

Print Form

0-233 22
(as amended)

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: South Louisville Community Ministries, Inc. / Taste of South Louisville 2022
Applicant Requested Amount: \$9,500
Appropriation Request Amount: ~~\$2,000~~ ~~\$6,500~~ \$9,500

Executive Summary of Request
Taste of South Louisville fundraiser will be held August 27, 2022 from 6-8:30pm at Churchill Downs Millionaire's Row. Proceeds go directly to SLCM's programming including food pantry, daily hot meals delivery homebound seniors, eviction/homelessness prevention, utility assistance, medication assistance, and connections to other services.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

21 District # [Signature] Primary Sponsor Signature \$2000 Amount 7/27/2022 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by: [Signature] 8/22/2022
Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Approved Committee
Date: 8/17/22

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Applicant/Program:

South Louisville Community Ministries, Inc. /Taste of South Louisville 2022

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

| | | |
|-------------|----------------------|----------|
| District 1 | _____ | \$ _____ |
| District 2 | _____ | \$ _____ |
| District 3 | _____ | \$ 500 |
| District 4 | _____ | \$ _____ |
| District 5 | _____ | \$ _____ |
| District 6 | _____ | \$ _____ |
| District 7 | _____ | \$ _____ |
| District 8 | _____ | \$ _____ |
| District 9 | _____ | \$ _____ |
| District 10 | <i>Eamon Mahoney</i> | \$ 500 |
| District 11 | _____ | \$ _____ |
| District 12 | <i>Pat Brennan</i> | \$ 1,000 |
| District 13 | <i>Mark Fox</i> | \$ 1,000 |
| District 14 | _____ | \$ 1,000 |
| District 15 | <i>Kevin Tipton</i> | \$ 2,000 |

Applicant/Program:

South Louisville Community Ministries, Inc. / Taste of South Louisville 2022

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ **1,000**

District 25 _____ \$ **500**

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization South Louisville Community Ministries, Inc.

Program Name and Request Amount Taste of South Louisville 2022 / \$9,500

| | Yes/No/NA |
|--|------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | Yes <input type="checkbox"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | Yes <input type="checkbox"/> |
| Is the proposed public purpose of the program viable and well-documented? | Yes <input type="checkbox"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | Yes <input type="checkbox"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | Yes <input type="checkbox"/> |
| Has prior Metro Funds committed/granted been disclosed? | Yes <input type="checkbox"/> |
| Is the application properly signed and dated by authorized signatory? | Yes <input type="checkbox"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | Yes <input type="checkbox"/> |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | N/A <input type="checkbox"/> |
| Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? | Yes <input type="checkbox"/> |
| Is the current Fiscal Year Budget included? | Yes <input type="checkbox"/> |
| Is the entity's board member list (with term length/term limits) included? | Yes <input type="checkbox"/> |
| Is recommended funding less than 33% of total agency operating budget? | Yes <input type="checkbox"/> |
| Does the application budget reflect only the revenue and expenses of the project/program? | Yes <input type="checkbox"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | N/A <input type="checkbox"/> |
| Is the most recent annual audit (if required by organization) included? | Yes <input type="checkbox"/> |
| Is a copy of Signed Lease (if rent costs are requested) included? | N/A <input type="checkbox"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | Yes <input type="checkbox"/> |
| Are the Articles of Incorporation of the Agency included? | Yes <input type="checkbox"/> |
| Is the IRS Form W-9 included? | Yes <input type="checkbox"/> |
| Is the IRS Form 990 included? | Yes <input type="checkbox"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included? | Yes <input type="checkbox"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | N/A <input type="checkbox"/> |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | Yes <input type="checkbox"/> |
| Prepared by: Rachel Roarx District 21 Legislative Aide | Date: 7/27/2022 |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|--|---------------------------------|--|------------------------------|
| Legal Name of Applicant Organization: | | | |
| <i>(as listed on: http://www.sos.ky.gov/business/records)</i> South Louisville Community Ministries, Inc. | | | |
| Main Office Street & Mailing Address: 415 1/2 W Ashland Avenue, 40214 | | | |
| Website: slcm.org | | | |
| Applicant Contact: | Clare Rutz Wallace | Title: | Executive Director |
| Phone: | (502) 361-7763 | Email: | clarewallace@slcm.org |
| Financial Contact: | Kate Husk | Title: | Assistant Director |
| Phone: | (502) 361-7763 | Email: | katehusk@slcm.org |
| Organization's Representative who attended NDF Training: Kate Husk | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | 415 1/2 W Ashland Avenue, 40214 | | |
| Council District(s): | 6, 12, 13, 15, 21, 25 | Zip Code(s): | 40208, 09, 14, 15, 19, 40118 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Taste of South Louisville 2022 | | | |
| Total Request: (\$) | \$ 9,500.00 | Total Metro Award (this program) in previous year: (\$) | \$ 9,500.00 |
| Purpose of Request (check all that apply): | | | |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | External Agency Fund | Amount: (\$) | \$ 188,400.00 |
| Source: | KIPDA Subcontract | Amount: (\$) | \$ 13,000.00 |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

SLCM Mission: To empower our neighbors to move toward stability and self-sufficiency. We do this by demonstrating respectful compassion; faithful stewardship; and providing the following programs:

Emergency Assistance - SLCM provides assistance to individuals who are facing crisis to help ease a significant burden that is preventing them from being happy, healthy, and safe. This includes payments for housing, utilities, and prescriptions, and managing a Dare to Care Food Pantry and Meals on Wheels routes. SLCM also provides household items such as diapers, toiletries, and cleaning products.

Referral Services and Connecting Resources - SLCM builds and maintains partnerships with other local agencies and community services as they help meet the ongoing needs of neighbors. SLCM collects relevant and timely information about available resources and programs while connecting individuals with opportunities that fit their specific needs. We assist in making the connection by hosting programs, helping with transportation and language barriers, and providing information about eligibility requirements and other important details. The referrals we provide are for financial literacy, job training, computer and internet access, legal aid, free clothing and furniture, government programs, temporary housing, healthcare information, support during the holidays, free family-learning activities, and much more.

Coaching and Case Management - SLCM serves as an advocate for our neighbors through relationship and compassion. Volunteers and staff listen to clients and help them on their way to self-identified goals through coaching which includes support with finding employment, setting up counseling appointments, following through with referrals, and marking progress toward goals. Every individual is provided with a different set of tools and timeline for their own journey towards a happy, healthy, and safe home.

The impact of our services changes the lives of families in crisis. Last year, SLCM supplied over 4000 food orders. Our weekly produce giveaway every Wednesday provides fresh produce to more than 60 families along with educational/learning opportunities about health eating and household management resources. We delivered senior commodities packages totaling 212 orders for the year. The Meals-On-Wheels program delivered 21,565 to 155 seniors.

Last year, SLCM also provided:

- 1110 households utility assistance totaling \$282,003.68
- 268 households with discretionary/Neighbor Network funds (including medical) totaling \$182,850.85
- 625 orders of other supplies or vouchers (diapers/TARC tickets/etc.)

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|---------------------------------|---------------|
| Michael Chinigo, President | 06/30/2023 |
| Jeffrey Oeswein, Vice-President | 06/30/2024 |
| Terry Conway, Secretary | 06/30/2023 |
| Theresa Batliner, Secretary | 06/30/2024 |
| Drew Tucker | 06/30/2024 |
| Cortez Hampton | 06/30/2023 |
| James Dewey | 06/30/2023 |
| Chatoya Porter | 06/30/2024 |
| Kathryn Matheny | 06/30/2024 |
| Shane Fitzgerald | 06/30/2023 |
| Shireen Deobhakta | 06/30/2023 |
| Stephanie Carr | 06/30/2023 |
| Jasmine Curtis | 06/30/2024 |
| Mikal Forbush | 06/30/2024 |
| Tammie Haynes | 06/30/2024 |
| | |
| | |

Describe the Board term limit policy:

The officers shall serve for a one-year term of office or until their successor shall have been elected and installed. If any officer enters into four (4) consecutive years in any given office, the Governance Committee will present a defined succession plan which will be approved by the Executive Committee. (Bylaws, Article IV, Section 6)

Each Director shall serve for a two year term or until her or his successor shall be elected, provided that one-half of the Directors in office at the time these Bylaws are adopted (designated by Resolution of the Board) shall serve a one year term in order to establish two alternating, overlapping classes of Directors. 40% of Directors can extend their term based on approval from the Executive Committee. (Bylaws, Article III, Section 3)

| Three Highest Paid Staff Names | Annual Salary |
|-----------------------------------|---------------|
| Clare Rutz Wallace | \$ 65,000.00 |
| Kate Husk | \$ 57,000.00 |
| Jerry Englehart / Rebecca Lumbrix | \$ 36,000.00 |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

This funding request is for the annual Taste of South Louisville. This event showcases the local and international cuisine of our diverse area all in the name of neighbors helping neighbors. More than 20 restaurants will serve 500 people tastes from around the world in Churchill Down's beautiful Millionaire's Row.

The purpose of this event is to raise funds to support SLCM's work of supporting neighbors during times of crisis providing compassionate advocacy, emergency financial services, and extensive programming to prevent housing and food insecurity in South Louisville.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Taste of South Louisville: Cover cost of the event so we may allocate 100% of the proceeds to our mission of preventing homelessness and hunger. This includes the cost of the venue (Churchill Downs donates the use of the room, but charges for the additions), stipends to restaurants to cover the cost of food, marketing, and event signage and printed materials.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

All proceeds made from Taste of South Louisville will go directly to SLCM's programming. SLCM provides nutritional food from our pantry, delivers hot meals to homebound seniors daily, prevents eviction/homelessness by providing financial assistance for housing, eliminates dangerous living conditions by assisting with utilities to avoid disconnection, helps with purchasing life-saving medication and connects individuals and families with additional community services to address their challenges in a holistic manner.

We are also excited to launch a project that will identify and address service gaps and barriers to access as neighbors navigate resources on their way to stability. Our approach will be progress-forward showing and implementing examples that are working here or in other peer-cities. Through this citywide coordination in partnership with Metro United Way, the Coalition for the Homeless, the Center for Health Equity and the Association of Community Ministries, we will create lasting change to ameliorate hunger and homelessness.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.

✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

SLCM conducts a thorough client satisfaction survey annually. Additionally, for all of our clients that we "coach" through more than one immediate crisis (ie. water is being disconnected), we use the Arizona Self-Sufficiency Matrix to gauge where they start and where they end.

The assistance provided stabilizes families in crisis situations for at least 30 days. We do not contribute funds to outstanding bills unless we are certain it will stabilize the situation for that period of time, Emergency assistance helps avoid eviction from one's home, prevents utilities from being shut-off or disconnected and purchases medication for individual wellness issues. Our utilities assistance prevents 100% of clients from having their services shut off or disconnected. Records are maintained of all checks written on behalf of clients showing how grant funds were allocated.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

South Louisville Community Ministries has existing collaborative relationship with organizations that support some of the services offered by our agency and to also address needs beyond our programs. This has been critical during the community response to the pandemic. Dare to Care provides food for our food Program/KIPDA supports our Meals-On-Wheels program. Foundation grants assist with medication for low income families, and Kosair Charities grant provides baby diapers and other necessary infant supplies. LG&E and Louisville Water Company support assisting families to pay their extreme weather bills. In addition to these partners, we work with many neighborhood agencies. A few of our major partners are Louisville Metro Senior Nutrition Program, St. Simon and Jude Clothing Closet and Sitio Ministry, Iroquois Library, Americana, and Backside Laming Center.

To foster partnerships, we invite all 50 partners, neighborhood resources, community groups, churches, and individual neighbors for SLCM's Annual Meeting, We work together to address relevant and timely topics that South Louisville is faced with, such as childhood hunger with a focus around fresh produce and housing stability and preservation.

We also collaborate with the Office of Housing, the Center for Health Equity, the Association of Community Ministries, Louisville Urban League, Coalition for the Homeless, and Metro United Way in efforts to coordinate services and solutions for lasting benefit to our community.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

| Program/Project Expenses | Column 1 | Column 2 | Column (1+2)=3 |
|--|----------------------|-----------------|----------------|
| | Proposed Metro Funds | Non-Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | \$ 0.00 |
| B: Rent/Utilities | | | \$ 0.00 |
| C: Office Supplies | | | \$ 0.00 |
| D: Telephone | | | \$ 0.00 |
| E: In-town Travel | | | \$ 0.00 |
| F: Client Assistance (See Detailed List on Page 8) | | | \$ 0.00 |
| G: Professional Service Contracts | | | \$ 0.00 |
| H: Program Materials | | | \$ 0.00 |
| I: Community Events & Festivals (See Detailed List on Page 8) | \$ 9,500.00 | \$ 1,500.00 | \$ 11,000.00 |
| J: Machinery & Equipment | | | \$ 0.00 |
| K: Capital Project | | | \$ 0.00 |
| L: Other Expenses (See Detailed List on Page 8) | | | \$ 0.00 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$ 9,500.00 | \$ 1,500.00 | \$ 11,000.00 |
| % of Program Budget | 86.36% | 13.64% | 100% |

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

| | |
|---|--------------------|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | \$ 1,500.00 |
| Fees Collected from Program Participants | |
| Other (please specify) | |
| Total Revenue for Columns 2 Expenses ** | \$ 1,500.00 |

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|--|------------------------------|--|
| Churchill Downs room rental | \$ 10,400.00 | current rental rates |
| Volunteer Hours (200 hours @ \$24.69) | \$ 4,938.00 | calculated national value |
| Restaurant contribution | \$ 2,500.00 | donated value of provisions and staff time |
| | | |
| <i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind) | \$ 17,838.00 | |

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 07/01/2022

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

SLCM is no longer receiving pandemic relief dollars from the federal, state, or local government to distribute to neighbors in need. Our previous fiscal year saw an increase due to our rental assistance program.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

N/A

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

| | | | |
|----------------------------------|---------------------------|------------|--------------------|
| Signature of Legal Signatory: | <i>Clare Rutz Wallace</i> | Date: | 7/26/22 |
| Legal Signatory: (please print): | Clare Rutz Wallace | Title: | Executive Director |
| Phone: | 502-554-4057 | Extension: | N/A |
| Email: | clarewallace@slcm.org | | |

Internal Revenue Service

Date: August 16, 2004

South Louisville Community Ministries Inc.
4803 Southside Dr.
Louisville, KY 40214

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ms. Julius 3108345
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
31-0891259

Dear Sir or Madam:

This is in response to your request of August 16, 2004, regarding your organization's tax-exempt status.

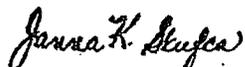
In June 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

ATTACHMENT B

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 2508
Cincinnati, OH 45201

Date: "JAN" 10 1992

Person to Contact:

Gordon Schnur

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Employer Identification Number:

31-0891259

South Louisville Community
Ministries Inc.
801 Camden Ave.
Louisville, KY 40215-2817

Dear Sir or Madam:

This is in response to your letter of September 9, 1991, requesting a copy of your determination letter.

Our records indicate that by a determination letter issued in September, 1976 your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
Mar. 20, 2012 LTR 4168C E0
31-0891259 000000 00

00017552

BODC: TE

SOUTH LOUISVILLE COMMUNITY
MINISTRIES INC
4803 SOUTHSIDE DR
LOUISVILLE KY 40214-2111



012242

Employer Identification Number: 31-0891259
Person to Contact: Mrs. Black
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 09, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in SEPTEMBER 1976.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(i).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

| Expenses | Income | |
|--|----------------------------|--|
| | Projected Total 2022-23 | Projected Total 2022-23 |
| Executive Director | 48750 | Metro's External Agency Fund 188,400 |
| Assistant Director | 42750 | ACM Utilities 150,000 |
| Financial Assistance Coordinator | 27050 | Winterhelp 30,000 |
| MOW and Volunteer Coordinator | 27050 | Meals on Wheels 25,000 |
| Food Pantry Coordinator | 23400 | Church Pledges 45,000 |
| Development Assistant and Resource Coordinator | 23400 | Sponsors 50,000 |
| Case Services Manager | 22000 | Rosewater Bookstore 30,000 |
| Health/Life/Disability | 60000 | Donations 100,000 |
| Payroll Taxes | 71634 | Organizations (w/o grant agreement) 20,000 |
| Retirement | 6000 | Grants 225,000 |
| Workers' Compensation | 1750 | Total Income 863,400 |
| Payroll Service Fee | 3600 | |
| Holiday Bonus | 1400 | |
| Janitorial Services | 7800 | |
| Interpretation and Delivery - Contractor Labor | 29000 | |
| Accounting - Contractor Labor | 9325 | |
| TOTAL PERSONNEL | 404,909 | |
| Audit Fees | 10,500 | |
| Bank Services Fees | 250 | |
| Office Supplies | 2000 | |
| Directors and Officers Insurance | 2248 | |
| Copier Expenses | 4280 | |
| Carbonite - Cloud Backup | 900 | |
| Janitorial Supplies | 500 | |
| Postage | 2000 | |
| TOTAL ADMINISTRATIVE | 22,678 | |
| Program Equipment | 1200 | |
| Background Checks | 1000 | |
| Telephone/Internet | 5700 | |
| Mileage Reimbursement | 700 | |
| Rethink Louisville (LRAN) | 43,250 | |
| Neighbor Network Assistance | 88,740 | |
| Nutritious Food Assistance & Produce Program | 25,300 | |
| LG&E Assistance | 120,000 | |
| Water Assistance | 43,000 | |
| Infant Supplies | 10,000 | |
| Partner Agency Support | 1000 | |
| Community Events (incl. Food/Beverages) | 1000 | |
| TOTAL PROGRAM | 340880 | |
| Rent/Utilities | 19560 | |
| Internet | 1425 | |
| Supplies | 600 | |
| Vendor/Taxes | 3500 | |
| TOTAL ROSEWATER | 25985 | |
| Dues and Subscriptions | 580 | |
| Professional Development | 1500 | |
| Volunteer/Partner Appreciation | 1000 | |
| TOTAL DEVELOPMENT | 3080 | |
| Rent | 6600 | |
| Electricity | 10000 | |
| General Liability & Building Insurance | 4888 | |
| Equipment and Building Repair | 12455 | |
| TOTAL BUILDING | 33943 | |
| Marketing - Printing/Video/Facebook Ad | 1500 | |
| Online Support - Website/Domain/Donorbox/GLL | 1,000 | |
| Taste of South Louisville | 9,500 | |
| Mallings | 1,000 | |
| Families Helping Families | 10,000 | |
| TOTAL MARKETING/FUNDRAISING | 23,000 | |
| Reserve Payments | 8400 | |
| TOTAL MISC | 8,400 | |
| Total Expenses / Allocations | 861,985 | |

