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DLN: 93493034005164

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable KENTUCKY DOMESTIC VIOLENCE ASSOCIATION Address change 61-1110432 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 111 DARBY SHIRE CIRCLE Terminated (502) 209-5382 City or town, state or country, and ZIP + 4 FRANKFORT, KY 40601 _____Amended return Application pending **G** Gross receipts \$ 9,863,520 Name and address of principal officer Is this a group return for ANN PERKINS ┌ Yes 🗸 No affiliates? PO BOX 2163 ASHLAND, KY 411052163 **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW KDVA ORG L Year of formation 1983 M State of legal domicile KY Part I Summary Briefly describe the organization's mission or most significant activities DOMESTIC VIOLENCE ISSUES Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 9,648,719 9.349.749 0 Program service revenue (Part VIII, line 2g) . 12,140 24.364 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 431,512 489,407 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 10,092,371 9,863,520 13 7,789,425 7,669,407 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 1,169,654 1,199,405 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 995,156 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 1,123,892 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,082,971 9,863,968 18 19 Revenue less expenses Subtract line 18 from line 12 9,400 t Assets or id Balances **Beginning of Current End of Year** 3,182,187 20 Total assets (Part X, line 16) . 2,435,848 21 2,157,689 2,904,476 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 278,159 277,711 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-02-03 Signature of office Sign Here SHARON CURRENS Executive Director Type or print name and title Print/Type preparer's name Kim Field CPA Preparer's signature Check

Firm's address ► 229 W MAIN ST SUITE 103

FRANKFORT, KY 40601 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

self-employed

Phone no (502) 227-7395

Firm's EIN

✓ Yes ☐ No

P00036920

Form	990 (2012))				Page 2
Par		tement of Program ck if Schedule O contain				
1	Briefly des	cribe the organization's	mission			
DO M	IESTIC VIO	LENCE ISSUES				
2		anızatıon undertake any orm 990 or 990-EZ? .			which were not listed on	
	If "Yes," de	scribe these new service	es on Schedule O			
3	services?	anızatıon cease conduct			ducts, any program	
	If "Yes," de	scribe these changes or	Schedule O			
4	expenses :		01(c)(4) organization	s are required to report	ee largest program services the amount of grants and al	
4a	(Code) (Expense	5 \$ 7,768,858	ıncludıng grants of \$) (Revenue \$	7,768,858)
	THE STATE (OF THIS CONTRACT IS TO	PROVIDE SERVICES TO INDI	VIDUALS WHO ARE VICTIMS OF D	EALTH AND FAMILY SERVICES OF OMESTIC VIOLENCE THROUGH
4b	(Code) (Expenses	. ,	including grants of \$) (Revenue \$	225,860)
	PREVENTION WORK WITH WITHIN THE	N AND SERVICES ACT AND REG I LOCAL DOMESTIC VIOLENCE ESTATE, TO INCREASE PUBLIC	CEIVED DIRECTLY FROM T PROGRAMS AND PROVIDE : AWARENESS OF DOMEST:	HE DEPARTMENT OF HEALTH RS OF DIRECT SERVICES TO IC VIOLENCE, TO ADDRESS IS	HE STATE COALITION GRANT AUTI AND HUMAN SERVICES THE PUR ENCOURAGE APPROPRIATE RESP SSUES WITH JUDICIAL AND LAW E MESTIC VIOLENCE INTERVENTION	POSE OF THIS GRANT IS TO ONSES TO DOMESTIC VIOLENCE ENFORCEMENT AGENCIES
4 c	(Code) (Expense:	,	including grants of \$) (Revenue \$	187,727)
		VELOP AND IMPLEMENT SUCC			PROVIDE GRANTEES WITH TEH E , INCREASE VICTIM SAFETY AND	
	Othorra	gram services (Describe	in Cabadula O)			
4U	(Expenses	= :	4 including grants	of\$) (Revenue \$	1,387,998)

