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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

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<u>A</u>	DE LONG LAND AND AND AND AND AND AND AND AND AND												
B													
Ш	Address	ress change Doing Business As Room/suite Room/suite									61-0435559		
	Name ch	hange	Number and str	eet (or P.O. box	of mail is r	not delivered to stre	et address)	Room/suite		Telepho	ne number		
	Initial ret	tral return P O BOX 7406											
	Terminat	minated City or town, state or country, and ZIP + 4											
	Amende	ed return	LOUISVILLE, K	Y 40257					la	G Gross receipts \$			
$\overline{\Box}$	Application pending F Name and address of principal officer: H(a) is this a group return for affiliates? Yes No										for affiliates? Ves No		
_	H(b) Are all affiliates included? Yes No												
_	Toy-ovo	mot etatue:	501(c)(3)	✓ 50	1(c) (4) ◀ (insert no.)	14947(a)(1) or	527			list. (see instructions)		
÷		mpt status:	30 1(c)(3)		101) = (IIDGITTIO.) [_	4547 (a)(1) U	321	-		,		
-	J Website: ► H(c) Group exemption number ► K Form of organization. ✓ Corporation Trust Association Other ► L Year of formation M State of legal domicile												
P	Part I Summary 1 Briefly describe the organization's mission or most significant activities:												
	1												
ø							L AND SOCIA	L WORK A	MONG WOM	EN ALO	NG PRACTICAL LINES		
Ę,		AND TO F	OSTER CUMM	UNITY IMPR	OVEMEN	T			·				
Activities & Governance	1												
š	2	Check thi	is box ▶☐ if tl	he organizat	ion disc	ontinued its ope	erations or di	sposed of	more than 2	25% of	its net assets.		
g	3	Number o	of voting memb	pers of the g	overning	g body (Part VI,	line 1a)			3	26		
Š	4	Number o	of independent	t voting men	nbers of	the governing l	oody (Part VI,	, line 1b)		4	26		
₹	5	Total num	nber of individu	uals employe	ed in cal	endar year 201	1 (Part V, line	2a) .		5	0		
듕	6	Total num	nber of volunte	ers (estimat	e if nece	essary)				6	0		
⋖	7a					VIII, column (C)				7a	0		
	Ь									7b	0		
_	 - -	b Net unrelated business taxable income from Form 990-T, line 34									Current Year		
	8										1785.00		
Revenue		9 Program service revenue (Part VIII, line 2g)								367.60	1703.00		
Ne Ve		· · · · · · · · · · · · · · · · · · ·								1104 10	54100.00		
æ	10									84164.19 54198			
	11									897.60	1298.89		
	12									328.29	57282.71		
	13							· ·		5000.00	10000.00		
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0			
8	15									0			
Š	16a									0			
Expenses	b	Total fund	fraising expen	ses (PartilX,	column	(D), line 25) >					_		
ú	17	Otherexp	Lexpenses (Part-IX,-column (A), lines 11a-11d, 11f-24e)							4827.76 14903.8			
	18	Total expenses Add, lines 13-17 (must equal Part IX, column (A), line 25)								827.76	24903.80		
	19	Revenue less expenses. Subtract line 18 from line 12									32378.91		
- S	3								ginning of Curr	ent Year	End of Year		
ets c	20	Total asse	ets (Part X, line	∍ 16)									
Age	21		ilities (Part X, li	-							 		
Net Assets or Fund Balances	22		s or fund bala	•	act line 2	1 from line 20		· ·	-		· · · · · · · · · · · · · · · · · · ·		
	art II		ure Block					····					
				have evamined	this return	including accomp	amuno echedules	and statem	ante and to the	bact of r	my knowledge, and heliof it is		
tπ	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.												
Ova Hancock 8-13-12									-10				
Sig	an	Signa	ature of officer	ancock	=				Date	-75	16		
-	-		دمال ميا	k	Time				Date				
Here Iva Hancock reasurer Type or print name and title								<u> </u>					
		, , ,,	or priπ name and be preparer's name		Ine	prode cionativo		I no	<u></u>		Intribi		
Pa	aid			-	<i>u</i> 2	arer's signature	100	Date	1,1	Check	T I PTIN		
Pr	epare	er Junie	5 MARSUM			Cone Man	we	/	سرالان	self-emp	ployed 19000140014		
	se Onl	lv Firm's na		ES MARS			T 2		Firm's	SEIN ►			
	Firm's address > 1/12 6 Archen (North CR LOUISU IN , Kin Yorz 3 Phone no.												
Ma	y the IF	RS discuss	this return w	th the prepa	rer shov	vn'above? (see	instructions)	<u> </u>		<u> </u>	🗌 Yes 🗌 No		
Fo	r Paperv	work Reduc	ction Act Notice	e, see the se	parate in	structions.		Cat. No.	. 11282Y		Form 990 (2011)		





