

## **Oldham County Fiscal Court Grant Application Guidelines**

Oldham County Fiscal Court accepts grant applications from non-profit, tax-exempt organizations which meet these criteria:

- Have a significant presence in Oldham County;
- Serve a public purpose in concert with the goals and activities of OCFC;
- Have the capacity to be accountable for use of donated funds;
- Show support from the majority of their clients/beneficiaries.

### **Funding categories**

Arts and Humanities - activities which meet any or all of the following qualifications:

- Contribute to tourism in Oldham County;
- Conduct activity (e.g., record keeping) on behalf of Fiscal Court;
- Support community-wide celebrations;
- Encourage arts activity on the part of Oldham Countians;
- Play an educational role for Oldham Countians, particularly students.

Social Services - agencies which meet any or all of the following qualifications:

- Provide a needed service to disadvantaged Oldham Countians;
- Provide an emergency social service to Oldham Countians;
- Provide a social service not otherwise available to Oldham Countians.

Recreation - activities which meet any or all of the following qualifications:

- Serve Oldham County residents in facilities within the County;
- Activities are largely financially supported by the participants

### **Timing and Process**

In order to process grant applications in a timely and efficient manner, OCFC has established the following schedule:

- Accept grant applications postmarked up to December 30 or the last work day of each year.
- In January, Committee members accept for review the compiled applications.
- In March, the Committee will convene to discuss their individual ratings.
- The Committee will make recommendations to the Fiscal Court for grant awards no later than the first Fiscal Court meeting in June.

### **Accountability**

Any agency or organization requesting funds will be held to a high standard for reporting its current financial situation and its specific intention for use of requested funds. Moreover, any agency or organization requesting funds, and which has previously received a grant from OCFC, will be asked to report in detail on the use to which those funds were put.



Updated October 2025

Statement of Need:

Pillar’s Crestwood Station Engagement Center is a lively and energetic place. Filled with clients with intellectual disabilities, excited for their day learning new things, engaging in their passions, and practicing daily activities.

This also means it can be very loud. The center has big, wide hallways designed to easily fit two passing wheelchairs and tall ceilings to make it feel bright and airy. Unfortunately, this means sounds are echoed and enhanced up and down the halls.

Some people with disabilities have sensory sensitivity and really struggle with the noise level. They easily can become overwhelmed and overstimulated, resulting in time outside the classroom to decompress or unwanted behaviors.

Proposed Use of Funds:

We are requesting \$1,468.80 to put up sound absorption panels along hallways and main areas. This will help greatly to dampen the noise and make it a more comfortable environment for all of our clients. These panels are specifically designed to reduce echo and reverberation in large, open spaces with high ceilings, significantly lowering overall noise levels throughout the building.

By dampening amplified sound, the panels will create a calmer, more predictable environment for individuals with intellectual disabilities—particularly those with sensory sensitivities who are easily overwhelmed by loud or chaotic noise. Reducing excessive noise will help clients remain regulated, focused, and engaged in their programming, decreasing the need for time away from activities to decompress and reducing the occurrence of stress-related or unwanted behaviors.

This improvement will allow staff to better support learning, social interaction, and daily living skill development while promoting a safer, more inclusive, and welcoming environment for all clients. Ultimately, sound absorption will help ensure that the physical space supports, rather than hinders, each individual’s ability to fully participate and thrive in their day program.

Project Budget:

Description	Number of Boxes	Cost per Box	Total
Acoustic Panels	51	\$28.80	\$1468.80

Statement of Use of Last Year’s Funds:

Updated October 2025

We were fortunate to receive funds from the Fiscal Court this past year for keypad coded locks for our medication rooms. These have been critical to keeping our residents safe and medications secure. We now feel confident that keys will not be misplaced or improperly secured and that doors will not be accidentally left open. This has been instrumental in ensuring that our residents are safe.

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 04 1993

APPLE PATCH COMMUNITY INC  
6704 BRIAR HILL ROAD  
CRESTWOOD, KY 40014

Employer Identification Number:  
61-1169539  
Contact Person:  
BEA EITH  
Contact Telephone Number:  
(513) 604-3578  
Our Letter Dated:  
August 22, 1989  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

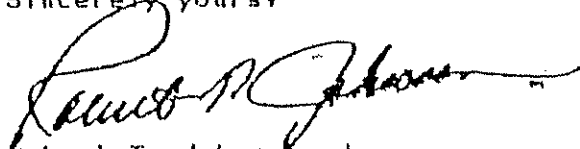
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
Robert T. Johnson  
District Director

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0246569  
 Michael G. Adams  
 KY Secretary of State  
 Received and Filed  
 5/29/2025 2:57:12 PM  
 Fee receipt: \$15.00

Michael G. Adams  
 Secretary of State  
 P. O. Box 1150  
 Frankfort, KY 40602-1150  
 (502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report**  
**Online Filing**  
**For the Year 2025**

