



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Amended.

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**Open to Public
Inspection**

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

1 For the 2006 calendar year, or tax year beginning**, 2006, and ending****3** Check if applicable:

Address change

Name change

Initial return

Final return

☒ Amended return☐ Application pendingPlease use
IRS label
or print
or type.
See
specific
instruc-
tions.**C** Name of organization

DISMAS CHARITIES, INC.

Number and street (or P O box if mail is not delivered to street addr) Room/suite

2500 SEVENTH STREET RD

City town or country

LOUISVILLE

State ZIP code + 4

KY 40208-1078

D Employer identification number

61-0663854

E Telephone number

(502) 636-2033

F Accounting method:☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).**3** Web site: ▶ N/A**J** Organization type

(check only one)

▶ ☒ 501(c)

3

(insert no.)

4947(a)(1) or

☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 29,424,470.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received:**a** Contributions to donor advised funds**1a****b** Direct public support (not included on line 1a)**1b**

25,509.

c Indirect public support (not included on line 1a)**1c**

136,272.

d Government contributions (grants) (not included on line 1a)**1d**

9,242.

e Total (add lines 1a through 1d) (cash \$ 171,023. noncash \$)**1e**

171,023.

2 Program service revenue including government fees and contracts (from Part VII, line 93)**2**

28,488,552.

3 Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4**

90,236.

5 Dividends and interest from securities**5****6a** Gross rents**6a**

206,175.

b Less: rental expenses**6b****c** Net rental income or (loss). Subtract line 6b from line 6a**6c**

206,175.

7 Other investment income (describe)**7****8a** Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

200.

b Less: cost or other basis and sales expenses**8b**

0.

c Gain or (loss) (attach schedule)**8c**

200.

d Net gain or (loss). Combine line 8c, columns (A) and (B)**8d**

200.

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 8,642. of contributions
reported on line 1b)**9a**

152,321.

b Less: direct expenses other than fundraising expenses**9b**

118,862.

c Net income or (loss) from special events Subtract line 9b from line 9a**9c**

33,459.

10a Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**10c**

315,963.

11 Other revenue (from Part VII, line 103)**11**

29,305,608.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12**

23,179,009.

13 Program services (from line 44, column (B))**13**

5,629,427.

14 Management and general (from line 44, column (C))**14**

0.

15 Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 13 and 14, column (A)**17**

28,808,436.

18 Excess or (deficit) for the year Subtract line 17 from line 12**18**

497,172.

19 Net assets or fund balances at beginning of year (from line 73, column (A))**19**

13,567,643.

20 Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year Combine lines 18, 19, and 20**21**

14,064,815.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101

01/18/07

Form 990 (2006)

RECEIVED JUN 08 2010
POSTWORK DATE
JUN 11 2010

SCANNED JUL 10 2010

6-17
NE

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a 1,222,393.	0.	1,222,393.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 10,286,986.	9,201,642.	1,085,344.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27 1,518,000.	0.	1,518,000.	0.
28 Employee benefits not included on lines 25a - 27	28 541,084.	485,966.	55,118.	0.
29 Payroll taxes	29 885,762.	773,657.	112,105.	0.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 203,909.	161,342.	42,567.	0.
35 Postage and shipping	35			
36 Occupancy	36 4,753,979.	4,688,997.	64,982.	0.
37 Equipment rental and maintenance	37 1,393,339.	1,276,545.	116,794.	0.
38 Printing and publications	38			
39 Travel	39 526,718.	356,842.	169,876.	0.
40 Conferences, conventions, and meetings	40			
41 Interest	41 137,154.	110,889.	26,265.	0.
42 Depreciation, depletion, etc (attach schedule)	42 1,133,516.	879,653.	253,863.	0.
43 Other expenses not covered above (itemize): a SEE STATEMENT 4	43a 6,205,596.	5,243,476.	962,120.	0.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B), (C), and (D), carry these totals to lines 13 - 15)	44 28,808,436.	23,179,009.	5,629,427.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a PAROLEE PRISONER REHABILITATION AT 22 LOCATIONS DURING
THE YEAR LOCATED IN KY (7); GA (3); FL (1); TX (4); NM (2); NC (1); TN (2);
AZ (1); MS (1). PROVIDED 564,068 MANDAYS OF REHABILITATION

