Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



	01 1	ne 2014 calendar year, or tax year beginning U	ALL I, ZUIJ and	u enung C	ON 30, 2013	
В	Check applica		DADIH HOHATNA		D Employer identifi	cation number
Г	Add	LOUISVILLE METRO AFFOR TESS TRUST FUND INC	DABLE HOUSING			
	Nar cha	ne			1 27-4	155836
]Initi retu	al	livered to street address)	Room/surte	E Telephone numbe	r
]Fina	W 1402 D. LOOKIH DI., SK	D FLOOR	<u> </u>	502-	637-5372
	tern ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	83,258.
Ļ	iretu				H(a) Is this a group re	
L	ltion		HEL HURST		for subordinates	? Yes X No
		SAME AS C ABOVE		 	H(b) Are all subordinates i	
		xempt status. X 501(c)(3) 501(c)()) or 527	4	list (see instructions)
		site: WWW.LOUISVILLEAHTF.ORG		V	H(c) Group exemption	
	art#		ssociation Other	L Year	of formation: ZUIII	State of legal domicile: KY
Ľ	1	Briefly describe the organization's mission or most	t conficent actuates. THE	LAHTF	WAS FORMED	BY METRO
Activities & Governance	Ι'	COUNCIL IN 2008 TO CREATE				
r,	2	Check this box I if the organization disco				
ove.	3	Number of voting members of the governing body			3	11
ত	4	Number of independent voting members of the go	overning body (Part VI, line 1b))	4	11
es	5	Total number of individuals employed in calendar	year 2014 (Part V, line 2a)		. 5	0
Ξ	6	Total number of volunteers (estimate if necessary)		(U) //	6	40
Act	7:	a Total unrelated business revenue from Part VIII, co	olumn (C), line 12	11/2 "	. 7a	0.
		Net unrelated business taxable income from Form	1990-T, line 34	70	7b	0.
]_		\bigcirc	<u> </u>	Prior Year	Current Year
ë	8	Contributions and grants (Part VIII, line 1h)		. 🚡 · 📙	124,791. 1,592.	81,399.
Revenue	9	Program service revenue (Part VIII, line 2g)	Land 7d) 🗗 #00)2	1,552.	83.
Æ	10	Investment income (Part VIII, column (A), lines 3, 4	r, and 70) 🚒 ""	/ - -	1,352.	0.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8d Total revenue - add lines 8 through 11 (must equa		2017	127,935.	83,258.
	13	Grants and similar amounts paid (Part IX, column			0.	51,937.
	14			ייוווא נובי		0.
Ś	15	Benefits paid to or for members (Part IX, column (A Salanes, other compensation, employee benefits ((Part IX. column val: lines 5-10	*1111 U	0.	0.
use	ı	Professional fundraising fees (Part IX, column (A),	line 11e)	′ · -	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), lin	·	0.	della Pacific (NESA)	AND SHAPPING SA
Û	17	Other expenses (Part IX, column (A), lines 11a-11d	1, 17 - 17 V		152,195.	113,987.
	18	Total expenses. Add lines 13-17 (must equal part	(X. cotumn (A), line 25)		152,195.	165,924.
	19	Revenue less expenses. Subtract line 18 from line	120 MAD O TO	18	-24,260.	-82,666.
ssets or Balances	ł		1 1 20	IV BE	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	000		1,233,636.	1,203,374.
ng d	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	L OGDEN, U	T -	1,741.	54,145.
		Net assets or fund balances. Subtract line 21 from Signature Block	n line 20	Salar Carlona Street	1,231,895.	1,149,229.
	O 4442 198007	natties of perjury, I declare that I have examined this return.	Andudina accompanyina schedui	lec and statem	ente and to the best of m	v knowledge and helief it is
		ect, and complete. Declaration of preparer (other that office				y knowledge and belief, it is
	001,		CVAIL	Willow propurer	1, 3 =	11-11
Sigi	1	Signature of Officer	The same		Date	
Her		RACHEL HURST, EXECUTIV	E DIRECTOR			•
	-	Type or print name and title				
	_	Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		BARBARA A. LASKY	<u> </u>		ıf self-employ	P00015280
-	arer		, LASKY & WINSI	LOW, PS	C Firm's EIN	61-1227965
Use	Only	Firm's address > 943 SOUTH FIRST				
		LOUISVILLE, KY 4			Phone no. (5	02)584-9793
May	the	IRS discuss this return with the preparer shown about		_ 		X Yes No
4320	01 11	07-14 LHA For Paperwork Reduction Act Notice	ce, see the separate instruct	tions.		Form 990 (2014)

