan Savitch, CPA

Andrea Morris, CPA
Sharon Adams, CPA, CIA

Independent Auditor's Report

To the Board of Directors
Wesley House Community Services, Inc.
Louisville, KY

We have audited the accompanying financial statements of Wesley House Community Services, Inc. (a non-profit organization) which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities 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 misstatements, 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 audit 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 risk 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 entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Wesley House Community Services, Inc. as of June 30, 2017 and 2016, and 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.

Report on Summarized Comparative Information

We have previously audited the Wesley House Community Services, Inc. FYE June 30, 2016 financial statements, and our report dated February 14, 2017 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2016, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Ollie Green

Ollie Green & Co., CPAs
Certified Public Accountants

Louisville, Kentucky
May 17, 2018

WESLEY HOUSE COMMUNITY SERVICES, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2017 and 2016

ASSETS

	6/30/17	6/30/16
Current Assets:		
Cash and Cash Equivalents	$ 11,196	$ 2,925
Investments (Note 2)	261,950	331,254
Grants Receivable	34,263	42,909
Program Fees Receivable	8,797	8,325
TOTAL CURRENT ASSETS	316,206	385,413
Property and Equipment:		
Land, Buildings and Equipment (Note 3)	567,234	567,234
Accumulated Depreciation	(287,374)	(272,823)
	279,860	294,441
TOTAL ASSETS	$ 596,066	$ 679,824
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts Payable	$ 32	$ 10,514
Payroll Liabilities Payable	34,087	37,840
Accrued Vacation (Note 1)	10,655	15,965
TOTAL CURRENT LIABILITIES	44,774	64,319
NET ASSETS		
Unrestricted (Note 1)	271,207	310,290
Temporarily Restricted (Note 1)	280,085	305,215
TOTAL NET ASSETS	551,292	615,505
TOTAL LIABILITIES AND NET ASSETS	$ 596,066	$ 679,824

WESLEY HOUSE COMMUNITY SERVICES, INC.
STATEMENTS OF ACTIVITIES
JUNE 30, 2017 and 2016

	Unrestricted	Temporarily Restricted		Total All Services	
	Support Services	Program Services			
	General Services	Daycare Services	Neighbor-hood Services*	Total 6/30/17	Total 6/30/16
REVENUES & SUPPORT:					
Contributions	$ 33,708	-	-	$ 33,708	$ 69,114
Government Support	-	$ 32,397	-	32,397	41,034
Metro United Way	-	-	$ 34,268	34,268	42,909
Grants and Contracts	-	6,946	24,500	31,446	31,318
Special Events	14,897	-	-	14,897	10,095
Investment Income (Note 2)	7,709	-	-	7,709	12,686
Realized/Unrealized Gain (Loss)on Investments	987	-	-	987	3,988
Program Service Fees	-	162,333	-	162,333	128,932
Retail Sales (Note 5)	7,332	6	-	7,338	11,328
Satisfaction of Program Restrictions	(285,579	(152,074)	(133,505)	-	
Total Revenue & Support	$ 350, 212	$ 49,608	$ (74,737)	$ 325,083	$ 351,404
EXPENSES:					
Day Care Program	152,074	-	-	152,074	175,807
Youth	75,011	-	-	75,011	55,835
Louisville Works Program	58,494	-	-	58,494	59,485
Fund Raising	1,935	-	-	1,935	5,305
Support Services	102,170	-	-	102,170	127,017
Total Expenses	$ 389,684	-	-	389,684	423,449
Change in Net Assets	(39,472)	49,608	(74,737)	(64,601)	(72,045)
Net Assets at Beginning of Year	310,290	259,658	45,557	615,505	644,267
Prior Period Adjustment (Note 8)	388	-	-	388	43,283
Net Assets at Beginning of Year (Adj.	310,678	259,658	45,557	615,893	687,550
Net Assets at End of Year	$ 272,206	$ 309,266	$ (29,180)	$ 51,292	$ 615,505