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ ☐

23,179,009.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

23,179,009.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	57,624.	45	47,905.
	46 Savings and temporary cash investments	1,423,063.	46	1,335,033.
	47a Accounts receivable	47a 3,829,144.		
	b Less: allowance for doubtful accounts	47b	47c	3,829,144.
	48a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	419,388.	53	512,641.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	3,420.
55a Investments — land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 19,623,146.			
b Less: accumulated depreciation (attach schedule)	57b 8,822,326.	9,961,450.	57c	10,800,820.
58 Other assets, including program-related investments (describe ► <u>DUE FROM RELATED ORGANIZATIONS</u>)	4,874,721.	58	4,515,926.	
59 Total assets (must equal line 74) Add lines 45 through 58	19,992,343.	59	21,044,889.	
LIABILITIES	60 Accounts payable and accrued expenses	4,047,543.	60	5,314,552.
	61 Grants payable		61	
	62 Deferred revenue	0.	62	1,514.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	2,377,157.	64b	1,664,008.
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	6,424,700.	66	6,980,074.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	13,567,643.	67	14,064,815.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	13,567,643.	73	14,064,815.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	19,992,343.	74	21,044,889.

BAA

Form 990 (2006)

Yes	No
-----	----

75b	X	
75c	X	
75d	X	

75b	X
-----	---

75c	X	
-----	---	--

75d	X	
-----	---	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76		X
----	--	---

76		X
----	--	---

77		X
----	--	---

78a	X	
-----	---	--

78b	X	
-----	---	--

79		X
----	--	---

90	91	92
----	----	----

80 a	X	
------	---	--



81 a

81 b	NA
------	----

Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?**82 a** X**b** If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)**82 b****83 a** Did the organization comply with the public inspection requirements for returns and exemption applications?**83 a** X**b** Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?**83 b** X**84 a** Did the organization solicit any contributions or gifts that were not tax deductible?**84 a** X**b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?**84 b****85 501(c)(4), (5), or (6) organizations. a** Were substantially all dues nondeductible by members?**85 a** N/A**b** Did the organization make only in-house lobbying expenditures of \$2,000 or less?**85 b** N/A

If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members**85 c** N/A**d** Section 162(e) lobbying and political expenditures**85 d** N/A**e** Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices**85 e** N/A**f** Taxable amount of lobbying and political expenditures (line 85d less 85e)**85 f** N/A**g** Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?**85 g** N/A**h** If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?**85 h** N/A**86 501(c)(7) organizations. Enter:** **a** Initiation fees and capital contributions included on line 12**86 a** N/A**b** Gross receipts, included on line 12, for public use of club facilities**86 b** N/A**87 501(c)(12) organizations. Enter:** **a** Gross income from members or shareholders**87 a** N/A**b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)**87 b** N/A**88 a** At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX**88 a** X**b** At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI**88 b** X**89 a 501(c)(3) organizations. Enter:** Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0.; section 4955 0.**b 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction**89 b** X**c** Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.0.**d** Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.0.**e All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**89 e** X**f All organizations.** Did the organization acquire a direct or indirect interest in any applicable insurance contract?**89 f** X**g For supporting organizations and sponsoring organizations maintaining donor advised funds.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?**89 g** X**90 a** List the states with which a copy of this return is filed KY, AZ, GA, TN, NC, MS, AND NM**b** Number of employees employed in the pay period that includes March 12, 2006 (See instructions)**90 b** 498**91 a** The books are in care of STEPHEN B. CLARK, VP FIN/CFO Telephone number (502) 636-2033
Located at 2500 SEVENTH STREET ROAD, LOUISVILLE KY ZIP + 4 40208-1078**b** 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)?**91 b** XIf 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**

BAA

Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					28,488,552.
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	90,236.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531190	197,235.			
b not debt-financed property			16	8,940.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					200.
101 Net income or (loss) from special events					33,459.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISC FEES					318,835.
c INVESTMENT INC-					
d MMBB, LLC					-2,872.
e					
104 Subtotal (add columns (B), (D), and (E))		197,235.		99,176.	28,838,174.
105 Total (add line 104, columns (B), (D), and (E))					29,134,585.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93G	SEE STATEMENT 14
101	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	-------------------------------------	----	-------------------------------------