40000		Form 9	90 (2014
4e	Total program service expenses ► 134,409.		
40	(Expenses \$ Including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)		
4c	(Code) (Expenses \$)
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	AND DRAFTING A REVISED ECONOMIC IMPACT PLAN.		<u>-</u>
	FOR FIRST TIME LOW INCOME HOMEBUYERS, CREATING A NEW STRATEGIC		
	PROPERTIES INTO SAFE, QUALITY AFFORDABLE HOMES THROUGH THE LAH'S REVOLVING LOAN FUND, SELECTING 40 HOMES THAT ARE NOW BEING DEVI		<u>D</u>
	2014 ACCOMPLISHMENTS INCLUDE THE REDEVELOPMENT OF 14 VACANT/AB		ED
4a	(Code) (Expenses \$ 134,409 . including grants of \$ 51,937 .) (Revenue \$		776.)
	revenue, if any, for each program service reported.	<u> </u>	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others, the total expensions are required to report the amount of grants and allocations to others.		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	avnancer	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these new services on Schedule O		ਓ
	the prior Form 990 or 990-EZ?	Yes	X No
2	Did the organization undertake any significant program services during the year which were not listed on		
	SENIORS AND PEOPLE WITH SERIOUS DISABILITIES; FOR YOUNG FAMILIE		
	2008 AS THE WAY FOR METRO COUNCIL TO INVEST PUBLIC FUNDS IN THE OF HOUSING OUR COMMUNITY NEEDS: FOR PEOPLE ON FIXED INCOMES L.		ח
	THE LOUISVILLE AFFORDABLE HOUSING TRUST FUND (LAHTF) WAS CREATED		
1	Briefly describe the organization's mission:		
<u> توانی</u>	Check if Schedule O contains a response or note to any line in this Part III		X
	n 990 (2014) TRUST FUND INC 27-415! TRUST FUND INC 27-415!	0030	Page 2
Earn	1990 (2014) TRUST FUND INC 27-415	1 X 3 A	Dog 2

	990 (2014) TRUST FUND INC 27-4155	836	Р	age 3
Ra	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1	1	
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		1
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		Ì	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1)	١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	}	ļ	1
	Schedule D, Part III	_8_	 	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	1	l	ļ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	l	l	١.,
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent] .	Ì	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	1		
_	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	•
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	1	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1	1	[
	Part X, line 16? If "Yes, " complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete]		1
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	•		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u></u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	!	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	l
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	l	l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of granfs or other assistance to or for any)			,,
45	foreign organization? If thes, complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other-assistance to) ,_		\ .
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV OGDEN, UT	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,_		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	İ	X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		I	1

Form 990 (2014)

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) TRUST FUND INC
Part IV Checklist of Required Schedules (continued)

155836 _{Page}

22 Did Par 23 Did and Sch 24a Did last Sch b Did c Did any d Did 25a Sec trar b Is ti that Sch 26 Did forr con 27 Did	the organization report more than \$5,000 of grants or other assistance to any domestic organization or imestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on int IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current did former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete schedule J did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the stid day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete schedule K. If "No", go to line 25a did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? into 101(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit insaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete schedule L, Part I did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or mer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," implete Schedule L, Part II did the organization provide a grant or other assistance to an officer, director, trustee, k	21 22 23 24a 24b 24c 24d 25a 25b		x x x
22 Did Par 23 Did and Sch 24a Did any d Did 25a Sec 15a that 26 Did for con 27 Did 27a Did con 23a Did 25a Sch 26 Did 60 con 27a Did 25a Did 25a Sch 26 Did 25a Con 27a Did 25a Did 25	In the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete schedule J of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete schedule K. If "No", go to line 25a of the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? If the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete inhedule L, Part I at the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or more officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," mighete Schedule L, Part II at the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial intributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	22 23 24a 24b 24c 24d 25a 25b		x x x
23 Par 23 Did and Sch 24a Did last Sch b Did c Did any d Did 25a Sec trar b Is th that Sch 26 Did forr con 27 Did	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III If the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete schedule J If the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete schedule K. If "No", go to line 25a If the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? If the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during t	23 24a 24b 24c 24d 25a 25b		x x
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last Sch b Did c Did any d Did 25a Sec trar b Is tha Sch 26 Did for con 27 Did	at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete shedule K. If "No", go to line 25a did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization and the year? If "Yes," complete Schedule L, Part I the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete schedule L, Part I did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," maplete Schedule L, Part II did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial intributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	24b 24c 24d 25a 25b		x
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c Did any d Did 25a Sec trar tha Sch 26 Did for con 27 Did con	d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d the organization engage in an excess benefit insaction with a disqualified person on a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete schedule L, Part I d the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or mer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," mplete Schedule L, Part II d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial intributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	24c 24d 25a 25b		х
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b Is the that Sch 26 Did for con 27 Did con	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete shedule L, Part I did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or organization reports, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," implete Schedule L, Part II did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial intributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	25b		х
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con 27 Did con	mplete Schedule L, Part II If the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial intributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	26		
27 Did con	d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ntributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	20		X
con	ntributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		Į		
	any of these persons? If "Yes," complete Schedule L, Part III	27		х
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	structions for applicable filing thresholds, conditions, and exceptions).	, `		`
	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	ramily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	ector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 Did	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
con	ntributions? If "Yes," complete Schedule M	30		Х
31 Did	d the organization liquidate, terminate, or dissolve and cease operations?			
If "Y	Yes, " complete Schedule N, Part I	31		X
32 Did	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	hedule N, Part II	32	L	X
	d the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	,	
	ctions 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7,7
	rt V, line 1	34		X
	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
	Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	\		
	thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	<u> </u>
	ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	Yes, " complete Schedule R, Part V, line 2	36	 	├ <u>^</u>
	If the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
	d that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI I the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	
	te. All Form 990 filers are required to complete Schedule O	38	X	
1400	Accepting on the control of the cont		990	(2014