* Includes Youth, Louisville Works Programs

WESLEY HOUSE COMMUNITY SERVICES, INC.
STATEMENTS OF CASH FLOWS
JUNE 30, 2017 and 2016

	6/30/17	6/30/16
Cash Flows from Operating Activities:		
Contributions	$ 33,708	$ 69,114
Grants & Public Support	107,145	115,635
Program Service Fees	161,861	125,542
Other Income/Special Events	22,235	21,423
Cash Paid to Employees & Suppliers	(394,678)	(365,438)
Net Cash Provided/(Used) by Operating Activities	(69,729)	(33,724)
Cash Flows from Investing Activities:		
Cash Provided from Investing Activities	78,000	61,802
Cash Used for Purchases of Fixed Assets	-	(26,492)
Net Cash (Used)/Provided by Investing Activities	78,000	35,310
Net Increase/(Decrease) in Cash and Cash Equivalents	8,271	1,586
Cash and Cash Equivalents at Beginning of Year	2,925	1,339
Cash and Cash Equivalents at End of Year	11,196	2,925
Reconciliation of Change in Net Assets to Net Cash Used by Operating Activities:		
Change in Net Assets	(64,601)	(72,045)
Adjustments:		
Depreciation	14,551	24,634
(Increase)/Decrease in Grants Receivable MUW	8,646	374
(Increase)/Decrease in Accounts Receivable/Program Fees	(472)	(3,390)
Increase/(Decrease) in Payables & Accrued Expenses	(19,157)	33,377
Investment Income/Unrealized Gain/Loss	(8,696)	(16,674)
Adjustment to Reconcile	(5,128)	38,321
Net Cash Provided/(Used) by Operating Activities	$ (69,729)	$ (33,724)

WESLEY HOUSE COMMUNITY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2017 and 2016

NOTE 1) Nature of Activities and Summary of Significant Accounting Policies

Nature of Activities

Wesley House Community Services, Inc., founded in 1903, is a charitable, nonprofit corporation that provides affordable childcare for working parents, intervention programs for young people at risk, and computer training for people entering the workforce in Louisville, KY. The Organization's mission is to empower families, individuals and communities toward self-sufficiency, creating hope and opportunity that result in extraordinary change in the lives of those it serves.

Summary of Significant Accounting Policies

This summary of significant accounting policies of Wesley House Community Services, Inc. (the Organization) is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for their integrity and objectivity. The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, which include the principles of non-for-profit accounting as defined by the Financial Accounting Standard Board (FASB).

Financial Statement Presentation

Financial statement presentation follows the FASB principles of non-for-profit accounting. Under these principles, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted assets, and permanently restricted net assets. These net assets classifications are defined as follows:

Unrestricted net assets- net assets that are not subject to donor-imposed stipulations. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors.

Temporarily restricted net assets- net assets whose use by the Organization is subject to donor-imposed stipulations that can be fulfilled by actions of the organization pursuant to those stipulations or that expire by the passage of time.

Permanently restricted net assets- net assets subject to donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by the Organization.

WESLEY HOUSE COMMUNITY SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2017 and 2016

Method of Accounting

Wesley House Community Services, Inc. prepares its financial statements using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities and as net assets released from restrictions received.

Cash Equivalents

Cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash within ninety (90) days of purchase.

Accounts Receivable

Accounts receivable for daycare services and the food programs are considered collectable. Therefore, no allowance for uncollectible accounts has been made.

Grants Receivable

Grants receivable are the amounts awarded in the fiscal year that will be paid to the Organization in a subsequent period.

Investments

Investments in marketable securities with readily determinable quoted market prices and all investments in debt securities are valued at their fair values in the statement of financial positions. Unrealized gains and losses are included in the change in net assets. Investment revenues are reported net of custodial investment administrative expenses.

Land, Buildings, and Equipment

Land, buildings, and equipment are stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the assets. Assets costing $500 or more are capitalized.

Support and Revenue Allocation

Certain support and revenue such as government grants and United Way support are designated for specific programs and are reflected in the appropriate fund. Certain support and revenue such as contributions, associated organization support, membership dues, investment income, program service fees, and retail sales are allocated among programs based on allocation percentages determined by management.

Functional Allocation of Expenses

Certain operating expenses are allocated among programs on the following basis:

- General and administrative expenses are allocated on the basis of estimated total personnel time spent on each program.

- Personnel expenses are allocated on the basis of total direct salaries paid for each program.

Compensated Absences/Accrued Vacation

The Organization's policy for compensated absences and accrued vacation allows for terminated employees to receive a maximum of 160 hours of pay. Other vacation may accumulate from year to year and will, if granted, be paid on the cash basis as part of salaries and wages. Sick pay does not vest; no benefit is receivable at termination of employment.

The total accrued vacation payable at 6/30/17 and 6/30/16 is $10,655 and $15,965 respectively.