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	-------------------------------------	----	-------------------------------------

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part III Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

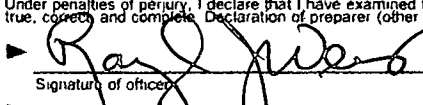
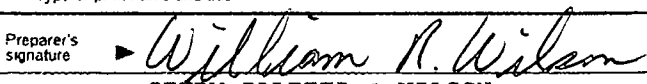
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

Please Sign Here	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.			
	 Signature of officer		Date <u>5/28/2010</u>	
	Type or print name and title RAYMOND J. WEIS, PRESIDENT/CEO			
Paid Preparer's Use Only	Preparer's signature	 Date <u>6-7-10</u>		Check if self employed <input type="checkbox"/>
	Firm's name (or yours if self employed), address and ZIP + 4	STURM, PALETTI & WILSON 713 EAST MARKET STREET, SUITE 100 LOUISVILLE KY 40202		Preparer's SSN or PTIN (See General Instruction W)
		EIN 61-0663854		Phone no (502) 589-9254

BAA

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2006

Name of the organization

DISMAS CHARITIES, INC.

Employer identification number

61-0663854

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DEN FREANEY 2500 SEVENTH ST. RD. LOU KY 40208	DIR MKT & DEV 55	136,114.	37,747.	0.
STEVEN VICE 2500 SEVENTH ST. RD. LOU KY 40208	VP NEW BUSINESS 50	118,480.	32,161.	0.
DANNY FELTON 2500 SEVENTH ST. RD. LOU KY 40208	REGIONAL VP 50	91,521.	23,774.	0.
FAITH GOOD 2500 SEVENTH ST. RD. LOU KY 40208	REGIONAL VP 50	88,574.	23,008.	0.
ROBERT LANNING 2500 SEVENTH ST. RD. LOU KY 40208	FACILITY DIRECTOR 50	80,367.	20,876.	0.
Total number of other employees paid over \$50,000 ▶	18			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PILLSBURY, WINTHROP, SHAW & PITTMAN P.O. BOX 60000 S.F, CA 94160-2391	LEGAL SERVICES	167,220.
WILMES & ASSOCIATES 535 W 2ND ST, STE 201, LEXINGTON, KY 40508	ARCHITECTUAL SERVICES	166,626.
STITES & HARBISON 400 W MARKET ST, STE 1800, LOUISVILLE, KY 40202	LEGAL SERVICES	152,504.
THE CAMBRIDGE DON 401 N MICNIGAN AVE STE 1200, CHICAGO, IL 60611	EMPLOYMENT SERVICES	107,055.
KIZAN TECHNOLOGIES, LLC 2900 EASTPOINT PKWY, LOUISVILLE, KY 40223	IT/SOFTWARE DEVELOPMENT	95,233.
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part III Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AL REZA GENERAL CONTRACTOR 11605 JAMES PRANT, EL PASO, TX 49936	BLDG RENOVATION	683,049.
AMERSON CONSTRUCTION CO 3855 MELROSE STREET, MACON, GA 51208	BLDG RENOVATION	264,946.
TURNER CONSTRUCTION 4389 W COUNTY ROAD, WEST BADEN, IN 47469	BLDG RENOVATION	149,924.
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$ 18,986. 18,986.**
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1**X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a**X**

b Lending of money or other extension of credit?

2b**X**

c Furnishing of goods, services, or facilities?

2c**X**

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d**X**

e Transfer of any part of its income or assets?

2e**X**

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a**X**

b Did the organization have a section 403(b) annuity plan for its employees?

3b**X**

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c**X**

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d**X**

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a**X**

b Did the organization make any taxable distributions under section 4966?