Form	000/2011/	55836	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			. 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		Х
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	yor? 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		,	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	? 7g		1
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098			
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:		,	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]
	Section 501(c)(12) organizations. Enter]
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		,	`
	amounts due or received from them)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the	}	,	}
	organization is licensed to issue qualified health plans	}		1
	Enter the amount of reserves on hand		l `	1

432005 11-07-14

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form **990** (2014)

27-4155836

Form 990 (2014) TRUST FUND INC 27-4155836 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			8
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		,	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 11	\$ x,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	* .	,	î
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		·	
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>. · </u>	لينا
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			لــيــا
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation]
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		4°	1 7 1/2
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION - 502-637-5372			
	1469 S. FOURTH ST., 3RD FLOOR, LOUISVILLE, KY 40208			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box, unless person		box, unless person is both an officer and a director/trustee)			h an	compensation	compensation	amount of
	week	├	J 4	I	T	J/UUS	iee,	from	from related	other
	(list any hours for	ndividual trustee or director		ļ	}		ł	the	organizations (W-2/1099-MISC)	compensation from the
	related	eord	E E			sated		organization (W-2/1099-MISC)	(11-2/1099-101130)	organization
	organizations	truste	nstilutional trustee	1) se	in per	}	(** 2) : 33333,		and related
	below	gng	eg.	<u>_</u>	윤	est co oyee	_{la}	i		organizations
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN DUNLAP	1.00									
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(2) KATHY BEACH	0.50							_	_	
BOARD MEMBER		X		_		L.,	_	0.	0.	0.
(3) NATALIE HARRIS	0.50		[_	_
VICE PRESIDENT		X	<u> </u>	Х	<u> </u>	<u> </u>		0.	0.	0.
(4) ALETHEA SPEARMAN	0.50			İ	ľ			_		_
BOARD MEMBER		X	_	<u> </u>	_	Ĺ		0.	0.	0.
(5) JEANA DUNLAP	0.50			l	}		[
BOARD MEMBER		X				L		0.	0.	0.
(6) HON. BILL HOLLANDER	0.50				}	\	1	1		
BOARD MEMBER		X	L.	L_	L.	_	<u> </u>	0.	0.	0.
(7) TRAVIS YATES	1.00					١		1		•
SECRETARY		X	<u> </u>	Х	L.	<u> </u>		0.	0.	0.
(8) ROGER BRIGHT	0.50]	Ì				
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) MARSHALL GAZAWAY	0.50					l				•
BOARD MEMBER	——————————————————————————————————————	Х		<u> </u>	ļ	<u> </u>	ļ	0.	0.	0.
(10) ANNE MAYHUGH	0.50									•
BOARD MEMBER	0.50	X	_	ļ	<u> </u>		! —	0.	0.	0.
(11) CURTIS STAUFFER	0.50	X						0.	0.	0
BOARD MEMBER	40.00	Δ	_	-	<u> </u>	₩	-	0.	0.	0.
(12) RACHEL HURST	40.00			x				0.	0.	•
EXECUTIVE DIRECTOR		 	-	Α	—	┡	<u> </u>	U.	U.	0.
		-	-	}	-	1		<u> </u>		
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Form 990 (2014)

TRUST FUND INC

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)		
(A)	(B)			_	C)	_		(D)	(E)	Ì	(F)
Name and title	Average hours per		not c	heck		than		Reportable	Reportable	- 1	Estimated amount of
	week					is bot or/trus		compensation from	compensation from related	l	other
	(list any	Ę						the	organizations	CC	ompensation
	hours for	Individual trustee or director	ا ۾			喜	ĺ	organization	(W-2/1099-MISC		from the
	related organizations	ustee	truste			pensi	[(W-2/1099-MISC)			organization and related
	below	를	tonal		god	ig ag	_			- 1	rganizations
	line)	JA JA	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former				· g
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		1			}	}	1			1	
1b Sub-total	·		L			<u>. </u>	┢	0.		0.	0.
c Total from continuation sheets to Part VI	I, Section A						•	0.		0.	0.
d_Total (add lines 1b and 1c)					_		<u> </u>	0.		0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportable		
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,			e, ke	y er	mplo	yee.	or	highest compensated e	mployee on		- <u></u> -
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su									the organization		
and related organizations greater than \$150	-									4	X
5 Did any person listed on line 1a receive or a	•				-			ted organization or indiv	idual for services	<u> </u>	$-\frac{1}{x}$
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J ī	or si	ICH	pers	son				5	
Complete this table for your five highest co	mnenested :se	don		nt o	ont-	racto		that received more than	\$100 000 of como	onestic	n from
the organization. Report compensation for	-	-								or isatiO	11 110111
(A)	are calcindar y	Car	Cildi	19 1	VICI 1	01 44	1	(B)	year.		(C)
Name and business	address	NO	ONE	C			ı	Description of s	ervices		pensation
											
