Form **990**

Department of the Treasury Internal Revenue

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)

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

OMB No 1545-0047 **Open to Public** Inspection

| Ser | vice | | | | | | | | | | |
|------------|-------------------|--|-----------------------|---|------------------|--------------------|----------------|------------------------------------|---|----------------------------------|---|
| A | For the 2 | 2006 ca | endar yea | r, or tax year beginning | 07-01-2006 | and ending | 06-30-20 | 07 | | | 1 |
| В | Check if ap | plicable | Please | C Name of organization The Family Place A Child A | Abuse | | | | D Emp | oloyer i | dentification number |
| Γ | Address cha | ange | use IRS label or | Treatment Agency Inc | | | | | | 10275 | 581 number |
| | Name chan | nge | print or type. See | Number and street (or P (1800 NEVILLE DRIVE |) box if mail is | not delivered to | street add | ress) Room/suite | | • | |
| Γ I | nıtıal retur | 'n | Specific | | | | | | | | 5-2801 |
| Γ F | inal return | า | Instruc- tions. | City or town, state or cou Louisville, KY 40216 | ntry, and ZIP + | 4 | | | | _ | nethod Cash Accrual |
| Γ | Amended r | eturn . | | | | | | | | πer (sp | pecify) 🕨 |
| | Application | pendina | | | | | | | | | |
| _ | | e: 🕨 fami | trusts m | 501(c)(3) organizations aust attach a completed S org one) F 501(c) (3) | chedule A (Fo | rm 990 or 990 | -EZ). | H(a) Is the H(b) If "Ye H(c) Are a | s a group es" enter i Il affiliate: | return fo number s include | section 527 organizations or affiliates? Yes No of affiliates Yes No See instructions) |
| | normally n | not more t | | ion is not a 509(a)(3) suppo A return is not required, but | | | | cover | ed by a g | roup rul | , .ee ,e |
| | be sale to | nic a com | piete return | | | | | | • | • | Number ► |
| L | Gross re | ceipts A | Add lines 6 | b, 8b, 9b, and 10b to li | ne 12 🕨 1,3 | 863,393 | | | | | ganization is not required to 90, 990-EZ, or 990-PF) |
| P | art I | Reve | nue, Exp | enses, and Chang | es in Net A | Assets or I | Fund B | alances <i>(Se</i> | e the | instr | uctions.) |
| | 1 | Contrib | utions, gift | s, grants, and sımılar ar | nounts receiv | /ed | | | | | |
| | а | Contrib | utions to d | onor advised funds . | | | 1a | | | | |
| | Ь | Direct p | ublic supp | ort (not included on line | 1a) | • | 1b | 4 | 32,667 | | |
| | c | Indirect | public sup | pport (not included on li | ne 1a) | | 1c | 2 | 36,787 | | |
| | d | Govern | nent contr | ibutions (grants) (not in | cluded on lın | e 1a) | 1d | 3 | 73,187 | | |
| | e | Total (add lines 1a through 1d) (cash \$ 1,042,641 noncash \$) | | | | | | | | 1e | 1,042,641 |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) . | | | | | | | 2 | 62,704 | |
| | 3 | Membership dues and assessments | | | | | | | 3 | | |
| | 4 | Interest on savings and temporary cash investments | | | | | | | 4 | 5,877 | |
| | 5 | Dividends and interest from securities | | | | | | | | 5 | |
| | 6a | Gross re | s rents | | | | | | | | |
| | ь | Less re | ess rental expenses | | | | | | | | |
| | c | Net rental income or (loss) subtract line 6b from line 6a | | | | | | Ī | 6с | 75,800 | |
| 븰 | 7 | Otherin | vestment | income (describe 🕨) | <u> </u> | | <u> </u> | | | 7 | |
| Revenue | 8a | | | n sales of assets | (A) Se | curities | | (B) O the | r | | |
| Œ | | | | ry | | | 8a | | | | |
| | Ь | Less cost | or other bas | sis and sales expenses | | | 8b | | | | |
| | C | Gain or | (loss) (atta | ach schedule) | | | 8c | | | | |
| | d | _ | , , | Combine line 8c, colum | ` ' ' | • | | | • | 8d | |
| | 9 a | Gross | evenue (no | t including \$rted on line 1b) | | _of | om gamir 9a | _, | - - 73,881 | | |
| | ь | Less di | rect exper | ses other than fundrais | ıng expenses | | 9b | | 45,640 | | |
| | c | Netinco | me or (los | s) from special events | Subtract line | 9b from line | 9a | | • | 9с | 128,241 |
| | 10a | Grosss | ales of inv | entory, less returns and | allowances | | 10a | | | | |
| | ь | Less c | ost of good | ssold | | | 10b | | | | |
| | c | Gross pro | fit or (loss) fi | rom sales of inventory (attac | h schedule) Sub | tract line 10b fro | om line 10a | · | | 10c | |
| | 11 | Otherre | evenue (fro | m Part VII, line 103) | | | | | | 11 | 2,490 |
| | 12 | Total re | venue A dd | lines 1e, 2, 3, 4, 5, 6c | 7,8d,9c,10 | Oc, and 11 | <u> </u> | | | 12 | 1,317,753 |
| | 13 | | | (from line 44, column (E | | | | | • | 13 | 1,084,886 |
| Š | 14 | | | general (from line 44, co | | | | | • | 14 | 190,551 |
| Expens | 15 | | | line 44, column (D)) . | | | | | | 15 | 139,693 |
| ш | 16 | • | | ites (attach schedule) | | | | | | 16 | |
| | 17 | | | d lines 16 and 44, colu | | | | | | 17 | 1,415,130 |
| <u>2</u> | 18 | | | for the year Subtract II | | | | | • | 18 | -97,377 |
| A) | 19 | Netacc | ets or fund | halances at heginning | of vear (from | line 73 colu | mn (Δ)) | | _ | 19 | 2 697 794 |

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year Combine lines 18, 19, and 20 .