4b**X**

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

4c**X**

d Enter the total number of donor advised funds owned at the end of the tax year

▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

▶ _____ **0**

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

▶ _____ **0.**

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶

☐ Type I
☐ Type II
☐ Type III-Functionally Integrated
☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

Part V Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total			
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	157,609.	185,438.	166,643.	607,890.	1,117,580.			
16 Membership fees received								
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	27,438,772.	24,477,379.	18,765,505.	19,811,963.	90,493,619.			
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45,674.	15,764.	19,171.	50,770.	131,379.			
19 Net income from unrelated business activities not included in line 18								
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets								
23 Total of lines 15 through 22	27,642,055.	24,678,581.	18,951,319.	20,470,623.	91,742,578.			
24 Line 23 minus line 17	203,283.	201,202.	185,814.	658,660.	1,248,959.			
25 Enter 1% of line 23	276,421.	246,786.	189,513.	204,706.				
26 Organizations described on lines 10 or 11:								
a Enter 2% of amount in column (e), line 24								
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts								
c Total support for section 509(a)(1) test. Enter line 24, column (e)								
d Add. Amounts from column (e) for lines:								
18 131,379.	19	53,021.						
22	26b	53,021.						
e Public support (line 26c minus line 26d total)								
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))								
27 Organizations described on line 12:								
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year								
(2005) (2004) (2003) (2002)								
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year								
(2005) (2004) (2003) (2002)								
c Add. Amounts from column (e) for lines:								
15 16	17	20	21					
27c								
d Add. Line 27a total and line 27b total								
e Public support (line 27c total minus line 27d total)								
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)								
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))								
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))								
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15								

Part V Private School Questionnaire (See instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
If the amount on line 40 is --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of-

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
X		18,986.
	X	
		18,986.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities **SEE ATTACHMENT 12**

BAA

Schedule A (Form 990 or 990-EZ) 2006

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND & BUILDINGS	VARIESVAR		.000	16	6,447,894.			6,447,894.	357,822.		68,580.
2	2006 DEPRECIATION AND AMORTIZATION REPORT	VARIESVAR		.000	16	1,717,016.			1,717,016.	1,133,197.		167,407.
3	FURNITURE & FIXTURES	VARIESVAR		.000	16	7,593,030.			7,593,030.	5,527,038.		708,467.
4	TRANSPORTATION	VARIESVAR		.000	16	1,925,206.			1,925,206.	1,133,197.		89,262.
* TOTAL 990 PAGE 2												
	DEPR					19,623,146.		0.	19,623,146.	7,688,810.	0.	1,133,516.

029102
07-28-06

(D) - Asset disposed

* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

RENTAL INCOME

STATEMENT

1

KIND AND LOCATION OF PROPERTYACTIVITY
NUMBERGROSS
RENTAL INCOME

DEBT-FINANCED REAL ESTATE

1

197,235.

NON DEBT-FINANCED REAL ESTATE

2

8,940.

TOTAL TO FORM 990, PART I, LINE 6A

206,175.

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLE	02/01/02	10/01/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	200.	1,230.	0.	1,230.	200.
TO FM 990, PART I, LN 8	200.	1,230.	0.	1,230.	200.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **3**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DERBY GALA	160,963.	8,642.	152,321.	118862.	33,459.
TO FM 990, PART I, LINE 9	160,963.	8,642.	152,321.	118862.	33,459.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RESIDENT EXPENSE: FOOD	2,859,673.	2,859,673.		
RESIDENT EXPENSE: WELFARE	138,185.	138,185.		
RESIDENT EXPENSE: MISCELLANEOUS	458,544.	458,544.		
INSURANCE	961,335.	871,525.	89,810.	
PROFESSIONAL FEES	904,280.	339,970.	564,310.	
OFFICE SUPPLIES & EXPENSE	552,185.	404,691.	147,494.	
PUBLIC RELATIONS	105,990.	13,021.	92,969.	
EXPANSION COSTS	63,868.	54,549.	9,319.	
MISCELLANEOUS	161,536.	103,318.	58,218.	
TOTAL TO FM 990, LN 43	6,205,596.	5,243,476.	962,120.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
 PART III