							\neg				
							7			-	
											
											
							- (1		
								 			
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than		
\$100,000 of compensation from the organi	zation -					<u> </u>					m 990 (2014)
										For	m マラU (2014)

Form 990 (2014) TRUST FUND INC 27-4155836 Part VIII Statement of Revenue Page 9 Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded Total revenue Related or Unrelated from tax under sections 512 - 514 exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 78,999. f All other contributions, gifts, grants, and similar amounts not included above 2,400. g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a 1f 81,399 Business Code 2 a LOAN INTEREST 525990 1,676. 1,676. All other program service revenue 522292 100. 100 Total. Add lines 2a-2f 1,776 investment income (including dividends, interest, and other similar amounts) 83 83. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

83,258.

432009 11-07-14

Total. Add lines 11a-11d Total revenue. See instructions.

1,776.

ō.

83.

Form 990 (2014)

TRUST FUND INC

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 51,937 51,937 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 28,627. 10,058 38,685. a Management 2,032. 2,032. **b** Legal 3,938. 3,938. c Accounting 13,695. 10,134. 3,561. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 33,900 25,086 8,814 column (A) amount, list line 11g expenses on Sch O.) 9,773. 9,773. Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 423. 313. 110. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,784. 1,320. 464. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 97. 25. 72. 22 Depreciation, depletion, and amortization 1,057 4,067. 3,010. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,956. 2,186. 770 SUPPLIES 1,154. PRINTING 854. <u>300.</u> b TELEPHONE & INTERNET 996. 737. 259 299. 78. d BOOKS, SUBSCRIPTIONS, 221. 188. 139. **4**9. All other expenses 165,924. 134,409. 31,515. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) 432010 11-07-14

Form 990 (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 227,314. 72,669. Cash - non-interest-bearing 298,162. 72,640. 2 2 Savings and temporary cash investments 752,270. 763,920. Pledges and grants receivable, net 3 18,390. 832. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 91,688. 138,250. Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 971 basis. Complete Part VI of Schedule D 10a 486. 582. 389. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 1,233,636. 1,203,374. Total assets. Add lines 1 through 15 (must equal line 34) 16 1.741.54,145 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,741. 54,145.Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 419,832. 390,829. Unrestricted net assets 27 812,063. 758,400. Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

> 1,203,374. Form **990** (2014)

1,149,229.

31

32

33

31

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

1,231,895.

1,233,636.

	1990 (2014) TRUST FUND INC	27-4	155836	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		_ _	
				050
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83	,258.
2	Total expenses (must equal Part IX, column (A), line 25)	2	165	,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82	,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,231	<u>,895.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	_	
7	Investment expenses .	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	(
	column (B))	10	1,149	,229.
Pa	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	建装 3	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		16.5	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.	100	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	* ***	
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	
			Form 9 !	90 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
LOUISVILLE METRO AFFORDABLE HOUSING Employed

Employer identification number

TRUST FUND INC 27-4155836 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

11191029 781836 03437

Total

Schedule A (Form 990 or 990-EZ) 2014 TRUST FUND INC 27-41558

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support			<u> </u>			
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	100,600.	1,366,049.	1,001,352.	304,649.	81,399.	2,854,049.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ţ					
	the organization without charge	Ĺ	L			[]	
4	Total. Add lines 1 through 3	100,600.	1,366,049.	1,001,352.	304,649.	81,399.	2,854,049.
5	The portion of total contributions	AND LITE	26 Table 1 2 26 C	1.77	H-SATING	Mary Mary	
	by each person (other than a						
	governmental unit or publicly			4 · · · · · · · · · · · · · · · · · · ·	P 1		
	supported organization) included	100					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		September 1	4.00			
	column (f)		grade to the		2 (14 (1) To		
6	Public support. Subtract line 5 from line 4	MA. 6 KARA SAA	A THE STATE OF THE	15 1 SHIP-11	And the second of the second	Allahari (C.)	2,854,049.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	100,600.	1,366,049.	1,001,352.	304,649.	81,399.	2,854,049.
8	Gross income from interest,						
	dividends, payments received on	1				}	
	securities loans, rents, royalties	Í	}	1		}	
	and income from similar sources	6.	692.	2,241.	1,552.	83.	4,574.
9	Net income from unrelated business				·		
	activities, whether or not the	}	,			[
	business is regularly carried on	}		450.		(450.
10	Other income. Do not include gain						
	or loss from the sale of capital	}		,		į	
	assets (Explain in Part VI)	}				[
11	Total support. Add lines 7 through 10		British William	is the second of the second	Constant of	WATER STATE	2,859,073.
	Gross receipts from related activities,			* KAN-478 Japanes	and a company of a condition to the h	12	3,368.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor	_	,	-,	,		ightharpoons
Sec	ction C. Computation of Publ		rcentage	 			
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.82 %
	Public support percentage from 2013			\ <i>''</i>	-	15	%
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies					•	$\triangleright X$
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10% (or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	 3-	
b	10% -facts-and-circumstances tes					17a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		•	•	, .,		s . ▶□
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 [Partill] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
enable considerable taste between black and below above account to Deat III.

