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GOVERNMENT COPY

Return of Organization Exempt From Income TaxUnder 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.

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**VOLUNTEERS OF AMERICA OF KENTUCKY, INC.
AND SUBSIDIARIES**

Number and street (or P.O. box if mail is not delivered to street address)

933 GOSS AVENUE

Room/suite

City or town, state or country, and ZIP + 4

LOUISVILLE, KY 40217**D** Employer identification number**61-0480950****E** Telephone number**(502) 636-0771****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.VOAKY.ORG****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **21,828,538.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	2,155,971.	
	b	Indirect public support	1b	65,062.	
	c	Government contributions (grants)	1c	18,753,985.	
	d	Total (add lines 1a through 1c) (cash \$ 20,975,018. noncash \$)	1d	20,975,018.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	61,856.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	21,522.	
	6a	Gross rents SEE STATEMENT 2	6a	496,785.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	496,785.	
7	Other investment income (describe SEE STATEMENT 1)	7	81,349.		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	76,840.
	b	Less: cost or other basis and sales expenses	8b	7,977.	
	c	Gain or (loss) (attach schedule)	8c	68,863.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8d	68,863.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	115,168.
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	21,820,561.	
13		Program services (from line 44, column (B))	13	19,174,879.	
14		Management and general (from line 44, column (C))	14	2,254,955.	
15		Fundraising (from line 44, column (D))	15	448,603.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	21,878,437.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<57,876.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,815,184.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,757,308.		

**VOLUNTEERS OF AMERICA OF KENTUCKY, INC.
AND SUBSIDIARIES**

Form 990 (2005)

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**Part II Statement of
Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	12,893,543.	11,774,373.	902,742.	216,428.
27	Pension plan contributions	30,312.	11,518.	17,601.	1,193.
28	Other employee benefits	799,457.	590,713.	177,583.	31,161.
29	Payroll taxes	1,128,085.	1,058,573.	53,333.	16,179.
30	Professional fundraising fees				
31	Accounting fees	19,200.		19,200.	
32	Legal fees	28,800.		28,800.	
33	Supplies	1,018,657.	911,982.	104,592.	2,083.
34	Telephone	167,995.	138,040.	18,193.	11,762.
35	Postage and shipping	51,808.	7,954.	33,760.	10,094.
36	Occupancy	1,102,269.	1,039,977.	57,644.	4,648.
37	Equipment rental and maintenance	58,606.	37,515.	18,285.	2,806.
38	Printing and publications	415,787.	75,244.	328,954.	11,589.
39	Travel	263,258.	252,965.	6,920.	3,373.
40	Conferences, conventions, and meetings ...	105,655.	64,304.	33,796.	7,555.
41	Interest	180,855.	108,319.	72,536.	
42	Depreciation, depletion, etc. (attach schedule)	472,740.	445,394.	21,394.	5,952.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 4	3,141,410.	2,658,008.	359,622.	123,780.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	21,878,437.	19,174,879.	2,254,955.	448,603.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form **990** (2005)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a DEVELOPMENTAL DISABILITY	
(Grants and allocations \$ 11,541,309.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	10,546,264.
b HOMELESS SERVICES	
(Grants and allocations \$ 2,453,316.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,217,790.
c HEALTH CARE SERVICES	
(Grants and allocations \$ 2,032,085.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,960,800.
d CHILDREN & YOUTH	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	35,000.
e Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$ 2,727,275.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,415,025.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	19,174,879.

Form 990 (2005)

**VOLUNTEERS OF AMERICA OF KENTUCKY, INC.
AND SUBSIDIARIES**

Form 990 (2005)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	434,509.	45	173,079.
	46 Savings and temporary cash investments	1,386,152.	46	1,265,721.
	47 a Accounts receivable 47a	2,029,856.		
	b Less: allowance for doubtful accounts 47b		47c	2,029,856.
	48 a Pledges receivable 48a		48c	
	b Less: allowance for doubtful accounts 48b			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a		51c	
	b Less: allowance for doubtful accounts 51b			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	157,924.	53	195,756.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis 55a		55c	
	b Less: accumulated depreciation 55b			
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a	7,365,922.			
b Less: accumulated depreciation 57b	3,441,922.	57c	3,924,000.	
58 Other assets (describe ▶ OTHER ASSETS)	301,308.	58	247,855.	
59 Total assets (must equal line 74). Add lines 45 through 58	8,948,765.	59	7,836,267.	
Liabilities	60 Accounts payable and accrued expenses	337,706.	60	350,440.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	1,723,214.	64b	1,587,526.
	65 Other liabilities (describe ▶ SEE STATEMENT 7)	3,072,661.	65	2,140,993.
66 Total liabilities. Add lines 60 through 65)	5,133,581.	66	4,078,959.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,971,607.	67	3,006,636.
	68 Temporarily restricted	810,807.	68	718,184.
	69 Permanently restricted	32,770.	69	32,488.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,815,184.	73	3,757,308.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	8,948,765.	74	7,836,267.