20

골

20

2,600,417

0

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$____

(iii) the amount allocated to Management and general \$

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

| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|-----|---|-----|-----------|-------------------------------|-------------------------------|--------------------------|
| 22a | Grants paid from donor advised funds (attach Schedule) | | | | | |
| | (cash \$noncash \$) If this amount includes foreign grants, check here | 22a | | | | |
| 22b | Other grants and allocations (attach schedule) | | | | | |
| | (cash \$noncash \$) If this amount includes foreign grants, check here | | | | | |
| | | 22b | | | | |
| 23 | Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule) | 23 | | | | |
| 24 | | 24 | | | | |
| 25a | Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) | 25a | 142,509 | 109,149 | 18,725 | 14,635 |
| b | Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule) | 25b | | | | |
| c | Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b and c | 26 | 726,556 | 556,506 | 95,450 | 74,600 |
| 27 | Pension plan contributions not included on lines 25a, b and c | 27 | | | | |
| 28 | Employee benefits not included on lines 25a - 27 | 28 | 142,396 | 110,443 | 19,673 | 12,280 |
| 29 | Payroll taxes | 29 | 64,637 | 49,244 | 8,731 | 6,662 |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | | | | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 36,558 | 33,279 | 1,914 | 1,365 |
| 34 | Telephone | 34 | 6,445 | 4,937 | 847 | 661 |
| 35 | Postage and shipping | 35 | 5,223 | 4,001 | 686 | 536 |
| 36 | Occupancy | 36 | 23,706 | 19,676 | 3,556 | 474 |
| 37 | Equipment rental and maintenance | 37 | 8,212 | 6,351 | 1,044 | 817 |
| 38 | Printing and publications | 38 | 10,444 | 2,572 | 441 | 7,431 |
| 39 | Travel | 39 | 5,613 | 2,965 | 1,558 | 1,090 |
| 40 | Conferences, conventions, and meetings | 40 | | | | |
| 41 | Interest | 41 | 79,057 | 60,553 | 10,386 | 8,118 |
| 42 | Depreciation, depletion, etc (attach schedule) 🕏 | 42 | 63,002 | 48,256 | 8,277 | 6,469 |
| 43 | Other expenses not covered above (Itemize) | | | | | |
| | RECRUITMENT & TRAINING | 43a | 23,100 | 19,038 | 2,784 | 1,278 |
| b | PROFESSIONAL FEES | 43b | 38,614 | 25,808 | 11,988 | 818 |
| c | INSURANCE | 43c | 22,559 | 17,279 | 2,964 | 2,316 |
| d | CLIENT EXPENSES | 43d | 14,507 | 14,507 | | |
| e | MISC | 43e | 1,992 | 322 | 1,527 | 143 |
| f | | 43f | | | | |
| g | Total functional expenses. Add lines 22a through 43g | 43g | | | | |
| 44 | (Organizations completing columns (B)-(D), carry these totals to lines 13–15) | 44 | 1,415,130 | 1,084,886 | 190,551 | 139,693 |

_, **(ii)** the amount allocated to Program services \$__

, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

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

| | at is the organization's primary exempt purpose? ► TO BREAK THE CYCLE OF CHILD ABUSE & HEAL THE WOUNDS CAUSED BY THE ABUSE | Program Service Expenses (Required for 501(c)(3) and |
|-----|--|---|
| pub | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, lications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt ritable trusts must also enter the amount of grants and allocations to others.) | (4) orgs , and 4947(a)(1) trusts, but optional for others) |
| a | THE FAMILY TREATMENT PROGRAM - IS DESIGNED FOR FAMILIES IN WHICH CHILD SEXUAL ABUSE HAS OCCURRED THE TREATMENT PROGRAM IS UNIQUE AND INNOVATIVE IN ITS FAMILY SYSTEMS ORIENTATION TO INCEST AND ITS INCLUSIVE APPROACH TO TREATMENT THAT, IN MOST CASES, INTEGRATES INTO FAMILY THERAPY THE ADULT RESPONSIBLE FOR THE ABUSE FAMILY MEMBERS ARE ALSO PROVIDED INDIVIDUAL THERAPY (AS NEEDED), PEER GROUP THERAPY AND EDUCATIONAL AND SPECIALTY EXPERIENCES TREATMENT IS LONG-TERM AND INTENSIVE AND USUALLY LASTS APPROXIMATELY 18 MONTHS TO 2 YEARS THIS PIONEERING PROGRAM USES FAMILY TREATMENT AS THE PRIMARY MODALITY TO INCLUDE THE INTERACTION OF ALL FAMILY MEMBERS IN THE TREATMENT, TO ALLOW THE PERSON RESPONSIBLE FOR THE ABUSE TO CONTRIBUTE TO THE FAMILY'S HEALING AND TO MAINTAIN THERAPEUTIC CONTACT BETWEEN BOTH PARENTS AND THE CHILDREN IN THE PAST YEAR, 372 CLIENTS RECEIVED OVER 10,000 HOURS OF THERAPY IN THE FAMILY TREATMENT PROGRAM | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵 | 258,263 |
| Ь | THE JUVENILE TREATMENT PROGRAM - IS FOR YOUTH AGES 10 TO 17 WHO HAVE SEXUALLY ABUSED YOUNGER CHILDREN IT IS A UNIQUE TREATMENT APPROACH THAT INVOLVES ALL ASPECTS OF THE YOUTH'S LIFE INCLUDING COURT, FAMILY, SCHOOL AND EMPLOYMENT, IF APPLICABLE THE PARENTS OF THE YOUTH RESPONSIBLE FOR THE ABUSE MUST ALSO PARTICIPATE IN TREATMENT THIS PROGRAM IS LONG-TERM AND INTENSIVE AND LASTS TWO TO THREE YEARS OVER 154 CLIENTS RECEIVED OVER 2,800 HOURS OF SERVICE IN THE JUVENILE TREATMENT PROGRAM IN THE LAST YEAR | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵 | 106,711 |
| c | THE CHILDREN'S PROGRAM - provides therapeutic CHILD CARE SERVICES FOR CHILDREN AGES BIRTH TO FIVE YEARS WHO HAVE EXPERIENCED OR BEEN EXPOSED TO FAMILY VIOLENCE ELEMENTS OF THE PROGRAM ARE DESIGNED TO PROMOTE A POSITIVE SELF-IMAGE, REMEDY DEVELOPMENTAL DELAYS AND TEACH AGE-APPROPRIATE RESPONSIBILITY CHILDREN ATTEND THIS LICENSED AND NATIONALLY ACCREDITED CHILD CARE CENTER DAILY, USUALLY FOR TWO YEARS ANOTHER COMPONENT OF THE PROGRAM IS CRISIS/RESPITE CARE, A PREVENTATIVE SERVICE FOR CHILDREN AT RISK OF STRESS-RELATED MALTREATMENT OR NEGLECT CAUSED BY A TEMPORARY FAMILY EMERGENCY CHILDREN TYPICALLY RECEIVE SERVICES FOR A FEW DAYS TO A WEEK LAST YEAR CHILDREN IN THE PROGRAM WERE PROVIDED OVER 27,000 HOURS OF CARE AND EDUCATION TO 62 CHILDREN | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ┌ | 556,718 |
| d | THE VISITATION CENTER AT FAMILY PLACE - IS A SAFE, COMFORTABLE SETTING FOR CHILDREN AND PARENTS OF SUPERVISION FOR UP TO TWO HOURS IN THE VISITATION CENTER, CHILDREN AND NON-RESIDENTIAL PARENTS ARE SUPPORTED IN DEVELOPING AND MAINTAINING A HEALTHY RELATIONSHIP PARENTS MAY ALSO USE THE PROGRAM TO EXCHANGE RESPONSIBILITY FOR THE CARE OF CHILDREN THE VISITATION CENTER SERVED 320 PARENTS AND CHILDREN, CONDUCTING 1,300 SUPERVISED VISITS AND OVER 7,000 HOURS OF VISITATION SERVICES LAST YEAR | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵 | 163,194 |
| e | Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵 | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 1.084.886 |