9,571,089

Total program service expenses ►

Part IV Checklist of Required Schedule
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			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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		Νο
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2012)			Page
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Enter the number reported in Box 3 of form 1096 Enter -0 - finet applicable 1a 20	Par	Statements Regarding Other IRS Filings and Tax Compliance			_
be Enter the number of Forms W-25 metuded in line 1 a Enter-0-Finot applicable 1		Check if Schedule O contains a response to any question in this Part V	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No
Do the organization comply with backup with value of the reportable garming (premip) withings in price with recomplying the price with a complete and the process of the pr	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20	1		
agammp (gambling) wanning to prize winners? 2 Earter the number of employees propried on Form W-3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered 2 38	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-T		
22 Enter the number of employees reported to a Form W-3, Transmitted of Wapp and Tox Steamens, field for the celebrady year ending with or within the veer covered 23 38 38 14 15 15 14 least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, 11the sum of lines 1a and 2a is greater than 250, you may be required to enfel (see instructions) 38 15 14 least state or form 990-T for this year? 17 Wap, provide an explanation on Schedule 0 38 15 15 15 15 15 15 15 15 15 15 15 15 15	c		10		No
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b if "Ves," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 4a A samy time during the calendar year, did the organization have an interact in, or a signature or other financial account; in a foreign country (such as a bank account, secritis account, or other financial accounts). 5b If "Yes," enter the name of the foreign country > See instructions for filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See Mas the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization about any contributions that were not tax deductible contributions or gifts were not tax deductible accountable as charactella contributions or gifts were not tax deductible accountable as charactella contribution and party for goods and services provided to the purple. 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided. 9 Did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the purple. 9 Did the organization in the forms \$282 filed during the year. 10 Did the organization in exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization in directly and the purple of t			2b	Yes	
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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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation and a express statement that such contributions or gifts were not tax deductible? 7c Organization that may receive deductible contributions under section 179(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d Did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 8 Did the organization my funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified infectly or indirectly, on a personal benefit contract? 9 Did the organization received a contribution of qualified infectly or indirectly, on a personal benefit contract? 9 Did the organization my funds, directly or indirectly, on a personal benefit contract? 9 Did the organization my funds, directly or indirectly, on a personal benefit contract? 9 Did the organization my funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations minimal file form 800	4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line 5 or 5 bt, did the organization file Form 8886-T? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 60 Organizations that may receive deductible contributions under section 170(c). 61 Did the organization notify the donor of the value of the goods or services provided to the payor? 62 Did the organization notify the donor of the value of the goods or services provided? 63 Did the organization notify the donor of the value of the goods or services provided? 64 If "Yes," indicate the number of Forms 8282 filed during the year. 65 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 66 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 67 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 68 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C2 79 Did the organization maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Di	ь				
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c If Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5c Sc Sc Sc Sc Sc Sc Sc	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
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Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions or gifts were not tax deductible? 5 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). 8 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? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 15 Did the organization make a distribution to a donor, donor advised funds. 16 Did the organization make any taxable distributions under section 4966? 17 Did the organization make any taxable distributions under section 4966? 18 Section 501(c)(7) organizations. Enter 19 Organization make any taxable distributions under section 4966? 19 Did the organization make any taxable distributions in funds of the	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F.		
organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 9 If "Yes," indicate the number of Forms 8282 filed during the year of life form 8282? 1 If "Yes," indicate the number of Forms 8282 filed during the year of life form 8282? 1 If "Yes," indicate the number of Forms 8282 filed during the year of life form 8282? 2 If "Yes," indicate the number of Forms 8282 filed during the year of life form 8282? 3 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 1 If the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds 1 Did the organization make any taxable distributions under section 4966? 2 Section 501(c)(7) organizations. Enter 3 Initiation fees and capital contributions included on Part VIII, line 12. [10a] 6 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 7 Section 501(c)(12) organizations. Enter 8 Section 501(c)(29) qualified honprofit health insurance issues. 1 Section 501(c)(29) qualified nonprofit health insurance issues. 1 Is t	62	Does the organization have annual gross receipts that are normally greater than #100,000, and did the			No
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To d If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? To lift the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? To lift the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a form 1098-C? Section 1098-C? Section 501(c)(1) arganizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any time during the year? So Section 501(c)(12) organizations maintaining donor advised funds. Did the organization make a distribution is under section 4966? Section 501(c)(12) organizations. Enter Intitation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter Section 501(c)(12) organizations. Ent		organization solicit any contributions that were not tax deductible as charitable contributions?			INO
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8 282? If "Yes," indicate the number of Forms 8 282 filed during the year . 7d		were not tax deductible?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
file Form 8282?	b		7b		
by the organization make any taxable distributions under section 4966? by Did the organization make any taxable distributions under section 4966? by Did the organization make any taxable distributions under section 501(c)(27) organizations. Enter a Gross income from members or shareholders by Gross income from other sources (Do not net amounts due or pand to other sources against amounts due or received from them) concerns the the organizations. Enter a Gross income from other sources (Do not net amounts due or pand to other sources against amounts due or received from them) concerns the the amount of fexe-xeempt interest received to maintain by the states in which the organization is inesered to issue qualified health plans in more than one state? Note, See the instructions for serves on hand lith the organization is included on serving the plans in more than one state? Note, See the instructions for additional information is required to maintain by the states in which the organization is cleased to issue qualified health plans con the organization is cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions in cleased to issue qualified health plans con the organization is contributions is contributions or c	c				NI -
to contract?	d) /c		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and intelligent the supporting organizations and intelligent the supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 110 Did the organization make a distribution to a donor, donor advisor, or related person? 110 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 10a 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter 1 Section 501(c)(12) organizations. Enter 2 Gross income from members or shareholders 11a 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a 1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers 12b 1 Section 501(c)(29) qualified nonprofit health insurance issuers 13b 2 Enter the amount of reserves the organization in sequired to maintain by the states in which the organization is licensed to issue qualified health plans 13c 1 If the organization is licensed to issue qualified health plans	e		7e		No
required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . 10a	f				No
Form 1098-C?	g				No
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h		7h		No
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?		the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
a Did the organization make any taxable distributions under section 4966?		business holdings at any time during the year?	8		Νo
b Did the organization make a distribution to a donor, donor advisor, or related person?					
O Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					No
a Initiation fees and capital contributions included on Part VIII, line 12			96		Νo
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		1 1			
1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	-		
a Gross income from members or shareholders	1				
against amounts due or received from them)					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	, ' ' I I			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		If "Yes," enter the amount of tax-exempt interest received or accrued during the			.,,
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	.3		1		
In which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	13a		No
	b	Enter the amount of reserves the organization is required to maintain by the states			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a i			_		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					Νo