Form **990** (2005)

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a Total revenue, gains, and other support per audited financial statements		a	21,820,561.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	21,820,561.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	21,820,561.

a	Total expenses and losses per audited financial statements	a	21,878,437.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	21,878,437.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	21,878,437.

(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
----- ----- -----				
----- ----- -----				
----- ----- -----				
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Yes	No
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	Yes	No
75b		X
75c		X
75d		X

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

Part VI	Other Information (See the instructions.)	Yes	No
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	Yes	No
76		X
77		X
78a		X
78b		
79		X
80a	X	
81b		X

**VOLUNTEERS OF AMERICA OF KENTUCKY, INC.
AND SUBSIDIARIES**

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Part VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	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?	88		X
If "Yes," complete Part IX				
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
If "Yes," attach a statement explaining each transaction				
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u>0.</u>
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		637
91 a	The books are in care of ▶ CORPORATION OFFICERS Telephone no. ▶ 502-636-0771			
Located at ▶ CORPORATE ADDRESS ZIP + 4 ▶ 40217				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country ▶ N/A				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If "Yes," enter the name of the foreign country ▶ N/A				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year				
		92		N/A

Form **990** (2005)

**VOLUNTEERS OF AMERICA OF KENTUCKY, INC.
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Part VII Analysis of Income-Producing Activities (See the instructions.)

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.						
93 Program service revenue:						
a	SEE STATEMENT 8					61,856.
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments						
96 Dividends and interest from securities				14	21,522.	
97 Net rental income or (loss) from real estate:						
a	debt-financed property					496,785.
b	not debt-financed property					
98 Net rental income or (loss) from personal property						
99 Other investment income				18	81,349.	
100 Gain or (loss) from sales of assets other than inventory						68,863.
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue:						
a	OTHER REVENUE					115,168.
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))			0.		102,871.	742,672.
105 Total (add line 104, columns (B), (D), and (E))						845,543.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	PROVIDES VARIOUS SERVICES TO ASSIST THE HOMELESS INCLUDING SHELTER,
100	ALCOHOL AND DRUG ABUSE PROGRAMS, DAY CARE, MENTAL ILLNESS PROGRAMS,
103	TRAINING AND PLACEMENT SERVICES. THESE SERVICES AND MORE ARE ALSO
	PROVIDED TO EX-OFFENDERS, VETERANS, AND WOMEN.

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Type or print name and title.
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's SSN or PTIN
523163 02-03-06		Phone no.		

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAINS FROM TRADING SECURITIES (INVESTMENTS)		81,349.	
TOTAL TO FORM 990, PART I, LINE 7		81,349.	

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
BUILDINGS	1	496,785.	
TOTAL TO FORM 990, PART I, LINE 6A		496,785.	

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF FLORIDA PROPERTY			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	67,340.	3,200.	0.	0.
				64,140.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF AUTOMOBILE			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	9,500.	19,476.	0.	15,689.
				5,713.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RETIREMENT OF FIXED ASSETS			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	8,053.	0.	7,063.
				<990.>
TO FM 990, PART I, LN 8	76,840.	30,729.	0.	22,752.
				68,863.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NATIONAL ADMINISTRATIVE EXPENSE	236,917.		236,917.	
OTHER PROFESSIONAL FEES	941,897.	765,371.	74,830.	101,696.
SPECIFIC ASSISTANCE TO INDIVIDUALS	1,715,370.	1,707,041.	7,331.	998.
INSURANCE	216,764.	185,431.	31,333.	

OTHER	30,462.	165.	9,211.	21,086.
TOTAL TO FM 990, LN 43	3,141,410.	2,658,008.	359,622.	123,780.

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

THE CORPORATION IS A FAITH BASED SOCIAL SERVICES ORGANIZATION COMMITTED TO DEVELOPING PROGRAMS TO MEET IDENTIFIED NEEDS IN THE COMMUNITY.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CORRECTIONAL SERVICES	311,434.	367,991.
SUBSTANCE ABUSE	2,415,841.	2,132,052.
COMMUNITY ENHANCEMENT		61,105.
VOA PROPERTY OF LOUISVILLE		814,438.
HOUSING		39,439.
TOTAL TO FORM 990, PART III, LINE E	2,727,275.	3,415,025.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
MISCELLANEOUS PAYABLES	340,843.
ACCRUED PAYROLL AND VACATION	814,658.
LINE OF CREDIT	875,446.
PAYABLE TO AFFILIATE	110,046.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,140,993.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	8
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
THIRD STEP PROGRAM FEES					6,953.	
SHELBY MEN'S CENTER					839.	
TRANSITIONAL HOUSING					7,890.	
FREEDOM HOUSE					2,528.	
LEXINGTON SHELTERS					18,563.	
FRANKFORT					1,187.	
MAUD BOOTH HOUSE					1,930.	
HALFWAY BACK					6,919.	
FAMILY EMERGENCY SHELTERS					1,883.	
EVICTON PREVENTION					13,164.	
TO FORM 990, PART VII, LINE 93					61,856.	