| | rt I\ | Balance Sheets (See the instru | ctions | . 1 | | | | raye 1 |
|----------|-------|--|------------|-----------------------|-------------------|-----------|----------|-------------------|
| | | Where required, attached schedules and amount | | | (A) | | 1 | (B) |
| Not | e: | column should be for end-of-year amounts or | | tilli the description | Beginning of year | | E | nd of year |
| | 45 | Cash—non-interest-bearing | | | | 45 | | |
| | 46 | Savings and temporary cash investments | | | 342,310 | 46 | | 377,821 |
| | | | | 1 | | | | |
| | 47a | Accounts receivable | 47a | | | | | |
| | b | Less allowance for doubtful accounts | 47b | | | 47c | | |
| | 40- | Distance we have | 40- | | | | | |
| | 48a | Pledges receivable | 48a | | | 48c | | |
| | 49 | Grants receivable | 48b | | 52,083 | 480 | | 49.147 |
| | 50a | Receivables from current and former office | rs dire | rtors trustees and | 32,000 | 43 | | 40,147 |
| | 300 | key employees (attach schedule) | | | | 50a | | |
| | b | Receivables from other disqualified person 4958(c)(3)(B) (attach schedule) | • | | | 50b | | |
| | 51a | Other notes and loans receivable (attach | | | | | | |
| | | schedule) | 51a | | | | | |
| ssets | ь | Less allowance for doubtful accounts | 51b | | | 51c | | |
| ASS. | 52 | Inventories for sale or use | | | | 52 | | |
| _ | 53 | Prepaid expenses and deferred charges . | | | 14,834 | 53 | | 19,488 |
| | 54a | Investments—publicly-traded securities | . • | - 「Cost 「FMV | | 54a | | |
| | Ь | Investments—other securities (attach sch | edule) | ► Cost FMV | | 54b | | |
| | 55a | Investments—land, buildings, and | | 1 | | | | |
| | b | equipment basis | 55a | | | | | |
| | - | schedule) | 55b | | | 55c | | |
| | 56 | Investments—other (attach schedule) . | | , | | 56 | | |
| | 57a | Land, buildings, and equipment basis | 57a | 2,414,980 | | | | |
| | b | Less accumulated depreciation (attach schedule) | 57b | 267,291 | 2,210,691 | 57c | 953 | 2.147.689 |
| | 58 | Other assets, including program-related in | | | | , , | | |
| | | (describe 🕨 | 4 244 007 | | 68∓1 | 1 040 447 | | |
| | | | |) <u> </u> | 1,341,067 | 58 | % | 1,048,417 |
| | 59 | Total assets (must equal line 74) Add line | c 15 th | rough 58 | 3,960,985 | 59 | | 3,642,562 |
| | 60 | Accounts payable and accrued expenses | | | 98,123 | 60 | 1 | 102,234 |
| | 61 | Grants payable | | | , | 61 | | |
| | 62 | Deferred revenue | | ŀ | 10,580 | 62 | | 13,743 |
| _ | 63 | Loans from officers, directors, trustees, an | d key e | mployees (attach | | | | |
| Ų. | | schedule) | | | | 63 | | |
| Ļ; | 64a | Tax-exempt bond liabilities (attach schedu | ule) . | [| | 64a | | |
| | ь | Mortgages and other notes payable (attack | nsched | ule) | 1,154,488 | 64b | | 926,168 |
| | 65 | Other liablilities (describe 🕨 | | | | 65 | | |
| | | , | | - | | 65 | | |
| | 66 | Total liabilities Add lines 60 through 65 | | | 1,263,191 | 66 | | 1,042,145 |
| | 1 | anizations that follow SFAS 117, check here | | | | | | <u> </u> |
| | - | 67 through 69 and lines 73 and 74 | , | · | | | | |
| 8 | 67 | Unrestricted | | | 1,345,963 | 67 | | 1,536,617 |
| Balances | 68 | Temporarily restricted | | | 1,347,956 | 68 | | 1,059,925 |
| œ, | 69 | Permanently restricted | | | 3,875 | 69 | <u> </u> | 3,875 |
| Fund | Orga | anizations that do not follow SFAS 117, chec | k here | ► 「and | | | | |
| | 70 | complete lines 70 through 74 Capital stock, trust principal, or current ful | nds . | | | 70 | | |
| ets or | 71 | Paid-in or capital surplus, or land, building | | | | 71 | | |
| v^r | 72 | Retained earnings, endowment, accumulate | | | | 72 | | |
| et As | 73 | Total net assets or fund balances Add line | | <i>'</i> | | | | |
| 2 | | through 72 (Column (A) must equal line 19 | | | | 1 | | |
| | | line 21) | | _ | 2,697,794 | 73 | | 2,600,417 |
| | 74 | Total liabilities and net assets / fund balances | s Add line | es 66 and 73 | 3,960,985 | 74 | 1 | 3,642,562 |