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3		3		Νο
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8				
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R		ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►OFFICE 111 DARBY SHIRE CIRCLE FRANKFORT, KY (502)209-5382

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

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

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

Comparison	Institutiona	_ [(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				Reportable compensation from related organizations	(F) Estimated amount of other compensation	
BOARD TREASURER	al Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
BOARD TREASURER		х				0	0	0	
SOARD SECRETARY	\perp					Ü	Ŭ		
(3) TANYA THOMAS		х				0	0	0	
Director	$-\!\!\!+$	_	_	\vdash					
(4) CONNIE LITTLE 5 00 X BOARD VICE PRES 0 00 X (5) MARION BROWN 5 00 X Director 0 00 X Director 0 00 X (7) MARY FOLEY 5 00 X Director 0 00 X (8) LOIS VALENTINE 5 00 X Director 0 00 X (9) CHARLSIE BANKS 5 00 X Director 0 00 X (10) ANN PERKINS 5 00 X BOARD PRESIDENT 0 00 X (11) KEILI FINCH 5 00 X Director 0 00 X (12) DARLENE THOMAS 5 00 X BOARD VICE PRES 0 00 X (13) TAMARA REIF 5 00 X BOARD VICE PRES 0 00 X (14) KRISTI CHILDERS 5 00 X Director 0 00 X						0	0	0	
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S MARION BROWN		Х		i		0	0	0	
Director	+	_		-					
Columbia Columbia				i		0	0	0	
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Total Content Conten				i		o	0	0	
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(10) ANN PERKINS 5 00 X BOARD PRESIDENT 0 00 X (11) KELLI FINCH 5 00 X Director 0 00 X (12) DARLENE THOMAS 5 00 X BOARD VICE PRES 0 00 X BOARD VICE PRES 0 00 X BOARD VICE PRES 0 00 X 014) KRISTI CHILDERS 5 00 X Director 0 00 X 015) LEE ALCOTT 5 00 X				i		0	0	0	
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(11) KELLI FINCH 5 00 X Director 0 00 X (12) DARLENE THOMAS 5 00 X BOARD VICE PRES 0 00 X BOARD VICE PRES 0 00 X BOARD VICE PRES 0 00 X (14) KRISTI CHILDERS 5 00 X Director 0 00 X (15) LEE ALCOTT 5 00 X		Х		i l		0	0	0	
Director	+	\dashv	\dashv						
(12) DARLENE THOMAS 5 00 X BOARD VICE PRES 0 00 X (13) TAMARA REIF 5 00 X BOARD VICE PRES 0 00 X (14) KRISTI CHILDERS 5 00 X Director 0 00 X (15) LEE ALCOTT 5 00 X						0	0	0	
BOARD VICE PRES 0 00	+	\dashv	\dashv						
(13) TAMARA REIF 5 00 X BOARD VICE PRES 0 00 X (14) KRISTI CHILDERS 5 00 X Director 0 00 X (15) LEE ALCOTT 5 00 X		х		i l		0	0	0	
X BOARD VICE PRES 0 00	+	-		 					
(14) KRISTI CHILDERS 5 00 X Director 0 00 (15) LEE ALCOTT 5 00 X		х		i l		О	0	0	
Director 0 00 X (15) LEE ALCOTT 5 00 X	\dashv								
Director 0 00 (15) LEE ALCOTT 5 00 X						0	0	0	
X	ightharpoonup			Щ.					
						0	0	0	
(16) MARY O'DOHERTY 40 00						60.633			
ASSISTANT DIRECTOR 0 00	- 1		×			60,622	0	0	
(17) SHAON CURRENS 40 00	- 1								
EXECUTIVE DIRECTOR 0 00	+		X			86,000	0	0	