Income Taxes

The Organization is exempt from federal, state and local income taxes under Section 501(c)(3) of the Internal Revenue Code.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require management to make estimates and assumptions that affect the reported amounts of revenue and expenses during the reporting period and the reported amounts of assets and liabilities at the date of the financial statements. On an ongoing basis, the Organization's management evaluates the estimates and assumptions based upon historical information. Accordingly, actual results could differ from those estimates.

Corporate stocks: Valued at the closing price reported at year end on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of June 30, 2017 and 2016:

			Assets at Fair Value as of June 30, 2017			
	Cost	Market Value	Level 1	Level 2	Level 3	Total
Cash & Equivalents	$ 13,775	$ 13,775	$ 13,775			$ 13,775
Fixed Income	103,646	110,023	110,023			110,023
Equity Securities	91,195	115,106	115,106			115,106
Mutual Funds	17,483	23,046	23,046			23,046
Total	$226,099	$261,950	$ 261,950			$ 261,950

			Assets at Fair Value as of June 30, 2016			
	Cost	Market Value	Level 1	Level 2	Level 3	Total
Cash & Equivalents	$ 26,320	$ 26,320	$ 26,320			$ 26,320
Fixed Income	145,560	155,962	155,962			155,962
Equity Securities	92,497	117,927	117,927			117,927
Mutual Funds	28,343	31,045	31,045			31,045
Total	$ 292,720	$331,254	$ 331,254			$ 331,254

Investment income has been adjusted for administrative fees, as follows:

For the year ended 6/30/17, unrestricted income of $11,554 less administrative fees of $3,845. For the year ended 6/30/16, unrestricted income of $17,365 less administrative fees of $4,679.

OLLIE GREEN & COMPANY

CPA SM The CPA. Never Underestimate the Value. SM

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Ollie Green, MBA, CPA
Susan Savitch, CPA

Andrea Morris, CPA
Sharon Adams, CPA, CIA

AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Directors
Wesley House Community Services, Inc.

We have audited the financial statements of Wesley House Community Services, Inc. as of and for the years ended June 30, 2017 and 2016 and have issued our report thereon dated May 17, 2018, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The Statements of Functional Expenses and the Statements of Support and Revenue by Separate Funds are presented for the 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.

Ollie Green

Ollie Green & Co., CPAs
Certified Public Accountants

Louisville, Kentucky
May 17, 2018

WESLEY HOUSE COMMUNITY SERVICES, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
JUNE 30, 2017 and 2016

	Year Ended June 30, 2017					Year Ended June 30, 2016				
	Support Services	Program Services			Total 6/30/17	Support Services	Program Services			Total 6/30/16
	Manage-ment and General*	Daycare Services	Youth Services	Louisville Works Services	Total Program & Support Services	Manage-ment and General*	Daycare Services	Youth Services	Louisville Works Services	Total Program & Support Services
Salaries and Related Expenses:										
Salaries & Wages	$ 62,888	$100,692	$45,444	$30,006	$239,030	76,467	118,456	27,423	22,733	245,079
Payroll Taxes	4,811	7,703	3,476	2,296	18,286	5,850	9,062	2,098	1,738	18,748
Employee Health & Retirement	(1,935)	500	-	-	(1,435)	1,006				1,006
Total Salaries & Related Expenses	65,764	108,895	48,920	$32,302	255,881	83,323	127,518	29,521	24,471	264,833
Professional Services*	13,600	1,833	1,883	1,834	19,100	10,195				10,195
Supplies	2,110	231	231	504	3,076	2,604	292	292	292	3,480
Food and Outreach	3,296	15,132	-	-	18,428	265	20,509			20,774
Telephone	1,044	1,753	1,752	1,753	6,302	1,019	1,924	1,924	1,924	6,791
Postage	625	-	-	-	625	1,844	69	69	69	2,051
Occupancy/Utilities	395	11,474	11,094	11,094	34,057	5,272	8,807	8,514	8,514	31,107
Rent/Sales Tax	237	-	-	-	237	829				829
Equipment/Rent/Maintenance	-	1,671	845	845	3,361	4,320	1,734	1,288	9,627	16,969
Transportation	203	84	212	38	537	485	43	122	13	663
Staff Training and Seminars	-	210	-	-	210					
Program Expenses	100	11	-	-	111	43	93	296	767	1,199
Dues, Fees & Subscriptions	10,735	851	195	195	11,976	7,309	1,021	161	160	8,651
Insurance	1,368	6,291	6,291	6,291	20,242	2,765	7,489	7,489	7,489	25,232
Printing/Advertising	990	-	-	-	990	586	150			736
Depreciation	3,638	3,638	3,637	3,638	14,551	6,158	6,158	6,159	6,159	24,634
Total Expense	$104,105	$152,074	$75,011	$58,494	$389,684	127,017	175,807	55,835	59,485	418,144

* Management and General include Fundraising expense of $1,9335 for FYE 6/30/17 and $5,305for FYE 6/30/16, respectively.