| Par | | Reconciliation of Revenu the instructions.) | e per Audited Finar | ıcial Sta | tements V | With Reven | ue pei | Return (See |
|---------|--------------|---|---|-----------|-----------------------------|--|---------------------------|--|
| <u></u> | | venue, gains, and other support | per audited financial sta | tements | | | а | 1,605,784 |
| ь | | s included on line a but not on P | | | | | | , , |
| 1 | | ealized gains on investments . | | b1 | | | | |
| 2 | | d services and use of facilities | | b2 | | | 1 | |
| 3 | | ries of prior year grants | | b3 | | | 1 | |
| 4 | | specify) | | | | | 1 | |
| | | | | b4 | | 549,974 | . | |
| | | es b1 through b4 | | | | | b | 549,974 |
| C - | | t line b from line a | | | | | C | 1,055,810 |
| d | | s included on Part I, line 12, bu | | 1 | I | | | |
| 1 | | nent expenses not included on P • • • • | art I, line | d1 | | | | |
| 2 | Other (s | specify) 🕮 | | | | | 1 | |
| | | | | d2 | | 261,943 |] | |
| | A dd line | es d1 and d2 . | | | | | d | 549,974 |
| e | | evenue (Part I, line 12) Add line | | | | | | 1,317,753 |
| Dari | | Reconciliation of Expens | | ncial St | atements | With Eyne | e | er Peturn |
| a | | xpenses and losses per audited | | | | | a | 1,415,130 |
| b | | :s included on line a but not on P | | | | | | · · · |
| 1 | | d services and use of facilities | • | b1 | | | | |
| 2 | | ar adjustments reported on Part | | | | | 1 | |
| _ | | | | b2 | | | - | |
| 3 | | reported on Part I, line | | b3 | | | | |
| 4 | Other (| specify) | | | | | 1 | |
| | | | | b4 | | |] | |
| | A dd line | es b1 through b4 | | | | | b | |
| c | Subtrac | t line b from line a | | | | | С | 1,415,130 |
| d | A mount | s included on Part I, line 17, bu | t not on line a: | | | | | |
| 1 | | nent expenses not included on P | art I, line | | | | | |
| | | | | d1 | | | - 1 | |
| 2 | Other (| specify) | | d2 | | | | |
| | A dd line | es d1 and d2 | | | | | d | |
| e | | kpenses (Part I, line 17) Add lin | | | | | | 1,415,130 |
| | | | | | | | <u>e</u> | |
| Par | d | Current Officers, Director Irrector, trustee, or key emp Instructions.) | | | | | | |
| | (A) N | ame and address | (B) Title and average hours per week devoted to position | | mpensation id, enter -0) | (D) Contrib employee ben deferred com plan | efit plans (pensation | (E) Expense account and other allowances |
| See A | dditional D | Data Table | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | 990 (2006) | | | | | | Page o |
|-----|--|---|---|---|--------|-------------------------|--------------------|
| | t V-A Current Officers, Director | | | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 75a | Enter the total number of officers, director | rs, and trustees permitted | l to vote on organizatioi | n business at board | | | |
| | meetings | | | | | | |
| b | Are any officers, directors, trustees, or ke | ey employees listed in For | m 990, Part V-A, or high | ghest compensated | | | |
| | employees listed in Schedule A, Part I, or | highest compensated pro | ofessional and other ind | ependent | | | |
| | contractors listed in Schedule A , Part II- | A or II-B, related to each | other through family or | business | | | |
| | relationships? If "Yes," attach a statemen | nt that identifies the indivi | duals and explains the | relationship(s) . | 75b | | Νο |
| c | Do any officers, directors, trustees, or key | y employees listed in Forr | n 990, Part V-A, or hig | hest compensated | | | |
| | employees listed in Schedule A, Part I, or | highest compensated pro | ofessional and other ind | ependent | | | |
| | contractors listed in Schedule A, Part II- | A or II-B, receive comper | nsation from any other o | organizations, whether | | | |
| | tax exempt or taxable, that are related to | | | | 75c | | No |
| | organization" | | | | | | |
| | If "Yes," attach a statement that includes | the information described | d in the instructions | | | | |
| d | Does the organization have a written conf | lict of interest policy? . | | | 75d | Yes | |
| Par | Former Officers, Director Benefits (If any former officers) (described below) during the benefits in the appropriate of the second seco | cer, director, trustee, e e year, list that person | or key employee red below and enter the | ceived compensation amount of compens | or oth | ner be | nefits |
| | (A) Name and address | (B) Loans and Advances | (C) Compensation (If not paid enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | | oense aco ner allowa | count and ances |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Par | t VI Other Information (See the | instructions.) | | | | Yes | No |
| 76 | Did the organization make a change in its activities | <u>_</u> | rities? If "Yes," attach a | | | | |
| | detailed statement of each change | | | | 76 | | l No |
| 77 | Were any changes made in the organizing | or governing documents | but not reported to the | IRS? | 77 | | No |
| | If "Yes," attach a conformed copy of the c | | but hot reported to the | | | | ''' |
| 70- | Did the organization have unrelated business gross | | ing the year covered by this | roturn? | 78a | | N o |
| | - | | | | | | No |
| | If "Yes," has it filed a tax return on Form 9. Was there a liquidation, dissolution, termination, or | | | | 78b | | <u> </u> |
| , , | a statement | substantial contraction dufing t | ne year ii res, allach | | 79 | | No |
| 80a | Is the organization related (other than by association | on with a statewide or nationwi | de organization) through cor | nmon membership, | | | |
| | governing bodies, trustees, officers, etc , to any ot | her exempt or nonexempt orga | inization? | | 80a | | No |
| b | If "Yes," enter the name of the organization | • | | | | | |
| | | | is exempt or no | onexempt | | | |
| | Enter direct or indirect political expenditu Did the organization file Form 1120-POL for | | | | 81b | | No. |
| | Did the organization me rolli 1120-POL IC | or compayed to a market | | | 1 OTD | | 1 14 0 |

| | | | | raye 🗸 |
|----------------|--|-------|-----|----------|
| Par | t VI Other Information (continued) | | Yes | No |
| 32a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | Yes | |
| Ь | If "Yes," you may indicate the value of these items here Do not include this amount as revenue | | | |
| | ın Part I or as an expense ın Part II(See ınstructions ın Part III) | | | |
| 33a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | Yes | |
| | Did the organization comply with the disclosure requirements relating to guid pro guo contributions? | 83b | Yes | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | qıfts were not tax deductible? | 84b | | |
| 35 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | | |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | | |
| | If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year | 035 | | |
| _ | Dues assessments, and similar amounts from members 85c | | | |
| | Section 162(e) lobbying and political expenditures | - | | |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e | | | |
| | | - | | |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | - | | |
| _ | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | | |
| h | If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | | |
| | | 85h | | <u> </u> |
| 36 | 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 | | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b | | | |
| 37 | 501(c)(12) orgs. Enter a Gross income from members or shareholders 87a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 38a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX | 88a | | No |
| b | At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI | 88b | | No |
| 202 | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under | | | |
| , , , , | section 4911 • 0 , section 4912 • 0 , section 4955 • 0 | | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement | | | |
| • | explaining each transaction | 89b | | No |
| | during the year under sections 4912, 4955, and 4958 | | | |
| | Enter A mount of tax on line 89c, above, reimbursed by the organization | | | |
| е | transaction? | | | |
| | | 89e | | No |
| f | All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? | | | |
| | | 89f | | No |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting | | | |
| _ | organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time | | | |
| | during the year? | | | İ |
| | | 89g | | No |
| 90a | List the states with which a copy of this return is filed 🕨 📉 | | | |
| b | Number of employees employed in the pay period that includes March 12, 2006 (See instructions) | | | 31 |
|)1a | The books are in care of ► COMPANY Telephone no ► (502) | 636-2 | 801 | |
| | 1800 Neville Drive | _ | | |
| | Located at LOUISVILLE, KY ZIP + 4 40216 | | | |
| ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 91b | | No |
| | If "Yes," enter the name of the foreign country 🛌 | | | 1 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts | | | |

| 106 | Did the reporting organ the Code? if "Yes," con | , | | • | ined in section 512 | (b)(13) of | Yes | No |
|---|--|------------------------------------|------------------------|--------------------------------|-----------------------------------|-------------------------|------------------|--------|
| | (A) Name and address controlled en | s of each | (Employer Id | B) dentification mber | (C) Description of transfer | | D) of transf | er |
| | Totals | | | | | | | |
| | | | | | | | Yes | No |
| 107 | Did the reporting organ the Code? if "Yes," cor | | | | s defined in section | 512(b)(13) of | | |
| | (A) Name and address controlled en | | Employer Id | B) dent if icat ion nber | (C) Description of transfer | l ' | (D) of transf | er |
| | Totals | | | | | | | |
| | | | | | | | _ | |
| 108 | Did the organization ha | - | | ct on August 17, 20 | 006 covering the in | terests, rents, | Yes | No |
| | | iny I declare that I h | ave examined this retu | rn, including accompany | ring schedules and state | ements, and to the best | of my kno | wledae |
| Pleas | | | | (other than officer) is b | ased on all information | | ny knowled | |
| Sign | | rect, and complete | | | Í | | ny knowled | |
| Sign Here Paid | ****** Signature of officer Pam Helms EXECUT Type or print name a Preparer's signature Barb | rect, and complete | | | 2007-10 | | | dge |
| Pleas Sign Here Paid Prepa Use Only | ***** Signature of officer Pam Helms EXECUT Type or print name a Preparer's signature Barb Firm's name (or you if self-employed), | IVE DIRECTOR and title ara A Lasky | | (other than officer) is b | Date Check if self- | -29 | | dge |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490302001047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2006