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d in is l	ne l both	box, an d	heck unless officer stee)	•	([Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	. '	(F) Estima mount o compens from t	ited f other sation :he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
											-		
											+		
											+		
1b Sub-Total				•			F				-		
c Total from continuation sheetsd Total (add lines 1b and 1c) .	•		١.	•	•	•			146,622		+		
2 Total number of individuals (ind			to the	se.	lıste	d abov	e) w	l ho receive	-				
\$100,000 of reportable compe	nsation from th	e organ	ızatıc	on ⊨ ()								
												Yes	No
3 Did the organization list any fo on line 1a? If "Yes," complete So						emplo	yee,	or highes,	t compen	sated employee	_		NI -
4 For any individual listed on line organization and related organi	e 1a, is the sum	of repo	rtabl	e co	mpe						3		No
5 Did any person listed on line 1a									anızatıon	or individual for	4		No
services rendered to the organ	ization? <i>If "Ye</i> s,	," compi	ete S	chea	iule J	forsu	ch pe	erson .		[5		No
Section B. Independent Co													
1 Complete this table for your fiv compensation from the organiz												tax year	
Na	(A) ame and business	address							Des	(B) scription of services		(C Comper) nsation
											-		
										ived more than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99		<u> </u>					Page 9
Part \	ЛΠ	Statement of Revenue Check if Schedule O contains a response to any qu	uestion i	n this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ខេត	1a	Federated campaigns 1a					
an)	Ь	Membership dues 1b	37,500				
ية ق	c	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
9 iii	e	Government grants (contributions) 1e 8,8	01,856				
ons Si	f	All other contributions, gifts, grants, and 1f 5	10,393				
ig ja	'	similar amounts not included above					
₽₽	g	Noncash contributions included in lines 1a-1f \$ —————					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	▶	9,349,749			
		Business	Code				
enn	2a						
E S	ь						
- O	c						
Š. E	d						
2	e						
Program Serwoe Revenue	f	All other program service revenue	T				
Ě	g	Total. Add lines 2a-2f	F	0			
	3	Investment income (including dividends, interest,		24,364	24,364		
	4	and other similar amounts)		24,304	24,304		
	5	Royalties		0			
		(i) Real (ii) Perso	nal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)	. 🛌	0			
		(i) Securities (ii) Oth					
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	C .	Gain or (loss)					
	d 8a	Net gain or (loss)	•▶	0			
<u>Φ</u>	Oa	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
žev		See Part IV, line 18					
<u>.</u>		a					
ŧ		Less direct expenses b		0			
•	C 9a	Net income or (loss) from fundraising events Gross income from gaming activities	-	o o			
		See Part IV, line 19					
		a					
	b	Net income or (loss) from gaming activities		0			
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less	· P	- "			
		returns and allowances .					
		a					
	1	Less cost of goods sold b		0			
		Net income or (loss) from sales of inventory Miscellaneous Revenue Business		0			+
	11a	REGISTRATIONS		86,577	86,577		
	b	MISCELLANEOUS		36,688	36,688		
	С	ADMINISTRATIVE FEES		364,397	364,397		
	d	All other revenue		1,745	1,745		
	e	Total. Add lines 11a-11d	►	489,407			
	12	Total revenue. See Instructions	▶	9,863,520	513,771		
	1		1	9,003,320	213,//1		1

		Statement of Functional Expenses				
ectio		1(c)(3) and 501(c)(4) organizations must complete all columns All				
	(Check if Schedule O contains a response to any question in this Par	tIX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21	7,669,407	7,669,407		
2		ts and other assistance to individuals in the ed States See Part IV, line 22	0	, ,		
3	organ	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	0			
4	Bene	fits paid to or for members	0			
5		pensation of current officers, directors, trustees, and employees	146,622	146,622		
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)	0			
7	Othe	r salaries and wages	670,521	623,395	47,126	
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	0			
9	Othe	r employee benefits	315,721	295,271	20,450	
10		oll taxes	66,541	61,863	4,678	
11		for services (non-employees)				
а		agement	0			
b		·	0			
c		punting	0			
d		ying	0			
e		essional fundraising services See Part IV, line 17	0			
f		stment management fees	0			
g	Othe	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O)	14,713	14,189	524	
12		ertising and promotion	0			
13		e expenses	0			
14	Infor	mation technology	0			
15	Roya	lties	0			
16	Occu	upancy	0			
17	Trave	el	151,810	61,861	89,949	
18		nents of travel or entertainment expenses for any federal,	0			
19	Confe	erences, conventions, and meetings	0			
20	Inter	rest	15,239	12,806	2,433	
21	Paym	nents to affiliates	0			
22	Depre	eciation, depletion, and amortization	28,771	26,671	2,100	
23	Insur	rance	0			
24	misce	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		TRACTURAL REIMBURSEMENT	30,789	23,567	7,222	
b	DUES	S/SUBSCRIPTIONS/PUBLICATION	41,768	28,236	13,532	
c		TRACT PERSONNEL	200,671	136,399	64,272	
d		TRIBUTIONS TO CLIENTS	320,350	318,291	2,059	
		ther expenses	191,045	152,511	38,534	
25		I functional expenses. Add lines 1 through 24e	9,863,968	9,571,089	292,879	(
26	Joint repor	costs. Complete this line only if the organization red in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	5,005,500	7,5/1,009	272,013	0