South Louisville Community Ministries
Statement of Activities
For the Twelve Months Ended June 30, 2022
DRAFT

| | YTD Actual Current Year | Annual Budget | Variance | % of Budget Collected/Spent | YTD Actual Prior Year |
|--|----------------------------|-------------------|---------------------|-----------------------------------|--------------------------|
| Individual Giving | \$ 86,968 | \$ 100,000 | \$ (13,032) | 86.97% | \$ 214,830 |
| Business/Corporation Giving | \$ 12,714 | \$ 20,000 | \$ (7,286) | 63.57% | \$ 3,788 |
| Memorial Giving | \$ 35 | \$ 0 | \$ 35 | 0.00% | \$ 50 |
| Church Giving | \$ 37,065 | \$ 44,000 | \$ (6,935) | 84.24% | \$ 60,630 |
| Fundraising (Net) and Misc. Income | \$ 45,742 | \$ 31,500 | \$ 14,242 | 145.21% | \$ 47,140 |
| Grants | \$ 741,030 | \$ 305,898 | \$ 435,132 | 242.25% | \$ 1,703,190 |
| Rosewater Bookstore (Less COS) | \$ 28,585 | \$ 24,000 | \$ 4,585 | 0.00% | \$ 33,910 |
| Program Pass-Thru: Net Donations/Expense | \$ 261,271 | \$ 95,333 | \$ 165,938 | 0.00% | \$ 76,110 |
| Other Income | \$ 24 | \$ - | \$ 24 | 0.00% | \$ 20 |
| Total Revenue | \$ 1,213,433 | \$ 620,731 | \$ 592,702 | 195.48% | \$ 2,139,700 |
| Personnel Expenses | \$ 557,942 | \$ 300,964 | \$ (256,978) | 185.39% | \$ 254,721 |
| Professional Fees | \$ 38,721 | \$ 29,007 | \$ (9,714) | 133.49% | \$ 26,710 |
| Supplies/Services | \$ 9,179 | \$ 8,800 | \$ (379) | 104.31% | \$ 4,652 |
| Telephone | \$ 5,942 | \$ 4,500 | \$ (1,442) | 132.04% | \$ 4,781 |
| Postage & Shipping | \$ 1,559 | \$ 2,500 | \$ 941 | 62.37% | \$ 1,495 |
| Occupancy Expenses | \$ 38,216 | \$ 36,060 | \$ (2,156) | 105.98% | \$ 33,648 |
| Rentals & Technology | \$ 16,644 | \$ 2,800 | \$ (13,844) | 594.43% | \$ 3,259 |
| Printing Expenses | \$ 2,275 | \$ 1,500 | \$ (775) | 151.70% | \$ 459 |
| Travel Expenses | \$ 263 | \$ 700 | \$ 437 | 37.58% | \$ 347 |
| Client Services | \$ 442,535 | \$ 217,500 | \$ (225,035) | 203.46% | \$ 1,577,538 |
| Dues & Subscriptions | \$ 880 | \$ 580 | \$ (300) | 151.72% | \$ 445 |
| Insurance | \$ 6,798 | \$ 7,116 | \$ 318 | 95.53% | \$ 7,126 |
| Interest | \$ - | \$ - | \$ - | 0.00% | \$ 754 |
| Misc. Expenses | \$ 529 | \$ 1,250 | \$ 721 | 42.33% | \$ 456 |
| Depreciation | \$ - | \$ - | \$ - | 0.00% | \$ 4,142 |
| Total Expenses | \$ 1,121,484 | \$ 613,277 | \$ (508,207) | 182.87% | \$ 1,920,533 |
| Revenue in Excess (Deficit) of Expenses | \$ 91,949 | \$ 7,456 | \$ 84,495 | | \$ 219,173 |
| In Kind Income | \$ 319,607 | \$ - | \$ 319,607 | | \$ 218,118 |
| In Kind Expense | \$ (319,607) | \$ - | \$ (319,607) | | \$ (218,118) |
| Net In-Kind Activity | \$ - | \$ - | \$ - | | \$ - |
| Net Agency Activity | \$ 91,949 | \$ 7,456 | \$ 84,495 | | \$ 219,173 |

Balance Sheet
As of 6/30/2022

So. Louisville Community Ministries (SLC)

| | | Year to Date | Prior Year to Date |
|---|--|-------------------|-----------------------|
| Assets | | | |
| Current Assets | | | |
| Cash-Republic xx7196 | | | |
| Cash - Republic Bank Operating | | 58,269.46 | 61,622.86 |
| Cash - Emergency Assistanc 769 | | 407,747.56 | 283,451.59 |
| Cash - Republic Bk Reserve Fund xxx3778 | | 20,255.60 | 2,594.06 |
| Cash-Republic Bank-Emer Assistance | | 8,401.18 | 0.00 |
| Republic Bank-Gaming-xx9574 | | 38,951.63 | 61,910.16 |
| Petty Cash | | 521.35 | 521.35 |
| Accounts Receivable | | 50.00 | 50.00 |
| Accts Rec Metro MOW | | 0.95 | 1.48 |
| Acct Rec | | 4,207.40 | 4,425.40 |
| Health Ins-Dependent | | 0.00 | 31,714.00 |
| G/R UL Hospital MOW Reimbursement | | 5,684.44 | 5,680.51 |
| Prepaid Rent | | 10,000.00 | 8,000.00 |
| | | 1,500.00 | 1,500.00 |
| | Total Current Assets: | 555,589.57 | 461,471.41 |
| Other Assets | | | |
| Inventory - Books | | 22,750.00 | 22,750.00 |
| Deposits | | 1,500.00 | 1,500.00 |
| | Total Other Assets: | 24,250.00 | 24,250.00 |
| Fixed Assets | | | |
| Furniture & Fixtures | | 6,691.62 | 4,046.92 |
| Accum. Depr. - Furn & Fixtures | | -8,266.40 | -8,266.40 |
| Equipment | | 4,880.13 | 4,880.13 |
| Accum. Depr. - Equipment | | -3,612.00 | -3,612.00 |
| Leasehold Improvements | | 54,175.32 | 54,175.32 |
| Accum. Depr. - Leasehold Imprv | | -24,275.00 | -24,275.00 |
| | Total Fixed Assets: | 29,593.67 | 26,948.97 |
| | Total Assets: | 609,433.24 | 512,670.38 |
| Liabilities | | | |
| Current Liabilities | | | |
| Accounts Payable | | 6,267.20 | 2,052.06 |
| Aflac Withholding | | 0.00 | 35.49 |
| Roth 401k Withholding | | 587.10 | 385.32 |
| Accrued Sales Tax | | 441.57 | 0.00 |
| | Total Current Liabilities: | 7,295.87 | 2,472.87 |
| | Total Liabilities: | 7,295.87 | 2,472.87 |
| Equity | | | |
| Net Assets - Temp Restricted | | 18,630.44 | 18,630.44 |
| Retained Earnings-Current Year | | 91,949.86 | 219,172.92 |
| Net Assets | | 491,557.07 | 272,384.15 |
| | Total Equity: | 602,137.37 | 510,187.51 |
| | Total Liabilities & Equity: | 609,433.24 | 512,660.38 |

No CPA provides any assurance on these financial statements.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization **South Louisville Community Ministries, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) **415-1/2 West Ashland Avenue** Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Louisville KY 40214

D Employer identification number
31-0891259

E Telephone number
502-681-4983

G Gross receipts \$ **2,653,786**

F Name and address of principal officer:
Clare Rutz Wallace

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **slcm.org**

K Form of organization: Corporation Trust Association Other

H(c) Group exemption number

L Year of formation:

M State of legal domicile:

Part I Summary

| | | | | |
|---|--|---|------------------|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: To empower our neighbors in crisis to move toward stability and self-sufficiency. | | | |
| | 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) | 3 | 14 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 | |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 8 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 85 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 1,127,123 | 2,581,428 | |
| | 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) | 64,361 | 46,801 | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,191,484 | 2,628,229 | |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 667,566 | 2,070,236 |
| | | 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) | 249,370 | 252,914 |
| | | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | | b Total fundraising expenses (Part IX, column (D), line 25) | 16,279 | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 98,241 | 89,882 | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,015,177 | 2,413,032 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 176,307 | 215,197 | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | 21 Total liabilities (Part X, line 26) | 311,229 | 507,670 | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 21,227 | 2,471 | |
| | | 290,002 | 505,199 | |

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: **Clare Rutz Wallace** Date: _____
Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name: **Christopher Hatcher** Preparer's signature: **Christopher Hatcher** Date: **03/06/22** Check if self-employed if PTIN: **P00340931**

Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: **20-1416603**
Firm's address: **10180 Linn Station Road Suite 200 Louisville, KY 40223** Phone no.: **859-626-9040**

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:

See Schedule O

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

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

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 \$ **2,305,529** including grants of \$ **2,070,236**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **40,364** including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ **28,281** including grants of \$) (Revenue \$)

2020-2021 ROSEWATER BOOKSTORE:

The Rosewater bookstore is a volunteer-powered social enterprise that provides free community space, workforce development opportunities, and emergency assistance to neighbors in crisis.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,374,174**

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)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | | 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? If "Yes," complete Schedule D, Part VI | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | 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? If "Yes," complete Schedule D, Part IX | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 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? If "Yes," complete Schedule F, Parts I and IV | | 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? If "Yes," complete Schedule F, Parts II and IV | | 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? If "Yes," complete Schedule F, Parts III and IV | | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | 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? If "Yes," complete Schedule I, Parts I and II | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

| | |
|----|-----|
| 1a | 160 |
| 1b | 0 |

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

| | | Yes | No |
|-----|--|-----|----|
| 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 8 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | 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)? | | X |
| b | 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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 charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | X |
| 8 | 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

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

Section 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 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 on Schedule O. | | |
| | | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 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: | | |
| 8a | The governing body? | X | |
| 8b | 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.)

| | | Yes | No |
|------------|--|----------|----------|
| 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 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 | 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 in 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | | X |
| 15b | Other officers or key employees of the organization | | X |
| 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 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 ▶

Clare Rutz Wallace **415 1/2 Ashland Ave** **KY 40214** **502-681-4983**
Louisville

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.
- See 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 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) Clare Rutz Wallace Executive Director | 40.00 0.00 | | | X | | | | 58,100 | 0 | 8,744 |
| (2) Theresa Batliner Treasurer | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) Stephanie Carr Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) Michael T. Chinigo President | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) Terry Conway Secretary | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) Shireen Deobhakta Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) Rev. Dr. James A. Dewey Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Shane Fitzgerald Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) Nicole George Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) Kathryn Matheny Board Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) Jeffery V. Oeswein Vice President | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week 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 | | | |
| (12) Cortez Hampton Sr. | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Drew Tucker | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) Joseph Twagilimana | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) Joyce Whalin | 1.00 | | | | | | | | | |
| Board Member | 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 58,100 | | 8,744 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 58,100 | | 8,744 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|---|-----|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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 | 2,581,428 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 247,036 | | | | |
| h Total. Add lines 1a-1f | | | 2,581,428 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| 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 | | | | |
| | | 6a | | | | | |
| | | 6b | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7a | | | | | |
| | | 7b | | | | | |
| | b Less: cost or other basis and sales exps. | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | 8a | 51,190 | | | | | |
| | b Less: direct expenses | 8b | 4,389 | | | | |
| c Net income or (loss) from fundraising events | | | 46,801 | | | 46,801 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10a | 21,168 | | | | | |
| | b Less: cost of goods sold | 10b | 21,168 | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 2,628,229 | 0 | 0 | 46,801 | |

