

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NO KILL LOUISVILLE		D Employer identification number 27-2368180
	Doing Business As		E Telephone number 502-552-2667
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 6655		
City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE KY 40203		G Gross receipts \$ 65,260	
F Name and address of principal officer: REBECCA FICKLIN PO BOX 6655 LOUISVILLE KY 40203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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		H(c) Group exemption number	
J Website: WWW.NOKILL-LOUISVILLE.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2010	M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED IN THE GREATER LOUISVILLE AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	65,389	36,735
9 Program service revenue (Part VIII, line 2g)	17,816	13,632
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,197	10,705
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,402	61,072
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	383	1,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,879	68,977
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	103,262	69,977
19 Revenue less expenses. Subtract line 18 from line 12	-3,860	-8,905
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	23,557	14,652
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	23,557	14,652

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.

Sign Here	Signature of officer REBECCA FICKILN Type or print name and title	Date PRESIDENT
	Print/Type preparer's name BRENDA HERRON, CPA	
Paid Preparer Use Only	Preparer's signature 	Date 11/12/14
	Check <input type="checkbox"/> if self-employed PTIN P00198841	Firm's EIN 61-1053724
Firm's name GOFORTH & HERRON, PSC		Firm's address 317 TOWNEPARK CIRCLE, SUITE 100 LOUISVILLE, KY 40243-2340
		Phone no. 502-895-0416

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

X

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

1 Briefly describe the organization's mission:

TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED IN THE GREATER LOUISVILLE AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA

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

X

If "Yes," describe these new services on Schedule O.

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

X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,102 including grants of \$) (Revenue \$) THE SPAY AND NEUTER PROGRAM HELPS FUND SPAYING AND NEUTERING OF DOGS WHOSE OWNERS MIGHT OTHERWISE NOT BE ABLE TO AFFORD IT.

4b (Code:) (Expenses \$ 3,380 including grants of \$) (Revenue \$ 8,677) THE PET FOOD BANK IS A PROGRAM THAT PROVIDES PET FOOD TO FAMILIES IN NEED.

4c (Code:) (Expenses \$ 20,433 including grants of \$) (Revenue \$ 4,955) THE FOSTER AND ADOPTION PROGRAM IS A ONE YEAR PROGRAM TO HELP FIND HOMES FOR ANIMALS IN NEED.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$)

4e Total program service expenses 31,915

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TINA TICHENOR	25.00									
DIRECTOR	0.00	X					0	0	0	
(2) KAY ESKRIDGE	3.00									
DIRECTOR	0.00	X					0	0	0	
(3) JAMIE UTLEY	3.00									
DIRECTOR	0.00	X					0	0	0	
(4) REBECCA FICKLIN	80.00									
PRESIDENT	0.00			X			0	0	0	
(5) SHAWNA STENTON	20.00									
TREASURER	0.00			X			0	0	0	
(6) CHRISTINE OLSON	5.00									
SECRETARY	0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,735			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		36,735			
Program Service Revenue	2a	Busn. Code				
	FOOD BANK REVENUE		8,677	8,677		
	b FOSTER AND ADOPTION FEES		4,955	4,955		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		13,632			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental exps.				
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	14,858			
		b Less: direct expenses	b	4,188		
c Net income or (loss) from fundraising events			10,670			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME		35	35			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		35				
12 Total revenue. See instructions.		61,072	13,667	0	0	

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 8b, 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 governments and organizations in the U.S. See Part IV, line 21	1,000	1,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	728		728	
12	Advertising and promotion	3,138		3,138	
13	Office expenses	7,455		7,455	
14	Information technology	935		935	
15	Royalties			23,399	
16	Occupancy	23,399			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	811	811		
23	Insurance	2,407		2,407	
24	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.)				
a	VETERINARIAN EXPENSES	15,421	15,421		
b	VETERINARIAN SERVICES	7,036	7,036		
c	BOARDING/TRAINING	3,405	3,405		
d	RESCUE BANK SUPPLIES	1,692	1,692		
e	All other expenses	2,550	2,550		
25	Total functional expenses. Add lines 1 through 24e	69,977	31,915	38,062	0
26	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 <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
		23,557	10,922
Assets	1 Cash—non-interest bearing		
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,541	3,730
	10b Less: accumulated depreciation	811	
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11	23,557	14,652
16 Total assets. Add lines 1 through 15 (must equal line 34)			
Liabilities	17 Accounts payable and accrued expenses		
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
	26 Total liabilities. Add lines 17 through 25	0	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	23,557	14,652
	28 Temporarily restricted net assets		
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	23,557	14,652	
34 Total liabilities and net assets/fund balances	23,557	14,652	

Form 990 (2013) **NO KILL LOUISVILLE**

Part XI Reconciliation of Net Assets

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

	1	61,072
1	Total revenue (must equal Part VIII, column (A), line 12)	69,977
2	Total expenses (must equal Part IX, column (A), line 25)	-8,905
3	Revenue less expenses. Subtract line 2 from line 1	23,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	14,652

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No
 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 Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

c 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? Yes No
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
1		
2a		X
2b		X
b		
2c		
3a		
3b		