Part X Balance Sheet

Par	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	146	1	95
	2	Savings and temporary cash investments	1,245,916	2	1,391,334
	3	Pledges and grants receivable, net	378,783	3	1,011,960
	4	Accounts receivable, net	33,391	4	10,515
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
<u>s</u>	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
50				6	0
Assets	7	Notes and loans receivable, net		7	0
_	8	Inventories for sale or use	359	8	861
	9	Prepaid expenses and deferred charges	10,264	9	9,308
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 699,739			
	b	Less accumulated depreciation	460,493		431,719
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	305,466	12	325,365
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	1,030	15	1,030
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,435,848	16	3,182,187
	17	Accounts payable and accrued expenses	453,753		1,064,541
	18	Grants payable		18	
	19	Deferred revenue	1,197,862	19	1,357,660
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
"iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	506,074	23	482,275
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	2,157,689	26	2,904,476
	26	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete	2, 137,009	20	2,904,470
Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	273,608	27	273,806
	28	Temporarily restricted net assets	4,551	28	3,905
핕	29	Permanently restricted net assets		29	
· Func		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Ęţ.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45 S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	278,159	33	277,711
ž	34	Total liabilities and net assets/fund balances	2,435,848	34	3,182,187
_	1 3 7	. Start mashines and net assets/initia buildiness	2,700,040	J7	5, 102, 107

Par	t XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response to any question in this Part XI				୮
1	Total re	evenue (must equal Part VIII, column (A), line 12)			9,8	863,520
2	Total e	expenses (must equal Part IX, column (A), line 25)			9,8	863,968
3	Revenu	ue less expenses Subtract line 2 from line 1				-448
4	Netass	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		:	278,159
5	Net unr	realized gains (losses) on investments				
6	Donate	ed services and use of facilities				
7	Investr	ment expenses	7			
8	Prior pe	eriod adjustments				
9	Otherc	changes in net assets or fund balances (explain in Schedule O)	9			
10	Net ass column	sets or fund balances at end of year $$ Combine lines 3 through 9 (must equal Part X, I $$ I $$ (B))	ine 33,		;	277,711
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII $$. $$.				. Г
					Yes	No
1		nting method used to prepare the Form 990	explain in			
2a	Were th	he organization's financial statements compiled or reviewed by an independent accou	intant?	2a		No
		,' check a box below to indicate whether the financial statements for the year were co rate basis, consolidated basis, or both	mpiled or reviewed	on		
	┌ Se	parate basis	asıs			
b	Were th	he organization's financial statements audited by an independent accountant?		2b	Yes	
		,' check a box below to indicate whether the financial statements for the year were au consolidated basis, or both	dited on a separate	:		
	▼ Se	parate basis	asıs			
C		" to line 2a or 2b, does the organization have a committee that assumes responsibil review, or compilation of its financial statements and selection of an independent acc		the 2c	Yes	
	If the o Schedu	organization changed either its oversight process or selection process during the tax ule O	year, explain in			
За		esult of a federal award, was the organization required to undergo an audit or audits as Audit Act and OMB Circular A-133?	s set forth in the	За	Yes	
b		", did the organization undergo the required audit or audits? If the organization did no r audits, explain why in Schedule O and describe any steps taken to undergo such a		red 3b	Yes	