qualify under the tests listed	below, please con	nplete Part II.)				
Section A. Public Support			,			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and		}				
membership fees received. (Do not	{		L			
include any "unusual grants.")	<u>L</u>	<u></u>		<u> </u>	1	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	Ì	1			1	}
iness under section 513	L	<u> </u>		<u> </u>	<u> </u>	<u></u>
4 Tax revenues levied for the organ-	+	•	!	ļ.		
ization's benefit and either paid to	-		ļ		1	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	.	1]	1		
the organization without charge	1				1	}
6 Total. Add lines 1 through 5		 	 	 	 	·
7a Amounts included on lines 1, 2, and	,	1	1	 	1	
3 received from disqualified person				1		l
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	 	 	 			
8 Public support (Subtract line 7c from line 6)					A STATE OF THE PARTY OF	
Section B. Total Support	Control of the Contro		<u> </u>	to the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the	سمالا سنج مستمر مستسيعينا العر	L
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	10)2011	(6) 2012	(0) 2013	(6)2014	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	s					
acquired after June 30, 1975]					
c Add lines 10a and 10b		<u> </u>	<u> </u>		1	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)	 	 	 	 	 	
13 Total support. (Add lines 9, 10c, 11, and 12)		's first seesed #	ed fourth as fifth	22 1/22 22 = 2===	on 501/a\/2\ a===	1
14 First five years. If the Form 990 is f	or the organization	is msi, second, thi	ia, iourtri, or iitth t	ax year as a secti	on ao nogani	Lacion,
check this box and stop here	die Support D	orcontogo				
Section C. Computation of Put						
15 Public support percentage for 2014			column (f))	-	15	
16 Public support percentage from 20			 _		16	%
Section D. Computation of Inve					<u></u>	
17 Investment income percentage for 2	2014 (line 10c, coll	ımn (f) divided by li	ne 13, column (f))	•	17	9
18 Investment income percentage from	n 2013 Schedule A	, Part III, line 17			18	9
19a 33 1/3% support tests - 2014. If th	e organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	-					. ▶□
b 33 1/3% support tests - 2013. If th	=	•				and
line 18 is not more than 33 1/3%, cl	=					
20 Private foundation. If the organizat		•	•		-	▶ □
432023 09-17-14	ondok i		, coo, oncor t		hedule A (Form 99	0 or 990-EZ) 201

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part vi how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

			Ye	s	No		
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432024 09-17-14

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	0		7-4155836 Page
Ь	- ypo in itom i directoridity integrated decitaço, cupportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		tions. All
Sec	other Type III non-functionally integrated supporting organizations must co tion A - Adjusted Net Income	mpiete	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1	 	(ориона)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	+-		
_	collection of gross income or for management, conservation, or	ŀ	i i	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	1 7	 	
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	 	
		1 0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		7.3
	instructions for short tax year or assets held for part of year):	1		*.^.;*
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1	,, ,	* * * *
	factors (explain in detail in Part VI).	1 6 5	- 35	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	T	*
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4	}	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<i>k</i> ,	
2	Enter 85% of line 1	2	~ \$	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	张系统 4 · 7 · 5·45	
4	Enter greater of line 2 or line 3	4	to the second of	
5	Income tax imposed in prior year	5	· 学生代表 "四灣大學」	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	SALVAN BARRAS	
	emergency temporary reduction (see instructions)	6		
	omergency temporary reduction (see instructions)		1 . * \$4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 TRUST FUND INC 27-41										
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe									
2	Amounts paid to perform activity that directly furthers exemp	}								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s							
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions			<u> </u>						
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2014 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
		(i)	(ii)	(iii)						
		Excess Distributions	Underdistributions	Distributable						
Secti	on E - Distribution Allocations (see instructions)	İ	Pre-2014	Amount for 2014						
1	Distributable amount for 2014 from Section C, line 6	Č								
2	Underdistributions, if any, for years prior to 2014									
	(reasonable cause required-see instructions)	<i>*;</i>								
3	Excess distributions carryover, if any, to 2014.									
a	1									
b	<u> </u>									
	<u> </u>									
d	<u>, </u>									
	From 2013									
	Total of lines 3a through e		Ţ. · · ·							
	Applied to underdistributions of prior years									
	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·						
	Carryover from 2009 not applied (see instructions)	<u></u>								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
	Distributions for 2014 from Section D,									
-	line 7: \$			ļ						
	Applied to underdistributions of prior years Applied to 2014 distributable amount			 						
										