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 | 2,070,236 | 2,070,236 | | |
| 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 | 55,100 | 43,575 | 5,810 | 5,715 |
| 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 | 143,448 | 132,022 | 4,213 | 7,213 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 39,200 | 36,848 | 1,176 | 1,176 |
| 10 Payroll taxes | 15,166 | 14,256 | 455 | 455 |
| 11 Fees for services (nonemployees): | | | | |
| 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.) | 26,020 | 15,810 | 9,705 | 505 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 13,547 | 12,871 | 339 | 337 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 31,154 | 30,365 | 395 | 394 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 651 | 614 | 19 | 18 |
| 20 Interest | 754 | 709 | 23 | 22 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,142 | 3,894 | 124 | 124 |
| 23 Insurance | 8,933 | 8,451 | 241 | 241 |
| 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 Repairs & Maintenance | 2,939 | 2,886 | 27 | 26 |
| b Bank Fees | 951 | 893 | 29 | 29 |
| c Dues and subscriptions | 445 | 420 | 13 | 12 |
| d Miscellaneous | 346 | 324 | 10 | 12 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,413,032 | 2,374,174 | 22,579 | 16,279 |
| 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) | | (B) |
|--|---|---|---------|-------------|
| | | Beginning of year | | End of year |
| Assets | i Cash—non-interest-bearing | 239,421 | 1 | 345,933 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 11,610 | 3 | 44,139 |
| | 4 Accounts receivable, net | 3,490 | 4 | 5,682 |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 10,000 | 8 | 17,750 |
| | 9 Prepaid expenses and deferred charges | 3,000 | 9 | 3,000 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 63,101 | | |
| | b Less: accumulated depreciation | 10b 36,152 | 31,091 | 10c 26,949 |
| | 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 | |
| | 15 Other assets. See Part IV, line 11 | 12,617 | 15 | 64,217 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 311,229 | 16 | 507,670 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,359 | 17 | 2,471 |
| | 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 | |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 19,868 | 24 | |
| | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 21,227 | 26 | 2,471 |
| | Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | |
| 27 Net assets without donor restrictions | | 272,385 | 27 | 486,569 |
| 28 Net assets with donor restrictions | | 17,617 | 28 | 18,630 |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 32 Total net assets or fund balances | | 290,002 | 32 | 505,199 |
| 33 Total liabilities and net assets/fund balances | 311,229 | 33 | 507,670 | |

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 | 2,628,229 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,413,032 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 215,197 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 290,002 |
| 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 on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 505,199 |

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 <input type="checkbox"/> 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? 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: <input type="checkbox"/> 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 checked="" type="checkbox"/> Separate basis <input 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 Single Audit Act and OMB Circular A-133? | | |
| 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 | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

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2020
Open to Public Inspection

Name of the organization **South Louisville Community Ministries, Inc.** Employer identification number **31-0891259**

Part I 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 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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 organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 707,057 | 780,984 | 831,172 | 1,127,123 | 2,581,428 | 6,027,764 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 707,057 | 780,984 | 831,172 | 1,127,123 | 2,581,428 | 6,027,764 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 6,027,764 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 707,057 | 780,984 | 831,172 | 1,127,123 | 2,581,428 | 6,027,764 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 59,438 | 85,772 | 89,441 | 7,609 | 21,168 | 263,428 |
| 11 Total support. Add lines 7 through 10 | | | | | | 6,291,192 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 122,698 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | 95.81% |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 91.10% |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 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 acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 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.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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 lines 3b and 3c 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. | | |
| c 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 12a or 12b 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 lines 5b and 5c 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? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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 or 990-EZ). | | |
| 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 9a) 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 9a) 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 . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.) | | |

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. *Complete line 2 below.*
 - b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

- 2 Activities Test. **Answer lines 2a and 2b below.**
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - b Did the organization exercise a substantial degree of control 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.*

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 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 maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | 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 factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2020 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 263,428

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

South Louisville Community Ministries, Inc.

Employer identification number

31-0891259

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 54,175 | 27,886 | 26,289 |
| d Equipment | | 8,926 | 8,266 | 660 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **26,949**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) Restricted Cash | 64,217 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 64,217 |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,628,229 |
| 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 | 2,628,229 |
| 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 | 4a | | |
| 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 | 2,628,229 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|----|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,413,032 |
| 2 | 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,413,032 |
| 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 | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 2,413,032 |

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.

Part X - FIN 48 Footnote

SLCM is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. SLCM qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial

Part XIII Supplemental Information *(continued)*

position.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **South Louisville Community Ministries, Inc.** Employer identification number **31-0891259**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|---------------------------------|------------------------|---------------------------------|
| | | Taste of South (event type) | Families Helpin (event type) | None (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 29,277 | 21,913 | 51,190 |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 29,277 | 21,913 | 51,190 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 2,958 | 1,431 | 4,389 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 46,801 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|--|--|--|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization

**South Louisville Community
Ministries, Inc.**

Employer identification number

31-0891259

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (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 |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Emergency Assistance | 4615 | 1,852,118 | 218,118 | FMV | Food |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV - Additional Information

Emergency Assistance - Includes payments for rent, utilities, prescriptions and managing a Dare to Care Food Pantry for qualified low-income residents.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**South Louisville Community
Ministries, Inc.**

Employer identification number

31-0891259

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art — Works of art | | | | |
| 2 Art — Historical treasures | | | | |
| 3 Art — Fractional interests | | | | |
| 4 Books and publications | X | | 57,836 | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities — Publicly traded | | | | |
| 10 Securities — Closely held stock | | | | |
| 11 Securities — Partnership, LLC, or trust interests | | | | |
| 12 Securities — Miscellaneous | | | | |
| 13 Qualified conservation contribution — Historic structures | | | | |
| 14 Qualified conservation contribution — Other | | | | |
| 15 Real estate — Residential | | | | |
| 16 Real estate — Commercial | | | | |
| 17 Real estate — Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1 | 218,118 | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

| | |
|--|---|
| Name of the organization South Louisville Community Ministries, Inc. | Employer identification number 31-0891259 |
|--|---|

Form 990 - Organization's Mission

To empower our neighbors in crisis to move toward stability and self-sufficiency. We do this by demonstrating respectful compassion; practicing faithful stewardship; and providing:

- Emergency assistance with food, medicine, housing and utilities
- Comprehensive referral services and partnerships (individual, family and marriage counseling)
- Daily enrichment services for senior adults

Form 990, Part III, Line 4a - First Accomplishment

Emergency Assistance Program

The Emergency Assistance Program works to meet the basic individual needs of those families in the South End who are facing financial crisis. The program works to stabilize the family's by providing financial assistance with utility bills and housing payments, as well as payment assistance for medical needs. Occasionally we are able to provide assistance for additional needs such as transportation and items needed for work placement. In addition, the program maintains an extensive Dare to Care pantry that distributes canned goods, frozen meat products, refrigerated dairy products, fresh produce, infant supplies and personal items. The COVID pandemic has created a dramatic increase in the need for assistance as well as the availability of funding for such assistance. The Emergency Assistance program receives inquiries for financial assistance from around 265 families each month, and this program assists in providing extensive financial assistance or referral services to those families. Additionally,

Name of the organization

Employer identification number

South Louisville Community

31-0891259

South Louisville Community Ministries assists between 15-25 families monthly by providing funds for necessary medications and individualized counseling - distributing up to \$200 per year/per person. Over the last year, the food pantry has been serving around 185 families monthly.

Funding and in-kind donations for this Emergency Assistance Program comes from supporting churches, Metro Louisville government, Dare to Care Food Bank, special grants, local businesses and foundations, and individuals.

2020-2021 EMERGENCY ASSISTANCE PROGRAM:

The Emergency Assistance Program (EA) served (number of households and total amount of assistance):

-Rent- 514: \$803,184.24

-Water - 51: \$14,296.37

-LGE -120: \$20,790.23

-Medication - 94: \$3590.96

-Other (i.e. transportation)-11: \$1957.57

-Special Utility Grants -1479: \$689,499.83

-Food (orders) - 2195

-Clothing/Furniture Vouchers - 43

-Baby supplies -69

-Bus passes-39

Form 990, Part III, Line 4b - Second Accomplishment

Program for Homebound Seniors

Meals on Wheels provides meals and friendly visits to homebound seniors in South Louisville with a goal to increase nutritional health and provide personal interaction. This program relies on volunteers who deliver

Name of the organization

Employer identification number

South Louisville Community

31-0891259

approximately 1400 lunches a month. Additionally, we deliver boxes of non-perishable USDA commodities to approximately 25 seniors each month.

2020-2021 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS):

Throughout the year, SLCM volunteers delivered frozen meals to our frail, home bound elderly in the south end of Louisville. During the year, 141 seniors were provided a total of 16952 meals. For two routes, the food and funding is provided by Mary and Elizabeth Hospital/University of Louisville Health, while for the other seven routes the food is provided by Mastersons' Catering with coordination and funding provided by the Louisville Metro Senior Nutrition Program and KIPDA. We also provided 284 senior commodity boxes to our home-bound seniors in partnership with Dare to Care and USDA.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Executive Director and Board Treasurer.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board Members complete a conflict of interest form annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents available upon request, 990 available upon request and via Guidestar's website

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

THE UNDERSIGNED, duly elected secretary of South Louisville Community Ministries, Inc., hereby certifies that said corporation is a non-stock, non-profit corporation incorporated on March 30, 1976, under the laws of the Commonwealth of Kentucky, and, more particularly, Chapter 273 of the Kentucky Revised Statutes.

I further certify that Articles V through X incorporate amendments to the Articles of Incorporation as heretofore amended, and that they supersede said Articles of Incorporation as heretofore amended.

I further certify that the following Amended and Restated Articles of Incorporation were adopted at a meeting of the corporation Board of Directors held on Monday, June 23, 2014, that a quorum was present, and that said Articles received the vote of a majority of the Directors in office.

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

The purpose of South Louisville Community Ministries is to coordinate the efforts of the various segments of the community in order to meet the needs of the area.

ARTICLE IV

The Corporation shall be irrevocably dedicated to, and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue
Louisville, KY 40214

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE VI

In carrying out the corporate purposes described in Article III, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

- 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later tax laws.
- 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The Corporation shall be governed by the Bylaws.