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As Filed Data -

DLN: 93493034005164

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

KENTUCKY DOMESTIC VIOLENCE ASSOCIATION

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

									61-1110				
	rt I			blic Charity Sta					<u> </u>	ınstructı	ons.		
	rganı			e foundation becaus			-						
1				on of churches, or as				ection 170	(b)(1)(A)(i).	•			
2	<u></u>	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)						
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	zatıon descr	ibed in sectio	on 170(b)(1	L)(A)(iii).				
4	Γ			n organization operat	ed ın conjun	ction with a	hospital des	cribed in s	ection 170(b)	(1)(A)(ii	ii). Ente	er the	
5	\vdash			ty, and state erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governme	ntal unit d	describ	ed ın	_
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A feder	al, state, or	local government or	government	tal unit desc	rıbed ın sect	ion 170(b)	(1)(A)(v).				
7	Γ	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi). described in section	(Complete F	art II)		_	nental unit or	from the	genera	l public	:
8 9	। 		-						ubutions mai	mharchin	foos o	nd aros	
9	Į.			at normally receives									.5
				ities related to its ex									
				oss investment inco						ı tax) ildi	II DUSII	lesses	
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
10 11												6	
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-func								See secti	on 509	(a)(3).	Check	
e	Γ	othert		ox, I certify that the on managers and otl									
f		If the o		received a written de	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III supp	porting	organı	zation,
g		followir	ng persons?	2006, has the organi									
				rectly or indirectly o	· ·		_	persons d	escribed in (i	_		Yes	No
				governing body of th		_	n?			-	11g(i)		
				er of a person descri							11g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?				11g(iii))	
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)						
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	u notify	(vi) Is	s the	(vii) An	nount of
	uppor			organızatıon	organızatı		the organi		organiza			mone	etary
or	ganiza	ation		(described on	col (i) lis		ın col (i)		col (i) or			sup	port
				lines 1-9 above or IRC section	your gove docume	_	suppo	rt ⁷	ın the	057			
				(see	docume	110.							
				instructions))	Yes	No	Yes	No			-		
					162	140	1 65	INO	Yes	No			
						-		+	+				
Total								+	+				

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2	
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q		
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)		
	endar year (or fiscal year beginning					1			
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received (Do not include any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its behalf								
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
6	(f) Public support. Subtract line 5 from								
	line 4								
S	ection B. Total Support								
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total	
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,	
7 8	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	business activities, whether or not								
	the business is regularly carried								
	on								
10	Other income Do not include gain or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support (Add lines 7 through								
4.0	10)		<u> </u>						
12	Gross receipts from related activitie					12			
13	First five years. If the Form 990 is this box and stop here							ization, check	
	ection C. Computation of Pub				<u> </u>	<u> </u>			
14	Public support percentage for 2012			11, column (f))		14			
15	Public support percentage for 2011			, , , , , , ,		15			
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov	
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □	
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this	
	box and stop here. The organization						. 4 4	▶□	
1/a	7a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain								
	in Part IV how the organization mee								
	organization				4	r	,rF3	▶ □	
b	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv	
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□	
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·	
	instructions							▶ ┌	

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

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

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,581,387	8,957,283	9,764,959	9,648,719	9	,349,749	46,302,097
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in							0
	any activity that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
3	are not an unrelated trade or							0
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities							
	furnished by a governmental unit							0
	to the organization without							Ŭ
	charge							
6	Total. Add lines 1 through 5	8,581,387	8,957,283	9,764,959	9,648,719	9	,349,749	46,302,097
7a	Amounts included on lines 1, 2,							0
	and 3 received from disqualified persons							U
h	Amounts included on lines 2 and 3							
U	received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						\longrightarrow	
C	Add lines 7a and 7b						\longrightarrow	
8	Public support (Subtract line 7c from line 6)							46,302,097
Se	ction B. Total Support	•		•	•			
	ndar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	112	(f) Total
	beginning in) 🟲							
9	A mounts from line 6	8,581,387	8,957,283	9,764,959	9,648,719	9	,349,749	46,302,097
L0a	Gross income from interest,							
	dividends, payments received	7 944	4 996	6 150	12 140		24.264	55,384
	on securities loans, rents,	7,844	4,886	6,150	12,140		24,364	55,384
	royalties and income from similar sources							
b	Unrelated business taxable							
-	income (less section 511 taxes)							0
	from businesses acquired after							O
	June 30, 1975							
С	Add lines 10a and 10b	7,844	4,886	6,150	12,140		24,364	55,384
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the							0
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of	113,724	115,873	163,121	431,512		489,407	1,313,637
	capital assets (Explain in Part	113,721	113,073	103,121	131,312		103, 107	1,515,057
	IV)							
13	Total support. (Add lines 9, 10c,	8,702,955	9,078,042	9,934,230	10,092,371	9	,863,520	47,671,118
14	11, and 12) First five years. If the Form 990 is 1	for the organization	n's first second	third fourth or fi	fth tay year ac a	F01/c)/	2 \ organi	
14	check this box and stop here	or the organization	on s mst, second	, tilira, iourtii, or ii	itii tax yeai as a	301(c)(5) Olgalli.	Zation, ►
Se	ction C. Computation of Publ	lic Support Pe	ercentage					
15	Public support percentage for 2012			13, column (f))		15		97 130 %
16	Public support percentage from 201	1 Schedule A Pa	art III line 15			16		97 940 %
			<u> </u>			1 10	<u> </u>	<i>37</i> 340 %
<u>5e</u> 17	ction D. Computation of Inventor Investment income percentage for 2) (f))	17		0.120.0
	•	•			· \' <i>!!</i>	17		0 120 %
18 19a	Investment income percentage from 33 1/3% support tests—2012. If the				ine 15 is more th	18 Jan 33 1/	3% and 1	0 120 % ine 17 is not
	, o . o outpois cools zozzi il tilt	ga Lacion and		<u>.</u> ., unu i	15 1/10/10 [1		- , o , with 11	=