**ARP**

**Company:** APPLE PATCH COMMUNITY, INC.  
**Company ID:** 0246569  
**State of origin:** Kentucky  
**Formation date:** 7/29/1988 12:00:00 AM  
**Date filed:** 5/29/2025 2:54:51 PM  
**Fee:** \$15.00

**Principal Office**

7408-A HIGHWAY 329  
 CRESTWOOD, KY 40014

**Registered Agent Name/Address**

KARRI GERDEMANN  
 7408 HIGHWAY 329  
 CRESTWOOD, KY 40014

**Current Officers**

President	Michael Trager-Kusman	7408 Highway 329, Crestwood, KY, 40014
Vice President	Ned Booker	7408 Highway 329, Crestwood, KY, 40014
Secretary	Peter Wayne	7408 Highway 329, Crestwood, KY, 40014
Treasurer	John Fidler	7408 Highway 329, Crestwood, KY, 40014
Officer	Jennifer Wheatley	7408 Highway 329, Crestwood, KY, 40014

**Directors**

Director	Ned Booker	7408 Highway 329, Crestwood, KY 40014
Director	Becky Dunn	7408 Highway 329, Crestwood, KY 40014
Director	Michael Trager-Kusman	7408 Highway 329, Crestwood, KY 40014
Director	Jennifer Wheatley	7408 Highway 329, Crestwood, KY 40014
Director	Monica Bell	7408 Highway 329, Crestwood, KY 40014
Director	John Fidler	7408 Highway 329, Crestwood, KY 40014
Director	Brandi Crawford	7408 Highway 329, Crestwood, KY 40014
Director	Peter Wayne	7408 Highway 329, Crestwood, KY 40014
Director	Steve Moss	7408 Highway 329, Crestwood, KY 40014
Director	Scott MacDonald	7408 Highway 329, Crestwood, KY, 40014
Director	Brian Riendeau	7408 Highway 329, Crestwood, KY, 40014
Director	Alex Campbell	7408 Highway 329, Crestwood, KY, 40014
Director	Benton Keith	7408 Highway 329, Crestwood, KY, 40014
Director	Madonna Kehl	7408 Highway 329, Crestwood, KY, 40014
Director	Don Esterle	7408 Highway 329, Crestwood, KY, 40014

County: OLDDHAM  
 Business size: Large

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report  
Online Filing  
For the Year 2025**

**ARP**

Business type: Miscellaneous Services

**Signatures**

**Signature**

Gretchen Mulvihill

**Title**

Director of Finance



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>APPLE PATCH COMMUNITY, INC.</b>		<b>D</b> Employer identification number <b>61-1159539</b>
	Doing business as <b>PILLAR</b>		<b>E</b> Telephone number <b>502 657-0103</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>7408-A HIGHWAY 329 NO A</b>		<b>G</b> Gross receipts \$ <b>9,829,367.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CRESTWOOD, KY 40014</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>KARRI GERDEMANN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
<b>J</b> Website: <b>WWW.PILLARSUPPORT.ORG</b>			<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>KY</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SUPPORT TO PEOPLE WITH DISABILITIES BY PROMOTING OPPORTUNITY, CHOICE, AND CONNECTION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>194</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>157</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>561,257.</b>	<b>1,165,289.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,421,792.</b>	<b>8,571,405.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-59,729.</b>	<b>5,866.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>144,504.</b>	<b>49,154.</b>
		<b>9,067,824.</b>	<b>9,791,714.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,745,127.</b>	<b>6,305,842.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>71,768.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,544,848.</b>	<b>3,053,608.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,289,975.</b>	<b>9,359,450.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>777,849.</b>	<b>432,264.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,991,925.</b>	<b>9,634,705.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>811,464.</b>	<b>1,021,648.</b>
	<b>8,180,461.</b>	<b>8,613,057.</b>	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>KARRI GERDEMANN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>ABIGAIL CAMPBELL</b>	<b>ABIGAIL CAMPBELL</b>			<b>P01296738</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>LBMC, PC</b> <b>325 WEST MAIN STREET, STE 1600</b> <b>LOUISVILLE, KY 40202</b>	<b>62-1199757</b>		<b>502-585-1600</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE SUPPORT TO PEOPLE WITH DISABILITIES BY PROMOTING OPPORTUNITY, CHOICE, AND CONNECTION IN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,159,759. including grants of \$ ) (Revenue \$ 5,021,532. ) RESIDENTIAL SERVICES PROVIDES HOUSING AND 24-HOUR SUPERVISION TO 52 CLIENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN 18 STAFFED RESIDENCES.

4b (Code: ) (Expenses \$ 1,262,952. including grants of \$ ) (Revenue \$ 1,641,135. ) CENTERS FOR PERSONAL DEVELOPMENT PROVIDES ADULT DAY TRAINING TO 147 CLIENTS IN 4 LOCATIONS.