Any director may be removed from office by the Board of Directors for reasons set forth in the Bylaws, as they may from time to time be amended. Notice of intent to remove must be sent to the director in question at least fourteen (14) days prior to the meeting at which the action is to be taken. Said notice shall give the reasons for removal. A two-thirds (2/3) vote of the Directors present, in a secret ballot, a quorum being present, shall be required for removal.

ARTICLE VIII

(1) A director, officer, employee or member of the Corporation shall not be personally liable for the acts or debts of the Corporation, except insofar as the member may become personally liable by reason of his or her own acts or conduct pursuant to KRS 273.187 (or corresponding provision of any later Kentucky statute).

(2) The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its Bylaws or a resolution adopted after notice to members entitled to vote.

(3) The Corporation hereby eliminates the personal liability of a director to the Corporation for monetary damages for breach of his or her duties as a director, provided that this provision shall not eliminate the liability of a director in the following circumstances:

- A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
- B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- C. For any transaction from which the director derived an improper personal benefit.

ARTICLE IX

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c) (3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE X

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the secretary of this Corporation this 28 day of August, 2014.

Joyce Whalin
Joyce Whalin, Secretary

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 28 day of August 2014, by Joyce Whalin, Secretary of South Louisville Community Ministries, Inc., on behalf of the Corporation.

Witness my signature and seal of office this 28 day of August, 2014

My Commission Expires: August 27, 2016

Notary Public, State at Large, KY
My commission expires Aug. 27, 2016
Notary ID# 473862

William J. Galloway
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|--|--|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. South Louisville Community Ministries, Inc. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(3) | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.) |
| | 5 Address (number, street, and apt. or suite no.) See instructions. 415 1/2 W Ashland Avenue | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Louisville, KY 40214 | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---|-------|-------|-----|--|---|--|--|--|--|
| Social security number | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">31</td> <td style="width: 25%;">-0891</td> <td style="width: 25%;">259</td> <td style="width: 25%;"></td> </tr> </table> | 31 | -0891 | 259 | | | | | | |
| 31 | -0891 | 259 | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|----------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 7/26/22 |
|------------------|----------------------------|----------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

SLCM Client Survey 2021-22

Hello! You are receiving this survey because you have requested SLCM services this fiscal year. SLCM invites you to give us feedback about our programs, services, and your experience seeking assistance. The results of the survey will be used to better serve you and meet your needs and to help our agency get additional funds to meet those needs.

Please note that:

- 1.) This survey is completely confidential and will only take a few minutes to complete
- 2.) Your participation is voluntary. You do not need to participate if you do not want to
- 3.) Your responses are anonymous so you do not need to put your name anywhere on the survey
- 4.) Your answer will NOT affect your ability to access services at SLCM
- 5.) If you have filled out one in past years, we would love to get your feedback for this year also
- 6.) Please complete by Sunday, March 13th

If you have any questions about this survey, please contact us at: slcm@slcm.org

Thank you!

* Required

1. How often to you get help from SLCM? *

Mark only one oval.

- First visit
- Once a month
- A few times a year
- Once a year
- Less than once a year

2. What services have you received? (check all that apply) *

Check all that apply.

- Food Box
- Fresh Produce
- Medication
- Financial Assistance (housing, utilities, transportation needs)
- Household items
- Baby supplies
- Clothing or furniture vouchers
- TARC tickets

3. How long have you been getting help here? *

Mark only one oval.

- First visit
- Less than 1 year
- 1-3 Years
- 4-6 Years
- 7+ Years

4. What is the primary reason you needed help? *

Mark only one oval.

- Loss of income (job, spouse moved out, etc.)
- Unexpected expense (funeral, car repair)
- Ongoing expense that exceeds income (medication, food, etc.)
- Barriers to working (no childcare, transportation, etc.)
- Other

5. Source of your holdhold income (check all that apply) *

Check all that apply.

- Wages (full or part-time)
- Unemployment
- Social Security
- Pension
- SSI/disability
- Child support
- Other: _____

About SLCM

6. Are you aware of all of the services that SLCM offers? *

Mark only one oval.

- Yes
- No

7. What services do you think SLCM provides? *

Check all that apply.

- Food
- Financial assistance with utilities/housing
- Medication assistance
- Family counseling
- Baby supplies
- Furniture/clothing vouchers
- Pet supplies
- Meals on Wheels
- Finding temporary/permanent housing
- Signing up for food stamps/Medicaid
- Computer/Google Suite classes

8. Do you feel you understand the process to receive help? *

Mark only one oval.

| | | | | | | |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Not at all | <input type="radio"/> | Definitely |

9. Do you feel like you can ask SLCM about all your needs? *

Mark only one oval.

| | | | | | | |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Not at all | <input type="radio"/> | Definitely |

10. Do you think that you will need help from SLCM in the future? *

Mark only one oval.

Yes
 No

11. What might you need help with from SLCM in the future? (check all that apply) *

Check all that apply.

- LG&E or water bills
- Food assistance
- Baby Supplies
- Medication
- Rent
- Counseling
- Other: _____

12. Have you received food from SLCM in the past year? *

Mark only one oval.

Yes

No *Skip to question 16*

Food Assistance

13. If yes, where else do you get food? (check that apply)

Check all that apply.

Purchase at a store

Friends and Family

Other pantries/soup kitchens

Food stamps

No other regular food source

14. Before coming to SLCM, how often did you NOT know where your next meal was coming from or did you have to eat less than you needed?

Mark only one oval.

Never

Once every few months

Once a month

Weekly

Daily

15. After coming to SLCM, how often did you NOT know where your next meal was coming from or did you have to eat less than you needed?

Mark only one oval.

- Never
- Once every few months
- Once a month
- Weekly
- Daily

Financial Assistance

16. Have you received financial assistance from SLCM in the past year? *

Mark only one oval.

- Yes
- No

17. What did you receive financial assistance with? (check all that apply)

Check all that apply.

- Rent/deposit/temp housing
- Water bill
- LG&E bill
- Medication
- Transportation (fees, repairs, etc)
- Other: _____

About you and your feedback. . .

18. Have you had your income affected by the COVID19 pandemic? *

Mark only one oval.

Yes

No

19. If yes, when did you lose/reduce your income?

20. In what way? (check all that apply)

Check all that apply.

Loss of job

Reduced hours

Issues with childcare/NTI

Increased expenses

Health (self or other)

Other: _____

21. Have you received additional COVID19-relate assistance from another agency/ies?

Mark only one oval.

Yes

No

22. Did SLCM refer you to another agency?

Mark only one oval.

Yes

No

23. How close are you to not being worried about your financial situation? *

Mark only one oval.

1 2 3 4 5

Not at all close Very close

24. How do you think SLCM can serve neighbors in crisis better?

Check all that apply.

- More opportunities for asking questions
- More information on SLCM services
- More information on other agencies' services
- Meeting neighbors/building community
- Ability to choose food items
- More financial assistance
- Access to furniture
- Other: _____

25. If you need financial assistance in the future, what is the best way for you to communicate with us and submit documents?

Mark only one oval.

- Face-to-face interview to show you documents, receive other services, and ask questions
- Drop off documents at my convenience and then talk on the phone at a set time
- Submit documents and communicate via email
- Submit documents and communicate via text
- Don't know
- Other: _____

26. Any other questions, comments, suggestions or concerns?

27. Can you describe a time that SLCM made a difference in your life (it can be as simple as receiving a certain item)?

28. What is your age? *

Mark only one oval.

0-20 Years

21-30 Years

31-40 Years

41-50 Years

51-60 Years

60+ Years

29. Race/Ethnicity *

Mark only one oval.

White

Black/African American

American Indian/Alaskan native

Asian

Native Hawaiian or other Pacific Islander

Hispanic/Latino/or Spanish origin

Other: _____

30. Gender *

Mark only one oval.

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe
- Prefer not to say

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Google Forms



South Louisville

Community Ministries, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2021 and 2020

Contents

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| Statements of Financial Position | 3 |
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| Statements of Functional Expenses | 5 |
| Statements of Cash Flows | 7 |
| Notes to Financial Statements | 8 |



Independent Auditors' Report

To the Board of Directors
South Louisville Community Ministries, Inc.

Opinion

We have audited the accompanying financial statements of South Louisville Community Ministries, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of South Louisville Community Ministries, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of South Louisville Community Ministries, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about South Louisville Community Ministries, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of South Louisville Community Ministries, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about South Louisville Community Ministries, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Baldwin CPAs, PLLC

Louisville, Kentucky
December 3, 2021

South Louisville Community Ministries, Inc.
 Statements of Financial Position
 June 30, 2021 and 2020

| | 2021 | 2020 |
|---|-------------------|-------------------|
| Assets | | |
| Cash | \$ 345,933 | \$ 239,421 |
| Restricted cash | 64,217 | 12,617 |
| Accounts receivable | 5,682 | 3,490 |
| Grants receivable | 44,139 | 6,610 |
| Promises to give | - | 5,000 |
| Prepaid expenses | 3,000 | 3,000 |
| Inventory | 17,750 | 10,000 |
| Furniture, equipment, & leasehold improvements, net | 26,949 | 31,091 |
| Total Assets | \$ 507,670 | \$ 311,229 |
| Liabilities and Net Assets | | |
| Liabilities | | |
| Accounts payable | \$ 2,471 | \$ 1,359 |
| Note payable | - | 19,868 |
| Total Liabilities | 2,471 | 21,227 |
| Net Assets | | |
| Without donor restriction | 486,569 | 272,385 |
| With donor restriction | 18,630 | 17,617 |
| Total Net Assets | 505,199 | 290,002 |
| Total Liabilities and Net Assets | \$ 507,670 | \$ 311,229 |