EXPLANATION

DISMAS CHARITIES, INC. WAS INITIALLY FOUNDED IN PART TO PROVIDE A HALF-WAY HOUSE FOR EX-OFFENDERS AND PAROLEES, AND HELP PREPARE THESE INDIVIDUALS FOR LEADING PRODUCTIVE, INDEPENDENT LIVES IN THEIR COMMUNITIES. THROUGH THE YEARS, THE SCOPE OF DISMAS CHARITIES, INC.'S MISSION HAS EXPANDED, AND IT HAS BROADENED THE GEOGRAPHIC BOUNDARIES WHICH IT SERVES TO INCLUDE COMMUNITIES IN SEVERAL STATES. AS A PROVIDER OF A LARGE ARRAY OF HUMAN SERVICE PROGRAMS, DISMAS CHARITIES, INC. PROVIDES THE OPERATION OF HALF-WAY HOUSES AND COMMUNITY RESIDENTIAL AND SOCIAL REHABILITATION PROGRAMS FOR EX-OFFENDERS. ADDITIONAL ACTIVITIES AND SERVICES INCLUDE SUBSTANCE ABUSE TREATMENT PROGRAMS FOR BOTH RESIDENTIAL AND OUTPATIENT SERVICES. CHILDRENS' NUTRITIONAL PROGRAMS ARE OFFERED IN CONJUNCTION WITH A LOCAL FOOD BANK, AND EDUCATIONAL AND TRAINING PROGRAMS ARE OFFERED TO PARENTS THAT ARE EITHER AMONG THE WORKING POOR OR RECEIVING WELFARE.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND & BUILDINGS	6,447,894.	426,402.	6,021,492.
LEASEHOLD IMPROVEMENTS	4,757,016.	1,397,960.	3,359,056.
FURNITURE & FIXTURES	7,593,030.	6,235,505.	1,357,525.
TRANSPORTATION EQUIPMENT	825,206.	762,459.	62,747.
TOTAL TO FORM 990, PART IV, LN 57	19,623,146.	8,822,326.	10,800,820.

FORM 990 MORTGAGES PAYABLE STATEMENT 7

DESCRIPTION	BALANCE DUE
JPMORGAN/CHASE	1,664,008.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,664,008.

FORM 990	OTHER SECURITIES	STATEMENT	8
----------	------------------	-----------	---

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MMBB, LLC	COST	3,420.
TO FORM 990, LINE 54B, COL B		3,420.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
INVESTMENT INCOME - MMBB, LLC	-2,872.
LOCAL GOVERNMENT GRANT	9,242.
SPECIAL EVENT INCOME	42,101.
TOTAL TO FORM 990, PART IV-A	48,471.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
----------	-------------------------------------	-----------	----

DESCRIPTION	AMOUNT
INVESTMENT INCOME - MMBB, LLC	-3,670.
LOCAL GOVERNMENT GRANT	9,242.
SPECIAL EVENT INCOME	42,101.
TOTAL TO FORM 990, PART IV-B	47,673.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RAYMOND J. WEIS 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	PRESIDENT/CEO 60.00	516,256	48,887.	0.
JAN M. KEMPF 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	EXECUTIVE VICE PRESIDENT 60.00	348,682.	50,473.	0.
STEPHEN B. CLARK 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	VICE PRES-FINANCE/CFO 55.00	205,161.	52,934.	0.
JAMES T. SIMON, SR 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD CHAIRMAN 0.00	0.	0.	0.
THOMAS L. COOMES, II 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD VICE-CHAIR 0.00	0.	0.	0.
CHESTER A. BELL, JR. 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD SECRETARY 0.00	0.	0.	0.
JOHN R. CHANEY 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD TREASURER 0.00	0.	0.	0.
VICTOR V. LUCCHESI 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	DIRECTOR EMERITAS 0.00	0.	0.	0.
FRED J. FLASPOEHLER, JR 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	DIRECTOR EMERITAS 0.00	0.	0.	0.
THOMAS E. MOSS, SR 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD MEMBER 0.00	0.	0.	0.
HENRY B. LYON, JR 2500 SEVENTH STREET ROAD LOUISVILLE, KY 40208-1078	BOARD MEMBER 0.00	0.	0.	0.