4c (Code: ) (Expenses \$ 487,050. including grants of \$ ) (Revenue \$ 626,351. ) CLINICAL SERVICES PROVIDES CASE MANAGEMENT AND BEHAVIORAL MANAGEMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,339,035. including grants of \$ ) (Revenue \$ 1,282,387.)

4e Total program service expenses 8,248,796.

**Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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 on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUSHIL NASTA - 502 657-0103
7408-A HIGHWAY 329 NO A, CRESTWOOD, KY 40014

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARRI GERDEMANN CEO	40.00			X			151,390.	0.	3,351.	
(2) BRANDON MCCLARIN RESIDENTIAL MANAGER	40.00				X		107,063.	0.	2,518.	
(3) LOVE JENSEN LEAD DIRECT SERVICE PROFESSIONAL	40.00				X		105,572.	0.	3,349.	
(4) MICHAEL TRAGER-KUSMAN CHAIR	1.00	X		X			0.	0.	0.	
(5) NED BOOKER VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) PETER WAYNE SECRETARY	1.00	X		X			0.	0.	0.	
(7) JOHN FIDLER TREASURER	1.00	X		X			0.	0.	0.	
(8) JENNIFER WHEATLEY HR EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
(9) MONICA BELL DIRECTOR	1.00	X					0.	0.	0.	
(10) NED BOOKER DIRECTOR	1.00	X					0.	0.	0.	
(11) BRANDI CRAWFORD DIRECTOR	1.00	X					0.	0.	0.	
(12) BECKY DUNN DIRECTOR	1.00	X					0.	0.	0.	
(13) SCOTT MACDONALD DIRECTOR	1.00	X					0.	0.	0.	
(14) MARTIN MCKINNEY DIRECTOR	1.00	X					0.	0.	0.	
(15) BRIAN RIENDEAU DIRECTOR	1.00	X					0.	0.	0.	
(16) KIMBERLY SCAGLIONE DIRECTOR	1.00	X					0.	0.	0.	
(17) ROSS JORDAN (THRU MARCH 20 '24) DIRECTOR	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	33,603.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,131,686.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 80,294.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		1,165,289.				
Program Service Revenue	<b>2 a</b>	<b>RESIDENT RENT</b>	Business Code					
			900099	5,021,532.	5,021,532.			
	<b>b</b>	<b>DAY PROGRAM</b>	623990	1,641,135.	1,641,135.			
	<b>c</b>	<b>TRANSPORTATION REVENUE</b>	623990	1,054,092.	1,054,092.			
	<b>d</b>	<b>CLINICAL SERVICES</b>	623990	626,351.	626,351.			
	<b>e</b>	<b>PERSONAL ASSISTANCE</b>	623990	142,652.	142,652.			
	<b>f</b>	All other program service revenue .....	623990	85,643.	85,643.			
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		8,571,405.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		807.			807.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					4,709.	14,891.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	0.	14,541.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	4,709.	350.				
<b>d</b>	Net gain or (loss) .....		5,059.			5,059.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 33,603. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		72,266.				
			<b>8b</b>	23,112.				
				49,154.				
<b>c</b>	Net income or (loss) from fundraising events .....					49,154.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
			<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			9,791,714.	8,571,405.	0.	55,020.	

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	154,741.	135,826.	17,917.	998.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	5,273,636.	4,625,525.	606,048.	42,063.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,493.	58,218.	12,275.	
9 Other employee benefits .....	387,254.	316,919.	70,335.	
10 Payroll taxes .....	419,718.	364,663.	55,055.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	12,022.		12,022.	
c Accounting .....	30,250.		30,250.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	550.		550.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	645,713.	634,161.	11,552.	
12 Advertising and promotion .....	95,784.	71,104.		24,680.
13 Office expenses .....	217,267.	104,401.	112,866.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	425,600.	367,458.	58,142.	
17 Travel .....	114,582.	114,582.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	11,690.		11,690.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	206,573.	179,376.	25,397.	1,800.
23 Insurance .....	324,799.	324,459.	340.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>TAX - SCL PROVIDER</b>	352,244.	349,494.	2,750.	
b <b>GROCERIES AND HOUSEHOLD</b>	186,178.	186,178.		
c <b>WRITE OFF OF OPTION TO</b>	175,825.	175,825.		
d <b>ABSORPTION OF NEGATIVE</b>	139,923.	139,923.		
e All other expenses .....	114,608.	100,684.	11,697.	2,227.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,359,450.</b>	<b>8,248,796.</b>	<b>1,038,886.</b>	<b>71,768.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,411,495.	<b>1</b>	3,959,251.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	488,569.	<b>4</b>	439,814.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	215,002.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	202,208.	<b>9</b>	118,692.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,890,253.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,959,308.	<b>10c</b>	3,930,945.
	<b>11</b> Investments - publicly traded securities .....	102,995.	<b>11</b>	109,717.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,779,291.	<b>15</b>	861,284.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,991,925.	<b>16</b>	9,634,705.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	103,288.	<b>17</b>	278,385.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	708,176.	<b>25</b>	743,263.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	811,464.	<b>26</b>	1,021,648.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,055,061.	<b>27</b>	8,279,320.
	<b>28</b> Net assets with donor restrictions .....	125,400.	<b>28</b>	333,737.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,180,461.	<b>32</b>	8,613,057.
	<b>33</b> Total liabilities and net assets/fund balances .....	8,991,925.	<b>33</b>	9,634,705.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,791,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,359,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	432,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,180,461.
5	Net unrealized gains (losses) on investments	5	657.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-325.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,613,057.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