WORKFORCE DEVELOPMENT STUDENT ASSESSMENT

Pre-enrollment			**Post- enrollment**		Number of Student
Microsoft Word			Microsoft Word		
Employability Skills Training			Employability Skills Training		
English as a Second Language			English As a Second Language		
Spanish as a Second Language			Spanish as a Second Language		

Student Survey

Name: ______________________ (Optional)

Date: ________________

Did you enjoy the Class?

___ YES

___ NO

What did you learn in class?

Was the teacher helpful?

___ YES

___ NO

Which lesson activities did you find most helpful? (check all that apply)

___ Typing

___ ESL

___ Microsoft Word

___ Job Search

What lessons did you use outside of the classroom, if any?

What would you do to make the class better?

Additional comments:

3. EQUAL OPPORTUNITY EMPLOYER

Wesley House Community Services (WHCS) is an Equal Opportunity Employer. It is the policy of WHCS to assure equal employment opportunity for all employees and candidates for employment. It is the practice of WHCS to recruit and hire qualified applicants without regard to race, color, national origin, sex, age, veteran's status, religion, sexual orientation, marital status, or disability.

All employment decisions are made on the basis of individual merit and business needs and no applicant or employee will be subjected to any form of discrimination in employment. It is WHCS's policy to provide equal employment opportunities to all employees with respect to hiring, compensation, promotion, benefits, and all other privileges, terms, and conditions of employment. It is the responsibility of all employees to adhere to this policy and the responsibility of all supervisors to assure that employees under their supervision act in accordance with this policy at all times. Any employee, manager or supervisor determined to have violated this policy in any respect will be subject to immediate discipline, up to and including discharge from employment.

If an individual has a problem related to equal employment opportunity, this is to be immediately reported to the member of management staff in charge of the department.

If, for any reason, the individual feels uncomfortable in reporting any problem to the member of the management staff in charge of the department, then the problem may be reported to the Executive Director.

4. AT-WILL EMPLOYMENT

Neither Wesley House Community Services' policies nor any WHCS's handbook constitutes a contract of employment. All employment with WHCS is "at-will". This means that employees retain the freedom to leave their employment at anytime, with or without prior notice. In turn, WHCS retains the right to terminate the employment of any person at anytime, with or without prior notice, for any reason not prohibited by law.

In the event termination of employment should occur, all WHCS's property in possession of the terminating employee is to be returned to the immediate supervisor, including but not limited to the following: keys, pagers, long distance calling cards, credit cards, vehicles, Personnel Policies, work manuals and instructions, equipment and supplies.

The date of termination shall be recorded as the last day on which work for WHCS was performed. An employee who resigns or is discharged will be paid the total of all due wages no later than the next regular pay day or within fourteen (14) days of his/her last day of employment, whichever occurs last. Any monetary obligations due from the former employee to WHCS may be deducted from the final check.

For a deceased employee, any final check due will be paid to the estate or as otherwise required by law.

WESLEY HOUSE COMMUNITY SERVICES, INC.

General Information

Organization Number	0054932
Name	WESLEY HOUSE COMMUNITY SERVICES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/25/1907
Organization Date	4/25/1907
Last Annual Report	6/12/2018
Principal Office	5114 PRESTON HIGHWAY LOUISVILLE, KY 40213
Registered Agent	DR. RENEE CAMPBELL MAPP 5114 PRESTON HIGHWAY LOUISVILLE, KY 40213

Current Officers

Chairman	RAY HAMMOCK
Secretary	JEANETTE WESTERFIELD
Treasurer	CLINTON BENNETT
Director	REBECCA CURRY
Director	RAY FORE
Director	CYNTHIA WEDDING

Individuals / Entities listed at time of formation

Director	MRS SAM OVERSTREET
Director	MRS COLEMAN ROWLAND
Director	MRS R V BENNETT
Director	MRS TAYLOR D HOWARD
Director	MRS J F DICKEY
Incorporator	MRS MARY L KENDALL
Incorporator	MRS ARABEL W ALEXANDER
Incorporator	MRS MOLLIE R BARCLAY
Incorporator	MRS HELEN B JAMES
Incorporator	MRS JENNIE M WHEAT