| Name of the organization The Family Place A Child Abuse | Employer identification number | | | | |
|--|---|---------|----------------|--|--|
| Treatment Agency Inc | . It's book by the control | 011 | - The Off | 31-1027581 | |
| Compensation of the Five (See page 2 of the instruction | | | | | nd Irustees |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average how per week devoted to posit | urs (c) | Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| None | _ | | | | |
| | | | | | |
| | + | | | | |
| | | | | | |
| | | | | | |
| | \dashv | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | | | | | |
| | Five Highest Paid Inductions. List each one (w | | | | |
| (a) Name and address of each independent | contractor paid more than \$ | 50,000 | (b) Typ | e of service | (c) Compensation |
| None | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of others receiving over \$50,0 professional services | 000 for | | | | |
| Part II-B Compensation of the | | | | | |
| | io performed services oth , enter "None". See page | | | ervices, whether inc | dividuals or |
| (a) Name and address of each independent | | | | e of service | (c) Compensation |
| None | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other contractors receiving | over | | | | |

| Par | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|-----|--|------------|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, include any attempt | | | |
| | to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in | , | | |
| | connection with the lobbying activities 🛰 682 (Must equal amounts on line 38, Part VI-A, or line | | | |
| | ı of Part VI-B) | 1 | Yes | |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other | | | |
| | organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the | | | |
| | lobbying activities | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any | | | |
| | substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with | | | |
| | any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or | | | |
| | principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📆 | | | |
| а | Sale, exchange, or leasing property? | 2a | | Νo |
| ь | Lending of money or other extension of credit? | 2b | | Νo |
| С | Furnishing of goods, services, or facilities? | 2c | | Νo |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | Yes | |
| е | Transfer of any part of its income or assets? | 2e | | Νo |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation | | | |
| | of how the organization determines that recipients qualify to receive payments) | 3a | İ | No |
| ь | Did the organization have a section 403(b) annuity plan for its employees? | 3b | Yes | |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or structures? If "Yes" attach a detailed statement | 3с | | No |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | Νo |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g | 4a | | No |
| ь | Did the organization make any taxable distributions under section 4966? | 4b | | |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year | | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | | | |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | | | |

| Pa | art I | V | Reason for Non-Private | Foundation Status | (See pages 4 th | rough 7 of the | instructions. |) | | | | | |
|------------|--------|--|---|--------------------------------|-------------------------------|-------------------|-----------------|---------------------|--|--|--|--|--|
| I cert | ify th | at the | organization is not a private foui | ndation because it is (P | lease check only C | NE applicable bo | x) | | | | | | |
| 5 | Ė | | urch, convention of churches, or | · | · · | * * | , | | | | | | |
| 6 | Г | | hool Section 170(b)(1)(A)(ii) (A | | | ,, ,,, | | | | | | | |
| 7 | Ė | | spital or a cooperative hospital s | • | tion 170(b)(1)(A) | ·) | | | | | | | |
| 8 | Ē | | Ieral, state, or local government | - | | • | | | | | | | |
| 9 | Ė | | edical research organization oper | - | | |) Enter the ho | spital's name, city | | | | | |
| | · | | state 🕨 | • | • | | , | . , , | | | | | |
| 10 | Г | Ano | rganization operated for the bene | efit of a college or univer | sity owned or opera | ated by a governi | mental unit | | | | | | |
| | · | Sect | ion 170(b)(1)(A)(iv) (Also comp | lete the Support Schedu | le in Part IV-A) | | | | | | | | |
| 11a | 굣 | | rganization that normally receive | | | overnmental unit | or from the ge | neral public | | | | | |
| | · | Sect | Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | | | | | | | | | | |
| 11b | Г | Асо | A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | | | | | | | | | | |
| 12 | Г | | rganization that normally receive | | | | | ees, and gross | | | | | |
| | · | | pts from activities related to its | | | | | | | | | | |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses | | | | | | | | | | | |
| | | acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV | | | | | | | | | | | |
| 13 | Γ | Ano | rganization that is not controlled | by any disqualified pers | ons (other than for | ındatıon manage | rs) and otherw | • | | | | | |
| | | requ | rements of section 509(a)(3) C | neck the box that descri | bes the type of su | porting organiza | tion | | | | | | |
| | | Гτ | ype I Гтуре II Гтур | e III - Functionally Inte | grated Γ T | ype III - Other | | | | | | | |
| | | | Provide the following informa | ation about the supporte | d organizations. (s | ee page 7 of the | instructions.) | | | | | | |
| | | | | | (c) | (d) | | | | | | | |
| | | | | (b) | Type of | Is the sup | ported | | | | | | |
| | | | (a) | Employer | organization | organization lis | | (e) | | | | | |
| N | lame(| (s) of | support ed organizat ion(s) | ident if icat ion | (described in lines 5 through | supporting org | | A mount of support? | | | | | |
| | | | | number | 12 above or | governing do | cuments? | _ зарроте: | | | | | |
| | | | | | IRC section) | Yes | No | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | • | | | | | | |
| | _ | | | | | | | | | | | | |
| 14 | - | Ano | rganization organized and operat | ed to test for public safe | ty Section 509(a) | (4) (See page 7 | of the instruct | ions) | | | | | |

