

Form **990**
Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

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	C Name of organization Kilgore Samaritan Counseling Center, Inc. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 918 Ormsby Lane City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40222		D Employer identification number **-***1420	
	E Telephone number 502-897-5305		G Gross receipts \$ 711,911	
	F Name and address of principal officer: Ken Fleming			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.kilgorecounseling.org**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1987** **M** State of legal domicile: **KY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide counseling service to any individuals in need.	
	2 Check this box <input type="checkbox"/> 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)	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	11
	6 Total number of volunteers (estimate if necessary)	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 196,458 Current Year: 229,927
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 334,249 Current Year: 414,022
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 16,373 Current Year: 2,198
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 38,985 Current Year: 40,118
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 586,065 Current Year: 686,265
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Current Year: 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	Current Year: 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	Current Year: 521,697
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,157	Current Year: 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Current Year: 92,257
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Current Year: 613,954	
19 Revenue less expenses. Subtract line 18 from line 12	Current Year: -27,889	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 493,185 End of Year: 524,611
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 167 End of Year: 2,782
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 493,018 End of Year: 521,829

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 Ken Fleming	Date _____
	Type or print name and title Executive Director	

Paid Preparer Use Only	Print/Type preparer's name Barbara Lasky	Preparer's signature Barbara Lasky	Date 11/14/19	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ Baldwin CPAs, PLLC 943 S 1st Street Firm's address ▶ Louisville, KY 40203	Firm's EIN ▶ ** - *** 6603	Phone no. 502-584-9793		