Form 99	0 (2011)			Page 2
Part				
	Check if Schedule O contains a response Briefly describe the organization's mission:	e to any question in this Part II	<u> </u>	· · · □
1	-			
	SEE DADT I NIIMRED 1			
	Database			
2	Did the organization undertake any significant p prior Form 990 or 990-EZ?			s 🗹 No
	If "Yes," describe these new services on Schedu			25 <u>M</u> 140
3	Did the organization cease conducting, or m	ake significant changes in how		
	services?		· · · · · · · · . ·	es 🗹 No
_	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service ac expenses. Section 501(c)(3) and 501(c)(4) organization for the control of the c			
	grants and allocations to others, the total expens			amount of
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
	10-1-	· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$)
		•		
				·
			•••••••••••••••••••••••••••••••••••••••	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	····
		·······		′
		·····		
4d	Other program services (Describe in Schedule O			
	(Expenses \$ including grants of Total program service expenses ▶	\$) (Revenue \$)	
70	I Otal Program service expenses			

Part	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		√
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		1
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		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		✓
С	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		✓_
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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<u>√</u>
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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>·</u> ✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	\neg	

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		✓
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d		24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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?			1
26	If "Yes," complete Schedule L, Part I	25b		V
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		✓
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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	-	1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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	<u> </u>	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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		1	١.
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			,
•		8		-
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any tayable digitaly tions under castion 40552	0-		,
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		*
10	Section 501(c)(7) organizations. Enter:	90		-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.		-	*
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	']
C	Enter the amount of reserves on hand			[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		ĖТ

Form 99	0 (2011)		ſ	age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ons.
Soati	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	
Secu	on A. Governing Body and Management		Yes	No
	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.		8	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 26 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		√
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		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
Ъ	Each committee with authority to act on behalf of the governing body?	8b	✓	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b		√
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		✓_
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		✓
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		<u></u> -
Secti	on C. Disclosure	1 .00		
17 18	List the states with which a copy of this Form 990 is required to be filed ► KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		•	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: IVA HANCOCK 4311 WESTPORT TERRACE LOUISVILLE KY 40207 502 896 0548	of the		

P	age	, 7

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

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 no	any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.	
(A)	(B)			•	C) ation			(D)	(E)	(F)	
Name and Title	Average hours per week	(do not check more than one box, unless person is both ar officer and a director/trustee)				is both or/trust	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BEV POTTS PRESIDENT LOUISVILLE, KY	10	:		1				0	0		0
(2) IVA HANCOCK TREASURER				<u> </u>	<u> </u>		-	· · · · · ·			-
LOUISVILLE KY	10			1	1			0	o		0
(3) PAT KISER SECRETARY											
LOUISVILLE, KY	10			✓			i	o	0		0
(4)											_
(5)											
(6)											
(7)											
(8)											_
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (continu	ed)		
•	(A) Name and title	(B) Average hours per	Average box, unless					n an	(D) Reportable compensation	(E) Reportable compensation from		Esti	(F) mated ount of	
		week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		composition from compart composition from compart composition from composi	ther ensation in the nization related izations	
(15)											-			
(16)														_
(17)											·			
(18)														
(19)											-			
(20)														
(21)														
(22)						ļ								
(23)												_	-	
(24)								\vdash	1					
(25)											+			
1b c d	Sub-total	VII, Sectio				 	•	 	0		0			0
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							emp	oloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	 Iıvidual	1 1		<u>√</u>
Section	on B. Independent Contractors	: 11 100, 0	Jonipi	010	00,	1000	1001	0/ 3	- person	· · · · ·	<u>· ·</u>	5	l	<u>√</u>
1														
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
	· -													
_		<u>.</u>							- · · ·					<u> </u>
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue						
•			, .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a		·			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	1785.00				
ع ق		Fundraising events	1c	1703.00				
Z Z	C	-						
2 👼	d	Related organizations	1d					
Si Fi	е	Government grants (contributions)	1e					1
if a	f	All other contributions, gifts, grants,						
혈퇃		and similar amounts not included above						
g 15	g	Noncash contributions included in lines 1a-						
ပို့ နေ	h	Total. Add lines 1a-1f		▶	1785.00			
ue				Business Code		*	}	
ē	2a						Ī	
æ	b							
<u>.8</u>	С							
eZ	d		ļ					
SE	e							
grai	f	All other program service revenu			· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	g	Total. Add lines 2a–2f					<u> </u>	I
	3	Investment income (including					·	
	3	and other similar amounts)			54400.00			
		•		L	54198.82			
	4	Income from investment of tax-exen	•	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	• • •					
	_	(i) Real		(ii) Personal				
	6a	Gross rents						
	Ь	Less: rental expenses					}	
	С	Rental income or (loss)						
	d	<u> </u>		<u></u> ▶				
	7a	Gross amount from sales of (i) Securiting	es	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis		Ī				
		and sales expenses .	ŀ	1				
	С	Gain or (loss)						}
1	ď	Net gain or (loss)		•	1			
	_	,	·					
鱼	8a	Gross income from fundraising						
venue		events (not including \$	1		j			
<u>چ</u>		of contributions reported on line 10	5					
-		See Part IV, line 18		İ	İ			
Other Re	h		~ [
Ò		Less: direct expenses			1			
		Gross income from gaming activit		events .				
	98	See Part IV, line 19			1			
- 1					į.			
		Less: direct expenses			Ī			
	C	Net income or (loss) from gaming		vities >				
	10a	Gross sales of inventory, le						
		returns and allowances			1			
	b	Less: cost of goods sold			ļ			
ļ	С	Net income or (loss) from sales of	f inve	entory ►				
		Miscellaneous Revenue		Business Code	T			
	11a	PROGRAM LUNCHES		1198.90				
	b	RECYCLE		99.99				
Ì	С						-	
	d	All other revenue	:					
	e	Total. Add lines 11a-11d			1298.89			
į	12	Total revenue. See instructions.			57282.71		···	