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2 | 2002 | (e) Total |
|----------|---|------------------------|---------------------|--------------------|----------------------|--------------|------------|
| 15 | Gifts, grants, and contributions received (Do not | 1,895,736 | 1,909,405 | 1,448,835 | | 1,424,443 | 6,678,419 |
| 16 | include unusual grants See line 28) | | | | | | 0 |
| 16 17 | Membership fees received Gross receipts from admissions, merchandise | | | | | | 0 |
| 17 | sold or services performed, or furnishing of | 40.000 | 22.442 | 50.074 | | | 242.425 |
| | facilities in any activity that is related to the | 49,829 | 22,413 | 60,374 | | 77,509 | 210,125 |
| | organization's charitable, etc , purpose | | | | | | |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans | | | | | | |
| | (section 512(a)(5)), rents, royalties, and | | | | | | |
| | unrelated business taxable income (less section | 15,814 | 7,855 | 2,134 | | 3,047 | 28,850 |
| | 511 taxes) from businesses acquired by the | | | | | | |
| | organization after June 30, 1975 | | | | | | |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | | 0 |
| 20 | Tax revenues levied for the organization's benefit | | | | | | |
| | and either paid to it or expended on its | | | | | | 0 |
| | behalf | | | | | | |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without | | | | | | |
| | charge Do not include the value of services or | | | | | | 0 |
| | facilities generally furnished to the public without | | | | | | |
| | charge | | | | | | |
| 22 | Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | 14,415 | | 235 | | 77 | 14,727 |
| 23 | Total of lines 15 through 22 | 1,975,794 | 1,939,673 | 1,511,578 | | 1,505,076 | 6,932,121 |
| 24 | Line 23 minus line 17 | 1,925,965 | 1,917,260 | 1,451,204 | | 1,427,567 | |
| 25 | Enter 1% of line 23 | 19,758 | 19,397 | 15,116 | | 15,051 | 5,.22,555 |
| 26 | Organizations described on lines 10 or 11: a Er | <i>'</i> | | • | 26a | 1 | 134,440 |
| | Prepare a list for your records to show the name of | | | | | | |
| • | than a governmental unit or publicly supported org | | | | | | |
| | 2005 exceeded the amount shown in line 26a Do | • | - | - | | | |
| | of all these excess amounts | not the this list w | itii your return. L | inter the total | 26b | | 0 |
| _ | : Total support for section 509(a)(1) test Enter line | a 24 column (a) | | | 26c | | 6,721,996 |
| | Add Amounts from column (e) for lines 18 | 28,850 |) 10 | 0 | 200 | <u> </u> | 0,721,550 |
| • | 22 | | 26b | 0 | 26d | ł | 43,577 |
| _ | Public support (line 26c minus line 26d total) | | | | 26e | - | 6,678,419 |
| | Public support percentage (line 26e (numerator) d | lividad by lina 26a | (donominator)) | _ | 26f | <u> </u> | 9935 17 % |
| _ | | | | 7 ********** | | _ " | |
| 27 | Organizations described on line 12: a For amou | | | | | | |
| | prepare a list for your records to show the name of | • | | n year from, each | aisqua | iinea per | son |
| | Do not file this list with your return. Enter the sun | ii oi sucii ailloulits | | | (2002) | | |
| | (2005) (2004) (2004) For any amount included in line 17 that was receiv | ad from anab nara | (2003) | | (2002) .s."\ pro: | | + for your |
| t | | | | | | | |
| | records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations de | | | | | | · · |
| | | | • , | | • | | • |
| | return. After computing the difference between the these differences (the excess amounts) for each y | | and the larger an | iount described if | 1 (1) 01 (| Z), enter | the sum of |
| | (2005) (2004) | eai | (2003) | | (2002) | | |
| | (2004) | | | | (2002) | | |
| | : Add Amounts from column (e) for lines 15 | | 16 | | | | |
| • | 17 20 | | | | | 27c | |
| | | and line 27h tot | 21 | | | \vdash | |
| _ | Add Line 27a total | and line 27b tot | | | | 27d | |
| • | Public support (line 27c total minus line 27d total | | | l l | _ | 27e | |
| f | Total support for section 509(a)(2) test Enter am | | Į. | 27f | | i I | |
| _ | Public support percentage (line 27e (numerator) d | | | • | 27g | <u> </u> | |
| ŀ | Investment income percentage (line 18, column (e | | | | 27h | | |
| 28 | Unusual Grants: For an organization described in li | | | _ | - | | - |
| | prepare a list for your records to show, for each ye | ar, the name of the | e contributor, the | date and amount | of the gi | rant, and | a brief |

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

| Pa | rt V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
|------|---|-------------|--------|------|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | Yes | No |
| | other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | | | |
| | programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during | | | |
| | the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | | | |
| | that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | | | |
| | Ti Tes, please describe, ii No, please explain (IT you need more space, attach a separate statement) | | | |
| | | - | | |
| | | - | | |
| | | 4 | | |
| | | 4 | | |
| 32 | Does the organization maintain the following | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| ь | Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory | | | |
| | basis? | 32b | | |
| _ | · Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 32c | | |
| | | | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | | | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| | | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| | | | | |
| а | Students' rights or privileges? | 33a | | |
| _ | | | | |
| L | Admissions policies? | 33b | | |
| - | , manifestone ponetes | 555 | | |
| | Francisco and of faculty, an advantable to a short | 225 | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| | | | | |
| d | Scholarships or other financial assistance? | 33d | | |
| | | | | |
| e | Educational policies? | 33e | | |
| | | | | |
| e | Use of facilities? | 33f | | |
| • | | 1 22. | | |
| | Athletic programs? | 33g | | |
| g | Adment programs. | 33 <u>9</u> | | |
| | | | | |
| h | Other extracurricular activities? | 33h | | |
| | | | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| | | 7 | | |
| | | 7 | | |
| | | ┨ | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| _ Tu | | | | |
| - | Has the organization's right to such aid over been reveled or evenended? | 346 | | |
| ь | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement | | | |
| | | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | | |
| | of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |
| | Schedule A (Form 9 | 90 or 99 | 90-EZ) | 2006 |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

| Che | ck 🟲 a 🦵 ıf the organızatıon belong | s to an affiliated group Check 🟲 🕨 🗌 if you | uchecked | "a" and "limited cor | ntrol" provisions apply |
|-----|--|---|----------|--|--|
| | | bbbying Expenditures " means amounts paid or incurred) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
| 36 | Total lobbying expenditures to influe | nce public opinion (grassroots lobbying) | 36 | | (|
| 37 | Total lobbying expenditures to influe | nce a legislative body (direct lobbying) | 37 | | 682 |
| 38 | Total lobbying expenditures (add line | es 36 and 37) | 38 | | 682 |
| 39 | Other exempt purpose expenditures | 39 | | 1,414,448 | |
| 40 | Total exempt purpose expenditures | 40 | | 1,415,130 | |
| 41 | Lobbying nontaxable amount Enter t | he amount from the following table— | | | |
| | If the amount on line 40 is— | The lobbying nontaxable amount is— | | | |
| | Not over \$500,000 | 20% of the amount on line 40 | | | |
| | 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 | 41 | | 216,513 |
| | 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 | | | |
| 42 | Grassroots nontaxable amount (ente | r 25% of line 41) | 42 | | 54,128 |
| 43 | Subtract line 42 from line 36 Enter | -0- ıf lıne 42 ıs more than lıne 36 | 43 | | (|
| 44 | Subtract line 41 from line 38 Enter | -0- ıf lıne 41 ıs more than lıne 38 | 44 | | (|
| | Caution: If there is an amount on eith | er line 43 or line 44, you must file Form 4720. | | | |
| | Caucion, Ir chere is an amount on elem | in the 45 or time 44, you must the form 4/20. | ı | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

| | | Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|----|--|--|--------------------|-------------|----------------------|---------------------|--|--|
| | Calendar year (or fiscal year beginning in) 🏲 | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total | | |
| 45 | Lobbying nontaxable amount | 216,513 | 213,689 | 0 | 0 | 430,202 | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | 645,303 | | |
| 47 | Total lobbying expenditures | 682 | 250 | 0 | 0 | 932 | | |
| 48 | Grassroots nontaxable amount | 54,128 | 53,422 | 0 | 0 | 107,550 | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | 161,325 | | |
| 50 | Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| (Tot reporting only by organizations that did not complete Part VI-A) (See page 13 | OI UI | e IIIst | i ucuons.) |
|--|-------|---------|------------|
| During the year, did the organization attempt to influence national, state or local legislation, including any | Yes | NI- | |
| attempt to influence public opinion on a legislative matter or referendum, through the use of | res | No | A mount |
| | | | |