South Louisville Community Ministries, Inc.
 Statements of Activities
 For the Years Ended June 30, 2021 and 2020

| | 2021 | | | 2020 | | |
|--|------------------------------|---------------------------|--------------|------------------------------|---------------------------|--------------|
| | Without Donor Restriction | With Donor Restriction | Total | Without Donor Restriction | With Donor Restriction | Total |
| Revenue and Support: | | | | | | |
| Contributions and grants | \$ 2,562,798 | \$ 18,630 | \$ 2,581,428 | \$ 1,109,506 | \$ 17,617 | \$ 1,127,123 |
| Book sales | 21,168 | - | 21,168 | 7,609 | - | 7,609 |
| Cost of book sales | (21,168) | - | (21,168) | (7,609) | - | (7,609) |
| Special events | 51,190 | - | 51,190 | 71,508 | - | 71,508 |
| Special events expense | (4,389) | - | (4,389) | (7,147) | - | (7,147) |
| | 2,609,599 | 18,630 | 2,628,229 | 1,173,867 | 17,617 | 1,191,484 |
| Net Assets Released from Restrictions: | | | | | | |
| Restrictions satisfied by payments | 17,617 | (17,617) | - | 24,400 | (24,400) | - |
| | 2,627,216 | 1,013 | 2,628,229 | 1,198,267 | (6,783) | 1,191,484 |
| Total Revenue and Support | | | | | | |
| | 2,374,175 | - | 2,374,175 | 976,691 | - | 976,691 |
| Program services | 22,579 | - | 22,579 | 22,215 | - | 22,215 |
| Management and general | 16,278 | - | 16,278 | 16,271 | - | 16,271 |
| Fund raising | 2,413,032 | - | 2,413,032 | 1,015,177 | - | 1,015,177 |
| Total Expenses | | | | | | |
| | 214,184 | 1,013 | 215,197 | 183,090 | (6,783) | 176,307 |
| Change in Net Assets | | | | | | |
| | 272,385 | 17,617 | 290,002 | 89,295 | 24,400 | 113,695 |
| Net Assets at Beginning of Year | \$ 486,569 | \$ 18,630 | \$ 505,199 | \$ 272,385 | \$ 17,617 | \$ 290,002 |
| Net Assets at End of Year | | | | | | |

The accompanying notes are an integral part of these financial statements

South Louisville Community Ministries, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2021

| | Programs | | | | | | | | | | Fund Raising | Total |
|---|-------------|----------------------|-----------------|--------------------|-----------|--------------|------------------------|-----------|--------------|--|--------------|-------|
| | Food Pantry | Emergency Assistance | Meals on Wheels | Volunteer Services | Rosewater | Program | Management and General | | | | | |
| Salaries and wages | \$ 30,899 | \$ 110,894 | \$ 22,472 | \$ 11,332 | \$ - | \$ 175,597 | \$ 10,023 | \$ 12,928 | \$ 198,548 | | | |
| Employee benefits and payroll taxes | 11,961 | 27,183 | 8,699 | 3,262 | - | 51,105 | 1,631 | 1,630 | 54,366 | | | |
| Assistance to individuals | - | 2,065,181 | - | - | 5,055 | 2,070,236 | - | - | 2,070,236 | | | |
| Professional fees and contract services | 3,700 | 8,410 | 2,691 | 1,009 | - | 15,810 | 9,705 | 505 | 26,020 | | | |
| Supplies | 284 | 645 | 206 | 77 | 89 | 1,301 | 39 | 38 | 1,378 | | | |
| Telephone and IT | 1,393 | 3,165 | 1,013 | 380 | 1,710 | 7,661 | 190 | 189 | 8,040 | | | |
| Utilities | 1,442 | 3,277 | 1,049 | 393 | - | 6,161 | 197 | 196 | 6,554 | | | |
| Postage and printing | 809 | 1,840 | 589 | 221 | 450 | 3,909 | 110 | 110 | 4,129 | | | |
| Occupancy | 1,452 | 3,300 | 1,056 | 396 | 18,000 | 24,204 | 198 | 198 | 24,600 | | | |
| Repair and maintenance | 197 | 448 | 143 | 54 | 2,044 | 2,886 | 27 | 26 | 2,939 | | | |
| Travel, training and conferences | 138 | 314 | 100 | 38 | 24 | 614 | 19 | 18 | 651 | | | |
| Insurance | 1,765 | 4,012 | 1,284 | 481 | 909 | 8,451 | 241 | 241 | 8,933 | | | |
| Bank fees | 209 | 475 | 152 | 57 | - | 893 | 29 | 29 | 951 | | | |
| Dues and subscriptions | 98 | 224 | 71 | 27 | - | 420 | 13 | 12 | 445 | | | |
| Interest expense | 166 | 377 | 121 | 45 | - | 709 | 23 | 22 | 754 | | | |
| Miscellaneous | 76 | 172 | 55 | 21 | - | 324 | 10 | 12 | 346 | | | |
| Depreciation | 911 | 2,071 | 663 | 249 | - | 3,894 | 124 | 124 | 4,142 | | | |
| Direct costs of book sales | - | - | - | - | 21,168 | 21,168 | - | - | 21,168 | | | |
| Direct costs of special events | - | - | - | - | - | - | - | 4,389 | 4,389 | | | |
| Total expenses by function | 55,500 | 2,231,988 | 40,364 | 18,042 | 49,449 | 2,395,343 | 22,579 | 20,667 | 2,438,589 | | | |
| Less direct costs of book sales | - | - | - | - | (21,168) | (21,168) | - | - | (21,168) | | | |
| Less direct costs of special events | - | - | - | - | - | - | - | (4,389) | (4,389) | | | |
| Total expenses included in expense section of statement of activities | \$ 55,500 | \$ 2,231,988 | \$ 40,364 | \$ 18,042 | \$ 28,281 | \$ 2,374,175 | \$ 22,579 | \$ 16,278 | \$ 2,413,032 | | | |

The accompanying notes are an integral part of these financial statements.

South Louisville Community Ministries, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2020

| | Programs | | | | | | | Total | Fund Raising | Total |
|---|-------------|----------------------|-----------------|--------------------|---------------------|------------------------|------------|-----------|--------------|--------------|
| | Food Pantry | Emergency Assistance | Meals on Wheels | Volunteer Services | Rosewater Bookstore | Management and General | Program | | | |
| Salaries and wages | \$ 30,566 | \$ 109,489 | \$ 22,230 | \$ 11,195 | \$ - | \$ - | \$ 173,480 | \$ 9,885 | \$ 12,744 | \$ 196,109 |
| Employee benefits and payroll taxes | 11,717 | 26,631 | 8,522 | 3,196 | - | - | 50,066 | 1,598 | 1,597 | 53,261 |
| Assistance to individuals | - | 667,566 | - | - | - | - | 667,566 | - | - | 667,566 |
| Professional fees and contract services | 2,209 | 5,020 | 1,606 | 602 | - | - | 9,437 | 9,101 | 302 | 18,840 |
| Supplies | 2,239 | 5,090 | 1,629 | 611 | 5,929 | - | 15,498 | 305 | 305 | 16,108 |
| Telephone and IT | 675 | 1,535 | 491 | 184 | 611 | - | 3,496 | 92 | 93 | 3,681 |
| Utilities | 1,793 | 4,074 | 1,304 | 489 | - | - | 7,660 | 244 | 244 | 8,148 |
| Postage and printing | 304 | 692 | 221 | 83 | - | - | 1,300 | 42 | 42 | 1,384 |
| Occupancy | 1,430 | 3,250 | 1,040 | 390 | 13,500 | - | 19,610 | 195 | 195 | 20,000 |
| Repair and maintenance | 1,660 | 3,773 | 1,207 | 453 | 4,164 | - | 11,257 | 226 | 226 | 11,709 |
| Travel, training and conferences | 137 | 311 | 100 | 37 | - | - | 585 | 19 | 18 | 622 |
| Insurance | 1,791 | 4,072 | 1,303 | 489 | 830 | - | 8,485 | 244 | 244 | 8,973 |
| Bank fees | 94 | 212 | 68 | 26 | - | - | 400 | 13 | 12 | 425 |
| Dues and subscriptions | 99 | 226 | 72 | 27 | - | - | 424 | 14 | 12 | 450 |
| Interest expense | 240 | 545 | 174 | 65 | - | - | 1,024 | 33 | 32 | 1,089 |
| Miscellaneous | 561 | 1,273 | 408 | 153 | - | - | 2,395 | 76 | 77 | 2,548 |
| Depreciation | 938 | 2,132 | 682 | 256 | - | - | 4,008 | 128 | 128 | 4,264 |
| Direct costs of book sales | - | - | - | - | 7,609 | - | 7,609 | - | - | 7,609 |
| Direct costs of special events | - | - | - | - | - | - | - | - | 7,147 | 7,147 |
| Total expenses by function | 56,453 | 835,891 | 41,057 | 18,256 | 32,643 | - | 984,300 | 22,215 | 23,418 | 1,029,933 |
| Less direct costs of book sales | - | - | - | - | (7,609) | - | (7,609) | - | (7,147) | (7,609) |
| Less direct costs of special events | - | - | - | - | - | - | - | - | - | (7,147) |
| Total expenses included in expense section of statement of activities | \$ 56,453 | \$ 835,891 | \$ 41,057 | \$ 18,256 | \$ 25,034 | \$ - | \$ 976,691 | \$ 22,215 | \$ 16,271 | \$ 1,015,177 |

The accompanying notes are an integral part of these financial statements.

South Louisville Community Ministries, Inc.
Statement of Cash Flows
For the Year Ended June 30, 2021 and 2020

| | 2021 | 2020 |
|---|-------------------|-------------------|
| Cash Flow From Operating Activities: | | |
| Change in net assets | \$ 215,197 | \$ 176,307 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Depreciation | 4,142 | 4,264 |
| (Increase) decrease in operating assets: | | |
| Accounts receivable | (2,192) | (651) |
| Grants receivable | (37,529) | 3,425 |
| Promises to give | 5,000 | (1,000) |
| Prepaid Expenses | - | (3,000) |
| Inventory | (7,750) | (10,000) |
| Increase (decrease) in operating liabilities: | | |
| Accounts payable | 1,112 | (1,227) |
| | 177,980 | 168,118 |
| Net Cash Provided by Operating Activities | | |
| Cash Flows From Financing Activities: | | |
| Payments on note payable | (19,868) | (12,208) |
| | (19,868) | (12,208) |
| Net Cash Used by Financing Activities | | |
| | 158,112 | 155,910 |
| Net Increase in Cash | | |
| Cash at Beginning of Year | 252,038 | 96,128 |
| | \$ 410,150 | \$ 252,038 |
| Cash at End of Year | | |
| Supplemental Disclosures: | | |
| Cash | \$ 345,933 | \$ 239,421 |
| Restricted cash | 64,217 | 12,617 |
| | \$ 410,150 | \$ 252,038 |
| Total cash | | |
| | \$ 754 | \$ 1,089 |
| Cash paid for interest | | |

South Louisville Community Ministries, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Note 1 - Summary of Significant Accounting Policies

South Louisville Community Ministries, Inc. (SLCM), located in Louisville, Kentucky, is a not-for-profit organization founded in 1975. SLCM's mission is to empower neighbors in crisis to move toward stability and self-sufficiency by demonstrating respectful compassion; practicing faithful stewardship; and providing the following programs:

Emergency Assistance: SLCM aids individuals who are facing crisis to help ease a significant burden that is preventing them from being happy, healthy, and safe. This includes payments for housing, utilities, and prescriptions, and managing a Dare to Care Food Pantry and Meals on Wheels routes. SLCM also provides household items such as diapers, toiletries, and cleaning products.