## Pillar Board of Directors

### **Alex Campbell**

Senior Vice President, Director of Private and Professional Banking, Republic Bank & Trust Co.

6402 Lime Ridge Court  
Louisville, KY 40222

### **Brandi Crawford, Secretary**

Reading Interventionist, Waypoint Education  
Louisville

6100 Rodes Drive  
Louisville, KY 40222

### **John Fidler, Treasurer**

Chief Investment Officer, Stock Yards Bank & Trust Co.

433 Country Lane  
Louisville, KY 40207

### **Madonna Kehl**

Retired Human Resources Executive from Humana

9905 Secretariat Drive  
Goshen, KY 40026

### **Jennifer Wheatley, Executive Committee**

President, Big Solutions  
1302 Clear Springs Trace  
Unit 201  
Louisville, KY 40223

### **Monica Bell**

Retired Global Vendor MSM Analyst from Brown-Forman  
4614 Glenarm Road  
Crestwood, KY 40014

### **Kim Dickey**

Vice President Human Resources, Churchill Downs Incorporated  
2508 Meadowlark Drive  
Prospect, KY 40026

### **Barnett Edelen**

Principal, Growth Space Consulting  
123 Heady Avenue  
Louisville, KY 40207

### **Don Esterle**

President and CEO, Reliable Partners  
8907 Largo Court  
Louisville, KY 40299

### **Benton Keith**

Business Insurance Advisor, Sterling Thompson Co. and Principal, Radicle Capital  
9601 Highway 329  
Prospect, KY 40059

### **Scott Macdonald**

Director, Portfolio Operations and Culture, The Zaf Group  
321 E. Liberty Drive  
Wheaton, IL 60187

### **Brian Riendeau**

Retired Executive Director from Dare to Care  
2924 Autumn Court  
Prospect, KY 40059

### **Peter Wayne**

General Counsel, The Forge Companies  
2557 Dell Road  
Louisville, KY 40205

### **Scott Weinberg**

Partner, Wyatt, Tarrant, and Combs  
2401 Valletta Road  
Louisville, KY 40205

### **Steve Moss (emeritus)**

Multifamily housing developer, self-employed  
310 L'Esprit Farm Road  
LaGrange, KY 40031

No board members receive any compensation for their service. All are volunteers.

**Apple Patch Community, Inc.**  
**Balance Sheet, September 2025**

**Current Assets**

Cash & Cash Equivalents	\$2,065,007
Restricted Cash	\$21,236
House 2 Home Cash	\$156,916
Endowment (Bank) Cash	\$1,000
Endowment (Brokerage)	\$117,034
A/R	\$324,966
Other Current Assets	\$124,273

Total Current Assets	\$2,810,432
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**Fixed Assets**

Land	\$1,618,689
Buildings	\$2,394,530
Autos	\$232,565
Equipment	\$571,163
Furniture	\$237,289
Right of use Lease (Net)	\$742,774
Accumulated Dep'n	(\$2,780,028)

Total Fixed Assets	\$3,016,981
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**Other Assets**

Investments	\$4,436,116
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Total Other Assets	\$4,436,116
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<b>TOTAL ASSETS</b>	<b><u><u>\$10,263,529</u></u></b>
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**Current Liabilities**

Accounts Payable	\$119,636
Appendix K Liabilities	\$0
Right of Use Lease - Current	\$344,248
Other Current Liabilities	\$200,540

Total Current Liabilities	\$664,424
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**Long Term Liabilities**

Right of Use Lease - Noncurrent	\$399,015
Stock Yards Bank Line of Credit	\$0
Republic Bank Line of Credit	\$0
Other Loans	\$0

Total Long Term Liabilities	\$399,015
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**Equity**

Equity	\$8,635,033
Net Income	<u>\$565,057</u>

Total Capital	\$9,200,090
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<b>TOTAL LIABILITIES</b>	<b><u><u>\$10,263,529</u></u></b>
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