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

| Schedule A | (Form | 990 | or 990-EZ | 2006 |
|------------|-------|-----|-----------|------|

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

| (i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) P | | | · | ly engage in any of the following) organizations) or in section 527 | • | | sectio | n |
|--|-----------------|--|--------------------------|---|---------------------------------|-----------|---------|---------|
| (ii) Other ransactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (iv) Loans or loan guarantees (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Description of transfers, transactions, and shi arrangements (2a) Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) (b) If "Yes," complete the following schedule (b) (c) | a Transf | ers from the reporting | g organization to a no | ncharitable exempt organization | of | | Yes | No |
| b) Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Urchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services green by the reporting organization If the organization received less than fair market value or agods, other assets, or services received (a) (b) (c) (d) Description of transfers, transactions, and ship arrangements (a) (b) (c) Version of transfers, transactions, and ship arrangements (a) (b) (c) Version of transfers, transactions, and ship arrangements (a) (b) (c) (c) Version of transfers, transactions, and ship arrangements (a) (b) (c) (c) Version of transfers, transactions, and ship arrangements (b(vi) Performance of services green by the reporting organization or sharing arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement | (i) | Cash | | | | 51a(i) | | Νο |
| (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (vi) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Reimbursement arrangement, mailing lists, other assets, or paid employees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundrais | (ii) | O ther assets | | | | a(ii) | | Νο |
| (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Description of transfers, transactions, and shid arrangements 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **Ves** recomplete the following schedule** (a) (b) (c) | b Other | transactions | | | | | | |
| (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Divi) N (v) N | (i) | Sales or exchanges o | of assets with a nonch | narıtable exempt organization | | b(i) | | Νo |
| (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Mamount involved Name of noncharitable exempt organization A mount involved Name of noncharitable exempt organization Bescription of transfers, transactions, and ship arrangements 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 1 Yes 1 1 If "Yes," complete the following schedule (a) (b) (c) | (ii) | Purchases of assets | from a noncharitable | exempt organization | | b(ii) | | Νο |
| (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization. Description of transfers, transactions, and ship arrangements. Amount involved. Name of noncharitable exempt organization. Performance of services received. (d) Description of transfers, transactions, and ship arrangements. Performance of services received. (a) (b) 10 11 12 12 13 14 15 15 15 17 17 18 18 18 19 19 19 19 19 19 19 | (iii) | Rental of facilities, ed | quipment, or other as: | sets | | b(iii) | | Νο |
| (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) (d) Amount involved Name of noncharitable exempt organization Bescription of transfers, transactions, and shirt arrangements (b) (c) (d) Description of transfers, transactions, and shirt arrangements 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 1 Yes If Yes," complete the following schedule (a) (b) (c) | (iv) | Reimbursement arrar | ngements | | | b(iv) | | Νο |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) A mount involved Name of noncharitable exempt organization Pescription of transfers, transactions, and shis arrangements arrangements 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? • Yes 1 If "Yes," complete the following schedule (a) (b) (c) | (v) | Loans or loan guaran | tees | | | b(v) | | Νο |
| a If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) (d) A mount involved Name of noncharitable exempt organization. Description of transfers, transactions, and should be a marrangements. 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3b If "Yes," complete the following schedule. | (vi) | Performance of service | ces or membership oi | fundraising solicitations | | b(vi) | | Νο |
| a If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value or goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) (d) A mount involved Name of noncharitable exempt organization. Description of transfers, transactions, and should be a marrangements. 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3b If "Yes," complete the following schedule. | c Sharın | g of facilities, equipm | ient, mailing lists, oth | er assets, or paid employees | | С | | Νο |
| goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) (c) Name of noncharitable exempt organization Amount involved Name of noncharitable exempt organization Arrangements 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes 1 If "Yes," complete the following schedule (a) (b) (c) (d) Description of transfers, transactions, and ship arrangements Arrangements Yes Yes | | | | | nn (b) should always show the f | aır marke | t valu | of the |
| Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and she arrangements | | | | | her assets, or services receive | | ue in a | ny |
| Amount involved Name of noncharitable exempt organization arrangements Amount involved Name of noncharitable exempt organization | | 1 | | | | nsactions | . and | sharing |
| 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ If "Yes," complete the following schedule (a) (b) (c) | Line no | A mount involved | Name of noncha | arıtable exempt organızatıon | | | . , and | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) (b) (c) | | | | | | | | |
| | descri | bed in section 501(c) s," complete the follow |) of the Code (other th | nan section 501(c)(3)) or in sect | ion 527? | · | Yes | দ |
| | | | ation | | | ationshin |) | |
| | | o. organiza | | . , , , , , , , , , , , , , , , , , , , | 2 dd different of fer | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0- .) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|--|---|--|--|
| robert edwards 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| MARY EAVES 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| shaRILL HALSTEAD 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| SANDI FRIEDSON 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| TRICIA HAFELE 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| jennifer hughes 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| bill MCVEIGH 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| MICHAEL KAPFHAMMER 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| PAUL KLEIN 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| HARRIET LAIR 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |

Software ID:

Software Version:

EIN: 31-1027581

Name: The Family Place A Child Abuse

Treatment Agency Inc

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0- | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|--|---|--|--|
| PAM HELMS 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | EXEC DIRECTOR 40 00 | 79,955 | 1,599 | 0 |
| CHARLES THOMAS 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | CLINCIAL DIR 40 00 | 59,760 | 1,195 | 0 |
| Gary THOMPSON 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | Vice chair 1 00 | 0 | 0 | 0 |
| LYNN WILKINSON 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | chair 1 00 | 0 | 0 | 0 |
| edith Martel 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | secretarytreasurer 1 00 | 0 | 0 | 0 |
| CHARLES ARVIN 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| keVIN EAGAN 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| SHELLIE BENOVITZ 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| DAVE BOHANNON 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| MARY BETH DOHENY 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0- | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|--|---|--|--|
| J Terry Strange 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |
| Derwin Webb 1800 NEVILLE DRIVE LOUISVILLE,KY 40216 | BOARD MEMBER 1 00 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490302001047