DISMAS CHARITIES, INC

61-0663854

ROBERT S. RABBETH
2500 SEVENTH STREET ROAD
LOUISVILLE, KY 40208-1078

BOARD MEMBER
0.00

0. 0. 0.

MIKE SUMMERFIELD
2500 SEVENTH STREET ROAD
LOUISVILLE, KY 40208-1078

BOARD MEMBER
0.00

0. 0. 0.

ARTHUR J. POTTER, III
2500 SEVENTH STREET ROAD
LOUISVILLE, KY 40208-1078

BOARD MEMBER
0.00

0. 0. 0.

MAURICE LUNDRIGAN
2500 SEVENTH STREET ROAD
LOUISVILLE, KY 40208-1078

BOARD MEMBER
0.00

0. 0. 0.

JOE GUY HAGAN
2500 SEVENTH STREET ROAD
LOUISVILLE, KY 40208-1078

BOARD MEMBER
0.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

1,070,099 152294. 0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 12

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

DISMAS CHARITIES FOUNDATION, INC.
DISMAS CHARITIES PROPERTIES, INC.

X
X

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 13

Independent Contractors, Line 75c	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
WILMES & ASSOCIATES	166,626		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
DISMAS CHARITIES PROPERTIES, INC		61-1281657	
RELATIONSHIP BETWEEN ORGANIZATIONS			
SUPPORTING EXEMPT ORGANIZATION			

COMPENSATION DESCRIPTION

DISMAS CHARITIES PROPERTIES, INC, A RELATED EXEMPT ORGANIZATION, PAID WILMES & ASSOCIATES, PSC FOR ARCHITECTURAL SERVICES IN CONNECTION WITH BUILDING RENOVATIONS.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93G	FEEs FROM OPERATION OF RESIDENTIAL COMMUNITY TREATMENT CENTERS
101	SPONSORSHIP OF THE DERBY GALA DANCE AND DINNER WHICH TOOK PLACE DURING THE KENTUCKY DERBY FESTIVAL IN EARLY MAY, 2006. THE PURPOSE OF THE GALA IS TO INCREASE THE COMMUNITY'S AWARENESS OF THE PROGRAMS AND SERVICES PROVIDED BY DISMAS CHARITIES, INC. AS WELL AS A FUNDRAISER.

SCHEDULE A

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT 15

DISMAS CHARITIES, INC. RETAINED THE SERVICES OF BARBER, BANAZYNSKI AND GLIDEWELL, PSC, 100 NORTH SIXTH STREET, FIFTH FLOOR, LOUISVILLE, KENTUCKY TO LOBBY THE KENTUCKY LEGISLATURE ON BEHALF OF THE ORGANIZATION ON ISSUES RELATED TO THE STATE DEPARTMENT OF CORRECTIONS BUDGET AND MATTERS RELATED TO HALFWAY HOUSES AND SOCIAL REHABILITATION RESIDENCES, SERVICES WHICH THE ORGANIZATION PROVIDES AS PART OF ITS EXEMPT FUNCTION. DISMAS CHARITIES, INC PAID THE FIRM \$18,986 IN 2006 FOR THEIR LOBBYING SERVICES. THIS LOBBYING ACTIVITY OF THE ORGANIZATION CONSTITUTED AN INSUBSTANTIAL AMOUNT OF TIME BY AND EXPENSE TO THE ORGANIZATION.

SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT 16
	PART VII, LINE 51, COLUMN (D)	

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

DISMAS CHARITIES PROPERTIES, INC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

LEASE OF FACILITIES

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

DISMAS CHARITIES PROPERTIES, INC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

INTER-COMPANY TRANSACTIONS

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

DISMAS CHARITIES PROPERTIES, INC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHARED PAID EMPLOYEES

DISMAS CHARITIES, INC

61-0663854

SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT 17
	PART VII, LINE 52, COLUMN (C)	

NAME OF AFFILIATED OR RELATED ORGANIZATION

DISMAS CHARITIES PROPERTIES, INC

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

DISMAS CHARITIES PROPERTIES, INC (EIN 61-1281657) LEASES FACILITIES TO
DISMAS CHARITIES, INC FOR ITS EXEMPT PURPOSE