	Remainder Subtract lines 4a and 4b from 4		 	 						
	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount									
	•									
	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			 '						
0	and 4b from line 1 (if amount greater than zero, see	·	*)						
		· ` . * * * * *								
	instructions)	****								
	Excess distributions carryover to 2015. Add lines 3j] , , , , ,						
	and 4c.	 	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>						
	Breakdown of line 7:	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>						
<u>a</u> _			 	 						
b			- `	 						
<u>c</u>	<u> </u>	, ; · · ·	***	 						
	Excess from 2013									
e	Excess from 2014	3 2, 8, C	·	<u> </u>						

Schedule A (Form 990 or 990-EZ) 2014

LOUISVILLE METRO AFFORDABLE HOUSING 27-4155836 Page 8 Schedule A (Form 990 or 990 EZ) 2014 TRUST FUND INC Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions). SHORT YEAR RETURN CHANGE IN ACCOUNTING PERIOD FROM 12/31 TO 6/30. THIS IS A SHORT PERIOD RETURN FROM 1/1/2015 - 6/30/2015. THE COLUMNS IN SCHEDULE A HAVE BEEN ADJUSTED - THE SHORT YEAR FOR 6/30/2015 AMOUNTS APPEAR IN THE 2014 COLUMN, AND ALL PRIOR YEARS HAVE BEEN SHIFTED ONE COLUMN OVER.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organiza 				
Name of organization LOUISVI	LLE METRO AFFORD	ABLE HOUSIN	G E	mployer identification number
	UND INC	_		27-4155836
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 52	7 organization.
 Provide a description of the organiz Political expenditures Volunteer hours Part I-B Complete if the organiz Enter the amount of any excise tax	ganization is exempt und	der section 501(c)		> \$
2 Enter the amount of any excise tax	• •			> \$
3 If the organization incurred a section	• •			Yes No
4a Was a correction made?	,	- ,	•	Yes No
b If "Yes," describe in Part IV	-	•		
Part I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 5	01(c)(3).
1 Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	> \$
2 Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
exempt function activities				▶ \$
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	¬	
line 17b		_		> \$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC) If	ition listed, enter the amount par omptly and directly delivered to	d from the filing organi a separate political org	ization's funds. Also ent ganization, such as a se	er the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	s contributions received and
			{	
		-		
-				
				

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the ord				- F04/-\/0\	27 - 4	155836 Page 2
Part II-A Complete if the organic section 501(h)).	ganizatio	on is exe	mpt under sectio	n 501(c)(3) and til	iea Form 5/68 (e	election under
	ation balon	as to an aff	iliated group (and list in	Part IV each officetor	d aroun member's nem	o address EIN
expenses, and sha				i Fait IV each annated	group members nam	e, audress, Eliv,
		, ,	nd "limited control" pro	waren analy		
Lim	its on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	hience out	dic opinion	(grace roots lobburna)		4,926.	
b Total lobbying expenditures to infi	•				10,131.	
c Total lobbying expenditures (add			dy (direct lobbyling)	-	15,057.	
d Other exempt purpose expenditures		u 1 <i>0)</i>		•	100,292.	
e Total exempt purpose expenditure		se 1e and 1	d)	•	115,349.	
f Lobbying nontaxable amount. Ent	•		•	h ookumno	23,070.	
if the amount on line 1e, column (a)					23,070.	
Not over \$500,000	01 (0) 13.		bbying nontaxable am the amount on line 1e			
Over \$500,000 but not over \$1,00	000				, , ,	
Over \$1,000,000 but not over \$1,000,000 but not over \$1,1			00 plus 15% of the exc			,
			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17 Over \$17,000,000	,000,000		00 plus 5% of the exce	ss over \$1,500,000.	* *	•
Over \$17,000,000		\$1,000,	,000.			
g Grassroots nontaxable amount (er	ntor 250/ e	f line 16			5,768.	<u></u> !
·		•			3,700.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer 					0.	
			the to did the accomp	ation file From 4700		
j If there is an amount other than ze		er iine in or	line n, did the organiz	ation life Form 4720	Г	Yes No
reporting section 4911 tax for this	years	4 Voor Au	eraging Period Under	section EO1/h)		Tes NO
(Some organizations t		a section 5		have to complete all	of the five columns b	elow.
	Lobi	oying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					23,070.	23,070.
b Lobbying ceiling amount (150% of line 2a, column(e))						34,605.
c Total lobbying expenditures			ļ	5,190.	15,057.	20,247.
d Grassroots nontaxable amount				2,316.	5,768.	8,084.
e Grassroots ceiling amount (150% of line 2d, column (e))	, ,			\$ 2, \$2 - 1, 2 - 1, 2 - 2		12,126.
f Grassroots lobbying expenditures				2,316.	4,926.	7,242.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 TRUST FUND INC 27-415583