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Attachment Sequence No 67

| Name(s) shown on return | | Business or a | ictivity to which | this form relai | tes Ide r | nt if y ing | ı number |
|---|--|--|------------------------|------------------|---------------------|-------------|---------------------------|
| The Family Place A Child Abuse Treatment Agency Inc Form 990 Page 2 | | | | | 31- | 10275 | 8 1 |
| | To Expense C | Certain Property Un | | 179 | | 10273 | |
| Note: If yo | ou have any lis | sted property, comple | ete Part V befo | ore you comp | olete Part I. | | |
| 1 Maximum amount See | the instructions | for a higher limit for cert | taın busınesses | | | 1 | \$ 108,000 |
| 2 Total cost of section 1 | 79 property plac | ed in service (see instru | ctions) . | | | 2 | |
| 3 Threshold cost of sect | on 179 property | before reduction in limit | ation | | | 3 | \$ 430,000 |
| 4 Reduction in limitation | | | | | | 4 | |
| 5 Dollar limitation for tax | • | ine 4 from line 1 If zero | or less, enter - (| D- If married f | iling | | |
| separately, see instruc | tions | | | | <u> </u> | 5 | |
| | | | (b) Cost (| (business use | | | <u> </u> |
| | escription of prop | perty | | only) | (c) Elected | cost | |
| 6 | | | | | | | |
| 7 Listed property Enter t | he amount from | line 29 | | . 7 | | | _ |
| 8 Total elected cost of se | | | umn (c) lines 6 | | | 8 | |
| 9 Tentative deduction E | | | anni (c), nncs o | 4114 / 1 | | 9 | |
| 10 Carryover of disallowed | | | rm 4562 | | | 10 | _ |
| 11 Business income limitation | | • | | ee instructions) | | 11 | |
| 12 Section 179 expense of | | | | | | 12 | |
| 13 Carryover of disallowed | | , | | . ► 13 | | | |
| Note: Do not use Part . | | <u> </u> | | | | | |
| | | llowance and Othe | | | ınclude lısted p | roperty | (See instructions) |
| 14 Special allowance for q property) placed in ser | | k Liberty or Gulf Opportu ax year (see instructions | | erty (other than | n listed | 14 | |
| 15 Property subject to sec | tion 168(f)(1) e | lection | | | | 15 | |
| 16 Other depreciation (inc | luding ACRS) | | | | | 16 | |
| Part IIII MACRS De | preciation (D | o not include listed p | property.) (Se | e instruction | ıs.) | | |
| | | | ction A | | | | |
| 17 MACRS deductions for | · | · | - | | | 17 | |
| 18 If you are electing t general asset accou | | • | - | - | one or more ▶ | | |
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Conventi | on (f) Metho | od | (g)Depreciation deduction |
| 19a 3-year property | | | | | | | |
| b 5-year property | | | | | | | |
| c 7 - year property | | | | | | | |
| d 10-year property | | | | | | | |
| e 15-year property | | | | | | | |
| f 20-year property g 25-year property | | | 25 yrs | | S/L | | |
| h Residential rental | | | 27 5 yrs | MM | S/L | | |
| property | | | 27 5 yrs | ММ | S/L | | |
| i Nonresıdentıal real | | | 39 yrs | ММ | S/L | | |
| property | | | | MM | S/L | | |
| | n C—Assets Plac | ed in Service During 2000 | 6 Tax Year Using | gthe Alternati | | n Syste | em |
| 20a Class life | | | 12 ura | | S/L | | |
| b 12-year c 40-year | | | 12 yrs 40 yrs | MM | S/L S/L | | |
| | y (see instruct | tions) | 1 , , | 1 1111 | 1 3/2 | | |
| 21 Listed property Enter | | - | | | | 21 | |
| 22 Total. Add amounts fro and on the appropriate | • | 14 through 17, lines 19 urn Partnerships and S o | | | 21 Enter here | 22 | 63,002 |
| 23 For assets shown abov portion of the basis att | e and placed in s | service during the curren | · | • 72 | <u>-</u> | ' | |
| , | | | | - | | | |

Form 4562 (2006) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vechicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage

42 A mortization of costs that begins during your 2006 tax year (see instructions) 43 A mortization of costs that began before your 2006 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

TY 2006 Land etc. Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Category/Item | Cost/Other Basis | Accumulated Depreciation | Book Value |
|-----------------------|------------------|--------------------------|------------|
| Land | 154,000 | | 154,000 |
| Building | 1,389,377 | 37,534 | 1,351,843 |
| Furniture & equipment | 217,645 | 177,172 | 40,473 |
| Building improvements | 653,958 | 52,585 | 601,373 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490302001047 |
|--------------------------------------|-----------------|---------------------|
| | | |

TY 2006 Officer Compensation Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

EIN: 31-1027581

PAM HELMS

| | Compensation | EE Benefit Plans | Expense Acct |
|------------------|--------------|------------------|--------------|
| Program Services | 61,238 | 1,225 | |
| Mgmt & General | 10,506 | 210 | |
| Fundraising | 8,211 | 164 | |

CHARLES THOMAS

| | Compensation | EE Benefit Plans | Expense Acct |
|------------------|--------------|------------------|--------------|
| Program Services | 45,771 | 915 | |
| Mgmt & General | 7,852 | 157 | |
| Fundraising | 6,137 | 123 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490302001047 |
|--------------------------------------|-----------------|---------------------|
| | | |

TY 2006 Other Assets Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Description | Beginning of Year Amount | End of Year Amount |
|------------------|--------------------------|--------------------|
| PROMISES TO GIVE | 1,035,755 | 782,697 |
| Cash restricted | 305,312 | 265,720 |

| efile GRAPHIC | print - DO NOT PROCESS | As Filed Data - | DLN: 93490302001047 |
|---------------|------------------------|-----------------|---------------------|
| | | | |
| | | | |

TY 2006 Other Revenues Included Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Description | Amount | |
|-----------------------------------|---------|--|
| ASSETS RELEASED FROM RESTRICTIONS | 549,974 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93490302001047

TY 2006 Other Revenues Not Included Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Description | Amount |
|--------------------------------------|---------|
| TEMPORARILY RESTRICTED CONTRIBUTIONS | 261,943 |

DLN: 93490302001047

TY 2006 Special Events Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Event Name | Gross Receipts | Contributions | Gross Revenue | Direct Expense | Net Income (Loss) |
|---------------|----------------|---------------|---------------|----------------|-------------------|
| AUCTION | 132,644 | 0 | 132,644 | 26,457 | 106,187 |
| Golf Scramble | 40,610 | 0 | 40,610 | 11,621 | 28,989 |
| Other | 627 | 0 | 627 | 7,562 | -6,935 |

TY 2006 Other Income Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Description | 2003 | 2002 | 2001 | 2000 | Total |
|-------------|--------|------|------|------|--------|
| MISC | 14,415 | | 235 | 77 | 14,727 |



TY 2006 Self Dealing Statement

Name: The Family Place A Child Abuse

Treatment Agency Inc

| Line Number | Explanation |
|-------------|-------------------------------------|
| 2d | Compensation for executive director |