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	6/12/2018	1 page	PDF

Annual Report	6/19/2017	1 page	PDF	
Annual Report	6/30/2016	1 page	PDF	
Annual Report	6/2/2015	1 page	PDF	
Annual Report	6/16/2014	1 page	PDF	
Annual Report	7/9/2013	1 page	PDF	
Annual Report	8/17/2012	1 page	PDF	
Annual Report	6/20/2011	1 page	PDF	
Annual Report	4/28/2010	1 page	PDF	
Annual Report	6/26/2009	1 page	PDF	
Annual Report	3/24/2008	1 page	tiff	PDF
Registered Agent name/address change	11/29/2007	1 page	tiff	PDF
Annual Report	10/2/2007	1 page	tiff	PDF
Principal Office Address Change	9/19/2006	1 page	tiff	PDF
Annual Report	5/8/2006	1 page	tiff	PDF
Annual Report	4/28/2005	1 page	tiff	PDF
Annual Report	7/16/2004	1 page	PDF	
Annual Report	6/25/2003	1 page	tiff	PDF
Name Renewal	2/28/2003	1 page	tiff	PDF
Annual Report	5/8/2002	1 page	tiff	PDF
Annual Report	6/26/2001	1 page	tiff	PDF
Annual Report	5/19/2000	1 page	tiff	PDF
Annual Report	7/9/1999	1 page	tiff	PDF
Statement of Change	6/14/1999	1 page	tiff	PDF
Amendment	8/10/1998	2 pages	tiff	PDF
Annual Report	6/9/1998	1 page	tiff	PDF
Certificate of Assumed Name	2/9/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Amendment	5/7/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	4 pages	tiff	PDF
Statement of Change	4/27/1992	1 page	tiff	PDF
Annual Report	3/17/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	5 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Statement of Change	7/20/1979	2 pages	tiff	PDF
Statement of Change	6/28/1976	2 pages	tiff	PDF
Amendment	12/15/1970	3 pages	tiff	PDF
Statement of Change	6/26/1962	2 pages	tiff	PDF
Amendment	5/1/1962	5 pages	tiff	PDF
Statement of Change	4/10/1948	2 pages	tiff	PDF
Amendment	3/1/1948	7 pages	tiff	PDF
Annual Report	7/1/1941	40 pages	tiff	PDF
Amendment	7/3/1924	6 pages	tiff	PDF

Articles of Incorporation	4/25/1907	5 pages	tiff	PDF

Assumed Names

KAIROS BUSINESS SERVICES	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/12/2018 12:05:53 PM	6/12/2018 12:05:53 PM	
Annual report	6/19/2017 11:26:15 PM	6/19/2017 11:26:15 PM	
Annual report	6/30/2016 1:41:59 PM	6/30/2016 1:41:59 PM	
Annual report	6/2/2015 1:45:01 PM	6/2/2015 1:45:01 PM	
Annual report	6/16/2014 10:33:59 AM	6/16/2014 10:33:59 AM	
Annual report	7/9/2013 2:04:42 PM	7/9/2013 2:04:42 PM	
Annual report	8/17/2012 8:29:40 PM	8/17/2012 8:29:40 PM	
Annual report	6/20/2011 12:58:44 PM	6/20/2011 12:58:44 PM	
Annual report	4/28/2010 3:28:46 PM	4/28/2010 3:28:46 PM	
Annual report	6/26/2009 10:11:21 AM	6/26/2009 10:11:21 AM	
Annual report	3/24/2008 11:07:50 AM	3/24/2008	
Registered agent address change	11/29/2007 2:41:07 PM	11/29/2007	
Annual report	10/2/2007 10:20:09 AM	10/2/2007	
Principal office change	9/19/2006 1:58:43 PM	9/19/2006	
Annual report	5/8/2006 4:09:43 PM	5/8/2006	
Annual report	7/16/2004	7/16/2004	
Registered agent address change	6/14/1999	6/14/1999	
Annual report	6/14/1999	6/14/1999	
Amendment - Change name	8/10/1998	8/10/1998	WESLEY COMMUNITY HOUSE

Microfilmed Images

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

Annual Report	4/22/2005	1 page
Annual Report	12/31/2004 2:10:42 PM	1 page
Annual Report	6/25/2003	1 page

Annual Report	5/8/2002	1 page
Annual Report	6/26/2001	1 page
Annual Report	5/19/2000	1 page
Annual Report	7/9/1999	1 page
Statement of Change	6/14/1999	1 page
Amendment	8/10/1998	1 page