Form 990 (2011) 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) but are not
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a respon-	se to any question	in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8300.00			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	10,000.00			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	215.00			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f -	Investment management fees				<u> </u>
g	Other				
12	Advertising and promotion	1030.49		<u> </u>	
13 14	Office expenses	1030.49			
15	Information technology				
16	Occupancy	1061.00			
17	Travel	1001.00			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		·		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	CLUB DUES DIST, STATE& NATIONAL	921.00			
b	MEETING LUNCHES	3376.31			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24903.80			
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) if	o			

Balance Sheet Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 0 1 22098.98 2 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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) 6 Assets 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c Investments—publicly traded securities 11 629790.76 11 577455.03 Investments—other securities. See Part IV, line 11 . . . 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 629790.76 16 599554.01 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . 00 26 00 Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 629790.76 27 599554.01 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 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 33 629790.76 34 599554.01

		Pa	ige 12
<u> </u>	<u>· · · </u>	· · ·	
ł		572	82.71
+			03.80
+			
+-	32378.91 629790.76		
 	(62615.66)		
-		(6261	5.66)
		5995	54.01
· · · · · · · · · · · · · · · · · · ·			
Yes No			
in			
	2a		✓
	2b		1
ght			
t?	2c		✓
חור י			

Form **990** (2011)

Reconciliation of Net Assets Part XI Check if Schedule O contains a response to any question in this Part XI 1 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 5 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 6 Part XII Financial Statements and Reporting Accounting method used to prepare the Form 990: 7 Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountan If the organization changed either its oversight process or selection process during the tax year, explain Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За 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 3h

Form 990 (2011)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

WOMAN'S CLUB OF ST MATTHEWS, INC.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

201	Open to Public Inspection
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OMB No. 1545-0047

Employer identification number 61-0435559

Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs award the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility f	or the grants or assistance	and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring 1	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Government to Form 990, Part IV, line 21, for any recipient the Part II can be displicated if additional space is not appear in the control of the	ssistance to Go line 21, for any r	vernments and ecipient that reconnected	is and Organizations in the United States. nat received more than \$5,000. Check this be	n the United St \$5,000. Check	ates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be dunicated if additional space is needed	ered "Yes" e than \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST MATTHEWS AREA MINISTRI LOUISVILLE KY			7000.00	0	0 CASH VALUEN/A	N/A	PROGRAM SUPPORT
(2)							
(6)							
(4)							
(9)							
(9)							
(J)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or3 Enter total number of other organizations listed in the line	1 501(c)(3) and gov organizations listed	ernment organizat in the line 1 table	ganizations listed in the line 1 table 1 table	ne 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		Qa	Cat. No 50055P		Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Υ (e) Method of valuation (book, FMV, appraisal, other) 0 CASH VALUEN/A (d) Amount of non-cash assistance 5000.00 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients ~ (a) Type of grant or assistance 1 SCHOLARSHIP GRANTS Part III က S

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
WOMAN'S CLUB OF ST MATTHEWS, INC

Employer identification number 61-0435559

PART VI B 11b & PART VI C 19;
THE CLUB IS AVAILABLE TO ANSWER QUESTIONS UPON REQUEST FROM ANYONE, AND WILL PROVIDE A COPY OF THE REQUESTED
DOCUMENT FOR REVIEW. A REQUEST MAY BE BY OR THROUGH ANY CLUB MEMBER.
PART XI LINE 5:
ASSETS IN INVESTMENT ACCOUNT WERE REDUCED BY TRANSFERS TO THE CLUB OPERATING ACCOUNT BY \$30,000.00 AND FURTHER
REDUCED BY MARKET VALUE DECLINE FOR THIS YEAR BY \$32615.66
······································
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