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		1 ((a)	(b)	
of the lobbying activity		Yes	No	Am	ount
_	non attempt to influence foreign, national, state or	,	T.		2
	to influence public opinion on a legislative matter	į	1	. ,	
or referendum, through the use of.			ļ	`	
a Volunteers?		<u> </u>	 	•	
	npensation in expenses reported on lines 1c through 1i)?	ļ			
c Media advertisements?		ļ			
d Mailings to members, legislators, or the	· ·	ļ	 		
e Publications, or published or broadcas		ļ	 		
f Grants to other organizations for lobby		ļ	 		
_	affs, government officials, or a legislative body?	ļ			
	ventions, speeches, lectures, or any similar means?	<u> </u>			
i Other activities?		<u> </u>			
j Total Add lines 1c through 1i		ļ			
	ganization to be not described in section 501(c)(3)?	\	 		
b If "Yes," enter the amount of any tax in	•	}	, ,		
•	curred by organization managers under section 4912		 		
	tion 4912 tax, did it file Form 4720 for this year?	504/-	\ <u>\</u>	L	
Part III-A Complete if the organic	zation is exempt under section 501(c)(4), sec	ction 501(c)(5), or se	ection	
00 1(0)(0).				Yes	No
1 Were substantially all (90% or more) di	ues received nondeductible by members?		1		
	se lobbying expenditures of \$2,000 or less?		2		
	er lobbying and political expenditures from the prior year?		2		
answered "Yes." 1 Dues, assessments and similar amoun	ts from members		1		
2 Section 162(e) nondeductible lobbying	and political expenditures (do not include amounts of po	litical			
expenses for which the section 527(i) tax was paid).				
a Current year			. 2a	l	
b Carryover from last year	-		2b		
c Total			2c		
3 Aggregate amount reported in section	6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>	
4 If notices were sent and the amount or	n line 2c exceeds the amount on line 3, what portion of the	excess	1		
does the organization agree to carryov	er to the reasonable estimate of nondeductible lobbying ar	id political			
expenditure next year?			4		
5 Taxable amount of lobbying and politic			5		
Part IV Supplemental Informa					
	, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gri lilete this part for any additional information.	oup list), Part	II-A, lines 1 :	and 2 (see	
				· · · · · ·	
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

LOUISVILLE METRO AFFORDABLE HOUSING Emplo

Name of the organization

Employer identification number 27-4155836

1	TRUST FUND INC		27-4155656
<u>La</u>	Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	runds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor		· ·
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Trescrivation of a contineo	Thatono structure
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	med conservation continuation at the form of a	Conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
9	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	- •	2b
	· ·	musture included in (a)	20 2c
	Number of conservation easements on a certified historic sti	• •	20
u	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic structure	
•	listed in the National Register	densed a first transfer of the discount	[2d]
3	Number of conservation easements modified, transferred, re	eleased, extinguisned, or terminated by the org	ganization during the tax
_	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) about	ve satisty the requirements of section 170(n)(4	. — —
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	organization's accounting for
(Dā	conservation easements.	And Uintering Transcripe on Other	Circles Assets
<u>trai</u>	Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	·	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
Ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		▶ \$ ▶ \$
		•	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 TRUST F							27-41		
<u>Pa</u>	Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, c	or Oth	er Simi	lar Asse	ts(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a s	significan	t use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	d 🗀 L	oan or exc	change progra	ams				
b	Scholarly research	•	• 🗆 o	ther					_	
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how the	y further t	the organization	on's exe	empt pur	oose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the organ	ization's c	ollection?				Yes	No_
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the o	organizatio	on answered '	'Yes" to	Form 99	0, Part IV,	line 9, or	
1a	is the organization an agent, trustee, custod	an or other interme	diary for c	ontributio	ns or other as	sets not	t included	<u> </u>		
	on Form 990, Part X?	_							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:	-	-				
	· -	·	•					T	Amount	
c	Beginning balance						1c			
d	Additions during the year						1d	1		
	Distributions during the year		•				1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for es	scrow or c	ustodial acco	unt liabi	ılıty?		Yes	No
	If "Yes," explain the arrangement in Part XIII.						-			
	Endowment Funds. Complete						10.			
		(a) Current year		or year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance		1		T			·		
ь	Contributions		 		f				·	
С	Net investment earnings, gains, and losses				1					
d	Grants or scholarships		1		f					
е	Other expenditures for facilities		<u> </u>		† · · · · · · ·					
	and programs		Ì]	1			İ	
f	Administrative expenses		 		 				l	
9	End of year balance		 		 					
2	Provide the estimated percentage of the cur	rent year end halan	ce (line 1a	column (a)) held as:				L	
а	Board designated or quasi-endowment	one your one building	%	, 001011111 (a,, nora do					
ь	Permanent endowment	%	— ′°							
	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	•	ation that	are held a	and administe	red for t	the organ	uzation		
	by								Ţ,	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•				3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedi	ule R?					3b	\neg
4	Describe in Part XIII the intended uses of the	•			•					
Pai	tiVI Land, Buildings, and Equipm									
	Complete if the organization answere), Part IV,	line 11a. S	See Form 990.	Part X.	line 10.			
	Description of property	(a) Cost or o			t or other		ccumula	ted	(d) Book	value
		basis (investi			(other)		preciatio	1	,_,	
1a	Land		+							
	Buildings	 								
	Leasehold improvements									
d	Equipment							- -		
	Other				971.			582.	 -	389.
	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X colum	n (B), line						389.