Referral Services and Connecting Resources: SLCM builds and maintains partnerships with other local agencies and community services as they help meet the ongoing needs of neighbors. SLCM collects relevant and timely information about available resources and programs while connecting individuals with opportunities that fit their specific needs. We assist in making the connection by hosting programs, helping with transportation and language barriers, and providing information about eligibility requirements and other important details. The referrals we provide are for financial literacy, job training, computer and internet access, legal aid, free clothing and furniture, temporary housing, healthcare information, support during the holidays, free family-learning activities, and much more.

Coaching and Case Management: SLCM serves as an advocate for our neighbors through relationship and compassion. Volunteers and staff listen to clients and help them on their way to self-identified goals through coaching which includes support with finding employment, setting up counseling appointments, following through with referrals, and marking progress toward goals. Every individual is provided with a different set of tools and timeline for their own journey towards a happy, healthy, and safe home.

Rosewater Bookstore: SLCM operates the bookstore as volunteer-powered social enterprise that provides free community space, workforce development opportunities, and emergency assistance to neighbors in crisis.

SLCM's service area is an area rich in diversity that encompasses all of zip codes 40214, 40215, and 40209, and those families in 40208 who live south of Eastern Parkway.

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 1 - Summary of Significant Accounting Policies (continued)

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of not-for-profit organizations. Under this guidance, SLCM is required to report information regarding its financial position and activities according to two classes of net assets. A description of the net asset categories follows:

Net assets without donor restriction: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Net assets with donor restriction: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Cash

For the purposes of the statement of cash flows, restricted cash, limited in use to payment of costs in support of emergency assistance, is considered cash.

Restricted Cash

SLCM currently provides emergency assistance for housing and utilities. Included in reserved cash, which are kept in a separate bank account, are amounts received from various donors in support of SLCM's emergency assistance program. Reserved cash at June 30, 2021 and 2020 was \$64,217 and \$12,617, respectively.

Accounts Receivable

Accounts receivable consists primarily of advanced health insurance premiums to an employee. All accounts are deemed to be fully collectible.

Grants Receivable

Grants receivable consists primarily of amounts that SLCM has requested for reimbursement of grant-related expenses. All accounts are deemed to be fully collectible.

Promises to Give

Promises to give that are expected to be collected within one year are recorded as contributions receivable at net realizable value. Promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Conditional promises to give are not included as support until the conditions are substantially met.

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 1 - Summary of Significant Accounting Policies (continued)

Inventory

Inventory is stated at the lower of cost or net realizable value. Donated books are valued at fair market value at the date of donations.

SLCM believes the value of donated books for resale is not easily measurable. Accordingly, book inventory value is estimated at year-end based on estimated books on hand and average value of books sold. Inventory consists of the following:

| | <u>2021</u> | <u>2020</u> |
|--------------------------|------------------|------------------|
| Rosewater book inventory | <u>\$ 17,750</u> | <u>\$ 10,000</u> |

Furniture, Equipment, and Leasehold Improvements

SLCM capitalizes all expenditures for furniture, equipment, and leasehold improvements more than \$500. Purchased furniture, equipment, and leasehold improvements are carried at cost. Donated furniture, equipment, and leasehold improvements are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Furniture, equipment, and leasehold improvements are depreciated using the straight-line method over the estimated useful life of the respective assets (4-20 years). Depreciation of leasehold improvements is provided over the shorter of the useful life or the remaining term of the related lease on a straight-line basis.

Revenue and Support

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest, is received and are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Conditional promises to give, that is, those with a measurable performance or other barriers, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

SLCM receives new and used books for sale in the Rosewater bookstore. These donated items are recognized as in-kind contributions when received, and as book sales and cost of books sales when sold. Book in-kind contributions were \$28,918 and \$17,609 for the years ended June 30, 2021 and 2020, respectively.

Special events revenue is recognized when the event takes place.

SLCM receives in-kind contributions from various corporations and individuals in the form of supplies for their client assistance programs. These in-kind items are recorded as part of the contributions and grants on the statements of activities. The donated items are recorded at their fair value at the time of donation and were \$218,118 and \$341,879 for the years ended June 30, 2021 and 2020, respectively.

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 1 - Summary of Significant Accounting Policies (continued)

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, occupancy expense, office expense and contract expense, which are allocated based on estimates of time and effort.

Income Tax Status

SLCM is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. SLCM qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

Note 2 - Concentrations of Credit Risk

Cash - SLCM maintains cash balances at a financial institution located in Louisville, Kentucky. Accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times during the year, the cash balance may exceed amounts federally insured. The risk is managed by maintaining all deposits in high quality financial institutions. As of June 30, 2021 and 2020 cash held in excess of insured limits was \$199,233 and \$694, respectively.

Note 3 - Promises to Give

Promises to give are unconditional and expected to be collected within one year or less. Promises to give consist of the following as of June 30, 2021 and 2020:

| | | |
|----------|-------------|-----------------|
| Programs | <u>\$ -</u> | <u>\$ 5,000</u> |
|----------|-------------|-----------------|

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 4 – Furniture, Equipment, and Leasehold Improvements

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. On June 30, 2021 and 2020 the cost and accumulated depreciation of such assets were as follows:

| | 2021 | 2020 |
|--|---------------|---------------|
| Furniture and fixtures | \$ 4,047 | \$ 4,047 |
| Equipment | 4,880 | 4,880 |
| Leasehold improvements | 54,175 | 54,175 |
| Total costs | 63,102 | 63,102 |
| Less accumulated depreciation | (36,153) | (32,011) |
| Furniture, equipment, and leasehold improvements, net | \$ 26,949 | \$ 31,091 |
| Depreciation expense | \$ 4,142 | \$ 4,264 |

Note 5 - Note Payable

The note payable consists of a loan from a bank, secured by general business assets, with an annual interest rate of 4.28%, due January 1, 2023. As of June 2021, SLCM's debts have been satisfied. The outstanding balance as of June 30, 2021 and 2020 was \$0, and \$19,868, respectively.

Note 6 - Net Assets with Donor Restriction

Net assets with donor restrictions are restricted to certain programs or by the passage of time, and consist of the following:

| | 2021 | 2020 |
|--|---------------|---------------|
| Taste of South Louisville | \$ 11,000 | \$ - |
| Kosair | 7,630 | - |
| Emergency assistance | - | 12,617 |
| Good Samaritan | - | 5,000 |
| Total net assets with donor restrictions | \$ 18,630 | \$ 17,617 |

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by the passage of time, or other events specified by the donor(s).

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 7 - Lease Commitments

SLCM leases office space, space for the bookstore, and office equipment under operating leases. Monthly lease payments range from \$138 to \$1,600. These leases expire at various times throughout 2021 and 2024. Future minimum payments under the leases are as follows:

| | | |
|-----------|--------|-------------------|
| 6/30/22 | \$ | 27,685 |
| 6/30/23 | | 26,076 |
| 6/30/24 | | <u>5,350</u> |
| Total | \$ | <u>59,111</u> |

Lease expense was \$26,785 and \$21,656 for the years ended June 30, 2021 and 2020, respectively.

Note 8 - Liquidity and Availability

The following table reflects SLCM's financial assets as of June 30, 2021 and 2020, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid or not convertible to cash within one year.

| | 2021 | 2020 |
|---|-----------------------|-----------------------|
| Financial Assets | | |
| Cash | \$ 345,933 | \$ 239,421 |
| Accounts receivable | 5,682 | 3,490 |
| Grants receivable | 44,139 | 6,610 |
| Promises to give | - | <u>5,000</u> |
| Financial assets, at year-end | 395,754 | 254,521 |
| Less those unavailable for general expenditure within one year | | |
| Restricted for program activities | <u>(18,630)</u> | <u>(17,617)</u> |
| Financial assets available to meet cash needs for general expenditures within one year | <u>\$ 377,124</u> | <u>\$ 236,904</u> |

In addition to financial assets available to meet general expenditures over the year, SLCM operates with a balanced budget and anticipates covering its general expenditures by collecting sufficient revenues and utilizing resources from current and prior years' gifts, as needed.

South Louisville Community Ministries, Inc.
Notes to Financial Statements - Continued
June 30, 2021 and 2020

Note 9 - Accounting Standards Updates

Accounting Standards Update 2016-02, Leases (Topic 842)

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842) (ASU 2016-02)*, requiring all leases to be recognized on the SLCM's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short-term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, SLCM will recognize: 1) a lease liability for SLCM's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents SLCM's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, SLCM will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for SLCM for the year ending June 30, 2023, with early adoption permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2020-07, Not-for-Profit Entities (Topic 658): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 658): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (ASU 2020-07)*, requiring an entity to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. ASU 2020-07 includes additional disclosure requirements about contributed nonfinancial assets for not-for-profit entities, including additional disclosure requirements for recognized contributed services. The standard will be applied on a retrospective basis and will be effective for the year ending June 30, 2022. SLCM does not expect the new standard will impact its financial statements other than a reclassification on the statement of activities and additional disclosures.