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493034005164

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** KENTUCKY DOMESTIC VIOLENCE ASSOCIATION 61-1110432 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	3,999		
c	Total lobbying expenditures (add lines 1a and 1h	o)	3,999	
d	Other exempt purpose expenditures		9,859,969	
e	Total exempt purpose expenditures (add lines 1	9,863,968		
f	Lobbying nontaxable amount Enter the amount f	643,198		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	160,800	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

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 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total						
2a	Lobbying nontaxable amount	604,177	646,845	654,149	643,198	2,548,369						
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,822,554						
c	Total lobbying expenditures	9,928	4,289	4,289	3,999	22,505						
_d	Grassroots nontaxable amount	151,044	161,711	163,537	160,800	637,092						
e 	Grassroots ceiling amount (150% of line 2d, column (e))					955,638						
f	Grassroots lobbying expenditures											

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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 similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c))(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493034005164

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Employer identification number Name of the organization KENTUCKY DOMESTIC VIOLENCE ASSOCIATION 61-1110432 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal T</u>	<u>reasu</u>	<u>res, or O</u>	<u>the</u>	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck	any of	the follo	wing that a	re a	significant use o	fits	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
ь	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın ho	w the	y furth	er the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	rt, hıs	torica	Itreasu	res or othe	sım			
	assets to be sold to raise funds rather than t								· ·	Yes	│ No
Par	Part IV, line 9, or reported an an	nount on Form 99	0, P	art X	, line	21.				U, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	forc	ontrib	utions o	r other ass	ets r		Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follo	wing t	able		_				
							-		Amo	unt	
C	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	•					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	n has	been pr	ovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete										
	Parameter of a combalance	(a)Current year	(b) Prior	year	b (c) Tv	vo years back	(d)	Three years back (e	e)Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses					-					
g	End of year balance					<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ne 1g	, colun	nn (a)) h	ield as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posses organization by		atıon	that	are hel	d and a	dmınıstered	l for		Yes	No
	(i) unrelated organizations		•					•	3a(i)	-	<u> </u>
b	(ii) related organizations								3a(ii)	<u> </u> 	<u> </u>
4	Describe in Part XIII the intended uses of the	•						•	30	<u> </u>	<u> </u>
	t VI Land, Buildings, and Equipme					10.					
	Description of property		,	(6) Cost	or other estment)	(b)Cost or o basis (other		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land			\top							
	Buildings						695	,000	264,100		430,900
	Leasehold improvements								,		
	Equipment										
	Other						4	,739	3,920		819
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), line	10(c).)			🕨		431,719
										•	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	12.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	325,365	5
Part VIII Investments—Program Related. Sec		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) besen	501011	(D) Book Value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part >		
1 (a) Description of liability	(b) Book value	
Federal income taxes		1
rederal income taxes		-
		1
		-
		1
		_
		-
		1
		_
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

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Identifier

Per	Reconciliation of Revenue per Audited Financial Statements with Revenue	per r	<u>.etuiii</u>
1	Total revenue, gains, and other support per audited financial statements	1	9,863,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,863,520
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,863,520
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	9,863,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIII) 2d	7	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,863,968
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,863,968
Part	Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t		•

Return Reference

Explanation

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Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493034005164

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENTUCKY DOMESTIC VIOLENCE ASSOCIATION

Employer identification number

61-1110432

		to Governments and ny recipient that receive					l "Yes" to
 a) Name and address of organization or government 	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance
) VARIOUS DOMESTIC ITITIES 1 DARBY SHIRE CIRCLE ANKFORT, KY 40601		1	7,669,407	0			SERVICES- DOMESTIC VIOLENCE VICTIM

111	Grants and Other Assistance to Individuals in the United States	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information.

Complete this part to provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information				
Identifier	Return Reference	Explanation		
Grantmaker's Description of How Grants are Used		GRANTOR PERFORMS DESK REVIEWS OR ONSITE REVIEWS ON AN ANNUAL BASIS		

Schedule I (Form 990) 2012

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DLN: 93493034005164

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization
KENTUCKY DOMESTIC VIOLENCE ASSOCIATION