432052 10-01-14 Schedule D (Form 990) 2014

432053 10-01-14

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

27-4155836 Page 4 TRUST FUND INC Schedule D (Form 990) 2014 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 * 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	Ξ	
(Form 990)		

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury				Attach to For	m 990			Open to Public
Internal Revenue Service			tion about Schedule I		s instructions is a	it www.irs.gov/form99	20.	Inspection
Name of the organization			AFFORDABLE I	HOUSING				Employer identification number
	TRUST FUN							27-4155836
[Part] General Inform	mation on Grants a	ind Assistance						
 Does the organization 	n maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as:	sistance, and the selec	
criteria used to awar	d the grants or ass:	stance?						X Yes No
	ne organization's pri	ocedures for mon	itoring the use of gram	t funds in the Unite	d States			
Part III Grants and Ot	ther Assistance to	Domestic Organ	izations and Domest	ic Governments C	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that r	eceived more than	\$5,000 Part II ca	n be duplicated if addi	tional space is need	ded			
1 (a) Name and addres or governi		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER CITY HOUSING,	TNC	Į		1	ļ		Į.	
120 WEBSTER ST	INC.	Į.	ļ	1			ļ	TO BUILD LOW-INCOME
LOUISVILLE KY 40206		61-1229107	501(C)(3)	51,937.	ا ه		Į.	HOUSING
			101(0)(3)	31,337.	 		 	10051110
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2 Enter total number of	f section 501(c)(3) a	nd government o	rganizations listed in the	he line 1 table	ــــــــــــــــــــــــــــــــــــــ	L	<u> </u>	1.
3 Enter total number of		-	-	TO MIC 1 LADIE				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

OMB No 1545-0047

432101 10-15-14

LOUISVILLE Schedule I (Form 990) (2014) TRUST FUND	27-4155836 Page 2				
Part III Grants and Other Assistance to Domestic Ind Part III can be duplicated if additional space is n	lividuals Complete if the eeded	organization answ	vered "Yes" to Form 9	990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			 		
		<u> </u>	1		
		0.004111			<u> </u>
Part IVs Supplemental Information Provide the informa	uon required in Part I, lin	e z, Fart III, colum	in (o), and any other a	oditional information	
	- , , , , , , , , , , , , , , , , , , ,				
	 		. 		
			· - · · · · · · · · · · · · · · · · · ·		
					
432102 10-15-14		34	 	····	Schedule I (Form 990) (2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

2014

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

LOUISVILLE METRO AFFORDABLE HOUSING Emplo
TRUST FUND INC 27

Employer identification number 27-4155836

TRUST FUND INC	27-4155836
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATI	ON MISSION:
STARTING OUT; FOR VETERANS; AND FOR WORKING PEOPLE WH	OSE WAGES ARE NOT
ENOUGH TO LIVE IN METRO LOUISVILLE. THE HOUSING TRUST	FUND IS FOUNDED
ON THE PRINCIPLE THAT A PLACE TO CALL HOME OPENS THE	DOOR TO
OPPORTUNITY, AND THAT THE WHOLE COMMUNITY DOES BETTER	WHEN EVERYONE HAS
A DECENT PLACE TO CALL HOME.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11:	· · · · · · · · · · · · · · · · · · ·
SENT TO EXECUTIVE COMMITTEE BEFORE FILED.	
PART V, LINE 2A	
THE AHTF LEASES ITS ONE EMPLOYEE FROM ANOTHER ORGANIZ	ATION
	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORS ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	22,223.
MANAGEMENT AND GENERAL EXPENSES	7,808.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,031.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7.	Schedule O (Form 990 or 990-EZ) (2014)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization LOUISVILLE METRO AFFORDABLE HOUSING TRUST FUND INC	Employer identification number 27 - 4155836
ADMIN BHING	
ADMIN FEES:	
PROGRAM SERVICE EXPENSES	2,863.
MANAGEMENT AND GENERAL EXPENSES	1,006.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,869.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	33,900.
·	
	