Note 10 - Commitments and Contingencies

The novel coronavirus (COVID-19) was first identified in people in late 2019. COVID-19 spread rapidly throughout the world, and in March 2020, the World Health Organization characterized COVID-19 as a pandemic. It has significantly disrupted supply chains and businesses around the world. The United States and global markets experienced significant volatility in value resulting from uncertainty caused by the pandemic. The extent of the impact of COVID-19 on SLCM's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the clients, employees, and vendors, all of which at present, cannot be determined. Accordingly, the extent to which COVID-19 may impact SLCM's future financial condition, results of operations and cash flows is uncertain.

Note 11 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through December 3, 2021, which was the date at which the financial statements were available to be issued.

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

South Louisville Community Ministries, Inc.

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:

Clare Rutz Wallace

Date: 7/26/22

Legal Signatory (please print):

Clare Rutz Wallace

Title: Executive Director

Phone:

502-554-4057

Extension:

N/A

Email: clarewallace@slcm.org



Kentucky Secretary of State

Michael G. Adams

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

| | | |
|------------------------------------|--|--------------|
| File Annual Report | File Certificate of Assumed Name (DBA) | |
| Change Address or Registered Agent | File Dissolution | |
| Printable Forms | Subscribe to changes made to this entity | Certificates |

General Information

| | |
|-----------------------------|---|
| Organization Number | 0066952 |
| Name | SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 3/30/1976 |
| Organization Date | 3/30/1976 |
| Last Annual Report | 5/31/2022 |
| Principal Office | 415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111 |
| Registered Agent | CLARE RUTZ WALLACE Clare Rutz Wallace South Louisville Community Ministries 415 1/2 West Ashland Avenue Louisville, KY 40214 |

Current Officers

| | |
|-----------------------|------------------|
| President | Mike Chinigo |
| Vice President | Jeffrey Oeswein |
| Secretary | Terry Conway |
| Treasurer | Theresa Batliner |
| Director | Mike Chinigo |
| Director | Terry Conway |

Director Theresa Batliner
Director Jeff Oeswein

Individuals / Entities listed at time of formation

Director LOWELL LAWSON
Director DONNA M MAIER
Director MICHAEL T PRICE
Director JOSEPHINE NOEL
Director PEGGY ANNE KAREM
Incorporator LOWELL LAWSON

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

| | | | | |
|--------------------------------------|---------------------|---------|------|-----|
| Annual Report | 5/31/2022 | 1 page | PDF | |
| Annual Report | 5/27/2021 | 1 page | PDF | |
| Annual Report | 3/23/2020 | 1 page | PDF | |
| Annual Report | 7/15/2019 | 1 page | PDF | |
| Registered Agent name/address change | 2/7/2019 2:55:33 PM | 1 page | PDF | |
| Annual Report | 6/20/2018 | 1 page | PDF | |
| Registered Agent name/address change | 5/3/2017 1:10:10 PM | 1 page | PDF | |
| Annual Report | 5/3/2017 | 1 page | PDF | |
| Annual Report | 6/14/2016 | 1 page | PDF | |
| Annual Report | 7/6/2015 | 1 page | PDF | |
| Amended and Restated Articles | 9/12/2014 | 5 pages | tiff | PDF |
| Annual Report | 4/15/2014 | 2 pages | tiff | PDF |
| Principal Office Address Change | 3/31/2014 | 1 page | tiff | PDF |
| Registered Agent name/address change | 3/31/2014 | 1 page | tiff | PDF |
| Annual Report | 3/1/2013 | 1 page | tiff | PDF |
| Registered Agent name/address change | 3/20/2012 | 1 page | tiff | PDF |
| Annual Report | 2/22/2012 | 1 page | tiff | PDF |
| Annual Report | 6/28/2011 | 1 page | tiff | PDF |
| Annual Report | 3/16/2010 | 1 page | PDF | |
| Annual Report | 6/26/2009 | 1 page | PDF | |
| Registered Agent name/address change | 7/2/2008 | 1 page | tiff | PDF |
| Annual Report | 6/18/2008 | 1 page | tiff | PDF |
| Annual Report | 3/2/2007 | 1 page | tiff | PDF |
| Annual Report | 6/1/2006 | 1 page | tiff | PDF |
| Annual Report | 3/24/2005 | 1 page | tiff | PDF |
| Annual Report | 5/12/2003 | 1 page | tiff | PDF |
| Annual Report | 6/10/2002 | 1 page | tiff | PDF |
| Annual Report | 5/1/2001 | 1 page | tiff | PDF |
| Annual Report | 7/19/1999 | 2 pages | tiff | PDF |
| Annual Report | 6/25/1998 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1997 | 1 page | tiff | PDF |

| | | | | |
|---------------------------|------------|---------|------|-----|
| Annual Report | 7/1/1996 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1995 | 3 pages | tiff | PDF |
| Annual Report | 7/1/1994 | 2 pages | tiff | PDF |
| Statement of Change | 11/23/1993 | 1 page | tiff | PDF |
| Annual Report | 7/1/1993 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1992 | 1 page | tiff | PDF |
| Annual Report | 7/1/1991 | 2 pages | tiff | PDF |
| Restated Articles | 7/18/1989 | 4 pages | tiff | PDF |
| Annual Report | 7/1/1989 | 2 pages | tiff | PDF |
| Statement of Change | 6/4/1986 | 2 pages | tiff | PDF |
| Statement of Change | 7/12/1982 | 2 pages | tiff | PDF |
| Statement of Change | 11/8/1979 | 2 pages | tiff | PDF |
| Annual Report | 11/7/1979 | 3 pages | tiff | PDF |
| Articles of Incorporation | 3/30/1976 | 5 pages | tiff | PDF |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---|--------------------------|--------------------------|-----------------|
| Annual report | 5/31/2022 10:21:13 AM | 5/31/2022 10:21:13 AM | |
| Annual report | 5/27/2021 5:22:37 PM | 5/27/2021 5:22:37 PM | |
| Annual report | 3/23/2020 11:13:51 AM | 3/23/2020 11:13:51 AM | |
| Annual report | 7/15/2019 12:17:40 PM | 7/15/2019 12:17:40 PM | |
| Registered agent address change | 2/7/2019 2:55:34 PM | 2/7/2019 | |
| Annual report | 6/20/2018 2:04:55 PM | 6/20/2018 2:04:55 PM | |
| Annual report | 5/3/2017 1:20:25 PM | 5/3/2017 1:20:25 PM | |
| Registered agent address change | 5/3/2017 1:10:10 PM | 5/3/2017 1:10:10 PM | |
| Annual report | 6/14/2016 10:58:55 AM | 6/14/2016 10:58:55 AM | |
| Annual report | 7/6/2015 12:28:35 PM | 7/6/2015 12:28:35 PM | |
| Amendment - Amended and restated articles / CLP | 9/12/2014 3:09:22 PM | 9/12/2014 | |
| Annual report | 4/15/2014 2:27:09 PM | 4/15/2014 | |
| Registered agent address change | 3/31/2014 2:03:06 PM | 3/31/2014 | |
| Principal office change | 3/31/2014 2:02:21 PM | 3/31/2014 | |
| Annual report | 3/1/2013 2:46:21 PM | 3/1/2013 | |
| Registered agent address change | 3/20/2012 12:35:16 PM | 3/20/2012 | |

| | | |
|---------------------------------|--------------------------|-------------------------|
| .nnual report | 2/22/2012 11:18:26 AM | 2/22/2012 |
| Annual report | 6/28/2011 8:51:57 AM | 6/28/2011 |
| Annual report | 3/16/2010 2:50:34 PM | 3/16/2010 2:50:34 PM |
| Annual report | 6/26/2009 3:17:28 PM | 6/26/2009 3:17:28 PM |
| Registered agent address change | 7/2/2008 4:40:57 PM | 7/2/2008 |
| Annual report | 6/18/2008 12:28:05 PM | 6/18/2008 |
| Annual report | 3/2/2007 1:11:55 PM | 3/2/2007 |
| Annual report | 6/1/2006 1:19:07 PM | 6/1/2006 |
| Restated articles | 7/18/1989 | 7/18/1989 |

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

| | | |
|---------------------------|------------|---------|
| Annual Report | 2/24/2005 | 1 page |
| Annual Report | 5/4/2004 | 1 page |
| Annual Report | 5/12/2003 | 1 page |
| Annual Report | 6/10/2002 | 1 page |
| Annual Report | 5/1/2001 | 1 page |
| Annual Report | 6/9/2000 | 2 pages |
| Annual Report | 7/19/1999 | 2 pages |
| Annual Report | 6/25/1998 | 2 pages |
| Annual Report | 7/1/1997 | 1 page |
| Annual Report | 7/1/1996 | 2 pages |
| Annual Report | 7/1/1995 | 3 pages |
| Annual Report | 7/1/1994 | 2 pages |
| Statement of Change | 11/23/1993 | 1 page |
| Annual Report | 7/1/1993 | 2 pages |
| Annual Report | 7/1/1992 | 1 page |
| Annual Report | 7/1/1991 | 2 pages |
| Annual Report | 7/1/1990 | 2 pages |
| Restated Articles | 7/18/1989 | 4 pages |
| Annual Report | 7/1/1989 | 2 pages |
| Statement of Change | 6/4/1986 | 2 pages |
| Statement of Change | 7/12/1982 | 2 pages |
| Statement of Change | 11/8/1979 | 2 pages |
| Annual Report | 11/7/1979 | 3 pages |
| Articles of Incorporation | 3/30/1976 | 5 pages |

AUG 27

Taste of South Louisville

by South Louisville Community Ministries

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TASTE OF SOUTH LOUISVILLE

AUGUST 27, 2022 6PM - 8:30PM CHURCHILL DOWNS

Presented By

DERBY CITY

Supporting

\$50 - \$400

\$50 - \$400

[Tickets](#)

Date and time

Sat, August 27, 2022
6:00 PM - 8:30 PM EDT

Location

Churchill Downs
700 Central Avenue
Louisville, KY 40208
[View map](#)

Refund policy

Contact the organizer to request a refund.
Eventbrite's fee is nonrefundable.

Can you handle a 20 course meal? Try delicious tastes showcasing the diverse cuisine of South Louisville - Vietnamese, Haitian, BBQ, + more!

About this event