Employer identification number

ame of the organization ENTUCKY DOMESTIC VIOLENCE A	SSOCIATION	Employer identification number 61-1110432
Literation Between	T	
Identifier Return Reference	Explanation	
Form 990, Part VI, Line 19 Line 19 Other Organization Documents Publicly Available	REQUEST OF PUBLIC RECORDS ARE DESCRIBED IN THE KENTUCKY DOME ACCOUNTING AND POLICIES PROCEDURES MANUAL	ESTIC VIOLENCE ASSOCIATION'S
Form 990, Part VI, Line 15b Line 15b Compensation Review and Approval Process for Officers and Key Employees	BOARD MEMBERS RETIRE TO EXECUTIVE SESSION TO DISCUSS SALRIES	OF KEY PERSONNEL
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	BOARD MEMBERS RETIRE TO EXECUTIVE SESSION TO DISCUSS SALARIE	ES OF KEY PERSONNEL
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM	
Form 990, Part VI, Line 11b Form 990 Review Process	FORM 990 WILL BE REVIWED BY FINANCE ADMINISTRATOR AND EXECUT	IVE DIRECTOR
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 KBITLICKY CABINET FOR HEALTH AND FINIDS ARE A CONTRACT WITH THE CABINET FOR HEALTH AND FAMILY KENTLICKY. THE PURPOSE OF THIS CONTRACT IS 1TO FROVIDE SERVICES OF DOMESTIC VIOLBICE THROUGH SUB-CONTRACTS WITH THE RIMMAR AREA DEVELOPMENT DISTRICT OTHER REGGRAM SERVICES 5 KBINTLOTT. THE PURPOSE OF TH	SERVICES OF THE STATE OF STO INDIVIDUALS WHO ARE VICTIMS IY SERVICE PROVIDERS OF EACH KY HOUUSING COUNCIL (GRANT 512) DIT FOR KENTUCKY DOMESTIC TO PROVIDE SAFE, DECENT, IND FAMILIES IN KENTUCKY OTHER ICE AGAINST WOMEN (GRANT 520) CEIVED DIRECTLY AND AUTHORIZED NG MENTORING PROJECTS TO INDIVITY OF ADULTS WHO HAVE BEEN STICE OFFICE ON VIOLENCE AGAINST TIC VIOLENCE VICTIMS BECOME INDEPENDENT DEVELOPMENT ANTS 531 AND 540)THESE FUNDS ARE CJUSTICE PROGRAM OTHER HE SUPPORT OF BOTH INDIRECT AND ESS INSTITUTE PROVIDING ACCESS ELOPMENT ACCOUNTS, CAR LOW TO MODERATE INCOME FOUNDATION (GRANT 568) THIS ENTUCKY ECONOMIC JUSTICE ING THIER WORK THE GRANT WILL ORTS FOR PARTICIPANTS WHO IS IN ORDER TO ASSIST INMOVING THER PROGRAM SERVICES 11 IND 671)THESE FUNDS ARE FOR ACEMENT IN KENTUCKY DOMESTIC S PROVIDE FOR OVERALL GSRAMS PROVIDE A SITE MATCH FOR FION FOR NATIONAL AND COMMUNITY IT SUPPORT TO PROVIDE C VIOLENCE ASSOCIATION'S SUPERVISION AND CONTINUING MMUNITY SERVICES PROVIDES DIRECT EASSOCIATION PROVIDES A COST- 584)THESE FUNDS ARE USED FOR ORAM OTHER PROGRAM SERVICES 1758A)THESE FUNDS ARE FIDE ASSISTANCE OF SECURITY SISTEMAL REVENUE FOR THE ECONOMIC SEPTIVATE CONTRIBUTIONS OGRAM SERVICES 16 VERIZON EVENTION PROJECT TO EDUCATE THE RIVICES 17 BEREA COLLEGE GRANT SERVATE CONTRIBUTIONS OGRAM SERVICES FOR THE CONOMIC SETTION FROJECT TO EDUCATE THE RIVICES 17 BEREA COLLEGE GRANT SERVATE CONTRIBUTIONS OGRAM SERVICES 16 VERIZON EVENTION PROJECT TO EDUCATE THE RIVICES 17 BEREA COLLEGE GRANT SERVATE CONTRIBUTIONS OGRAM SERVICES 19 US DEPARTMENT OF JUSTICE (GRANT SERVICES VICE FOR THE UNDERSERVED LOW ED ENGLISH PROFICIENT, NON URBAN IS DEPARTMENT OF JUSTICE (GRANT'S FEREA COLLEGE FOR THE CONOMIC SETTICADATION IN AN INDEPENDENT TON THER PROGRAM SERVICES 23 DOTO THE PROGRAM SERVICES 23 DOTO THE PROGRAM SERVICES 24 FUNDING TO VICTIMS OF DOMESTIC (GRANT 869)THESE FUNDS WERE OMESTIC VIOLENCE ASSOCIATION DOMESTIC VIOLENCE ASSOCIATION DOMESTIC VIOLENCE FOR THE SERVICES 29 VICTIM SURVIVOR

PROVIDE SUPPORT FOR DOMESTIC VIOLENCE VICTIMS