

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

**Applicant/Program:** Councilwoman Cindi Fowler  
**Applicant Requested Amount:** \$2,675.00  
**Appropriation Request Amount:** ~~\$300.00~~ \$2,675

**Executive Summary of Request**  
Neighborhood Development Funds will be directed to the Association of Community Ministries (ACM) to fund their Celebration of Connections with the AMC Event, that took place on May 25, 2022

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.

14                      Cindi Fowler                      \$300.00                      5-20-22  
District #                      Primary Sponsor Signature                      Amount                      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.  
Councilwoman Cindi Fowler is a member of the Southwest Community Ministries board. She does not carry any direct fiduciary responsibilities in that role.

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman                      Date  
Final Appropriations Amount: \$2,675

sh

**Applicant/Program:**

Association of Community Ministries Celebration of Connections Event

**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	_____	\$ _____
District 4	_____	\$ <b>300.00</b>
District 5	_____	\$ <b>300.00</b>
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ <b>300.00</b>
District 11	_____	\$ <b>200.00</b>
District 12	_____	\$ _____
District 13	_____	\$ <b>500.00</b>
District 14	_____	\$ _____
District 15	_____	\$ <b>325.00</b>

**Applicant/Program:**

Association of Community Ministries Celebration of Connections Event

**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 \_\_\_\_\_ \$ **250.00**

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ **200.00**

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Association of Community Ministries

**Program Name and Request Amount** Asso. of Community Ministries Celebration of Connections Event, \$2,675.00

**Yes/No/NA**

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

Prepared by: *Andy Hueneman*

Date: *5-20-22*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> The Association of Community Ministries, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> PO Box 99545, Louisville, KY 40269			
<b>Website:</b> LouisvilleMinistries.org			
<b>Applicant Contact:</b>	Sarah Langmeyer	<b>Title:</b>	Deputy Treasurer
<b>Phone:</b>	502-935-0310 x 239	<b>Email:</b>	sarah.swcm@gmail.com
<b>Financial Contact:</b>	Marlon Cummings	<b>Title:</b>	Treasurer
<b>Phone:</b>	502-550-8854	<b>Email:</b>	Jamtown99@gmail.com
<b>Organization's Representative who attended NDF Training:</b> Sarah Langmeyer			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Event - Waterfront Botanical Gardens, ACM supports all of Jefferson County		
<b>Council District(s):</b>	All	<b>Zip Code(s):</b>	All
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> A Celebration of Connections with the Association of Community Ministries			
<b>Total Request: (\$)</b>	2,675	<b>Total Metro Award (this program) in previous year: (\$)</b>	0.00
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<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) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
<b>Source:</b>	EAF - rewarded to individual CM's	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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:**

Our Mission:

The Association of Community Ministries (ACM) unites the Ministries of Louisville in order to enhance the effectiveness of their work and thereby improve the quality of life for people.

Our Values:

The ACM is united in serving the needs of the community in a caring fashion while preserving individual dignity. We offer our services and support without prejudice or discrimination. We believe it is our responsibility to work for justice, advocate for the poor, and elevate the self esteem of the people marginalized in our society by treating them fairly and with respect.

The Association of Community Ministries (ACM) is an umbrella organization bringing 13 Louisville-based Community Ministries together to serve families and individuals on a neighborhood level throughout the entirety of Metro Louisville. We have worked together for over 35 years connecting neighbors in need with resources during times of crisis.

Our success is built upon the strong relationships we have not just with those we serve but also - and very importantly - the relationships we have with our partners, supporters, advocates, and volunteers, as well as our Board members, member congregations and staff.

It is all of these people collaborating together that make the work possible, that brings emergency assistance, be it food, utilities, rent, or other services to our community members when they need it the most.





**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 program will be on May 25th, 2022 at the Waterfront Botanical Gardens.

“Join us as we celebrate the many ways ACM has worked passionately throughout the Covid crisis - removing barriers and delivering assistance – as well as how we are moving toward our vision for the future. The Association of Community Ministries - Many Ministries. One Mission.”

Flier Attached

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

The Funding will be spent on the event itself. While working out a discount, we still had to pay for the space and other items needed to bring this event to life. We are also hoping to provide light refreshments for attendees. This event is about awareness and celebrating the partners whom help make our work possible. We are striving to get as much donated as possible but have allocated all financial breakdowns within the NDF.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

While this is not technically a fundraiser, it is a donor-raiser / thank you to our partners. If any funds are donated, they would go to help ACM continue to empower those in the community who need a hand up during their time of crisis.

**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.

Items had to be purchased in advance in order for them to get here on time and to secure our event location.

See Attached  
LETTERS

## 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:**

This is a city wide association covering every zip code in Jefferson County with assistance. We measure the outcomes by the number of clients we are able to serve each year.

The Association of Community Ministries has also established a working client database that allows us to collect a plethora of data on the clients that we serve. Since this is an association wide database we are able to track the client as they move, and see what additional service they need along their journey. That information allows us to assess their situation and see where we might be able to make referrals for additional assistance.

**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.**

The Association of Community Ministries have individual ministry (formula / EAF) grants that help us serve the community. We also have partnerships with Louisville Gas and Electric as well as the Louisville Water Company. They provide us with special funding that we utilize to assist those in crisis with utility assistance.

Stopmyeviction.org was created from the Association of Community Ministries and has worked closely with the Office of Housing in order to make sure that thousands were not displaced in the middle of a pandemic. Many of us also serve as Dare to Care Distribution Sites.

**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			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	2675	1000	3675
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
% of Program Budget	73 %	27 %	<b>100%</b>

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)	1,000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses ***	<b>\$1,000</b>

\*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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Venue Expense - Waterfront Botanical Gardens	1,000	500	1,500
Marketing Materials - Business Cards, Banners, Pens, Badges, Retractable Banner	767.5	0	767.5
Event Insurance - WestBend Mututal Ins.	396	0	396
Food/utensils - Hi Five Donuts, Serving ware (Amazon)	511.5	0	511.5
Giveaways/Photography/Entertainment	0	500	500
<b>Total</b>	2,675	1,000	3,675

Applicant's Initials 

**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
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* 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:** January 1, 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:**

We received a great amount of COVID Funding in the current FY as well as the previous FY.

## 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

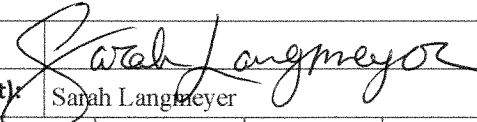
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

Council Members who participate on boards, Cindi Fowler (SWCM), Nicole George (SLCM)

### 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.

<b>Signature of Legal Signatory:</b> 		<b>Date:</b>	5/16/22
<b>Legal Signatory: (please print):</b> Sarah Langmeyer		<b>Title:</b>	Deputy Treasurer
<b>Phone:</b>	502-935-0310	<b>Extension:</b>	239
<b>Email:</b>	sarah.swcm@gmail.com		

## Harward, Sonya

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**From:** Bell, LaTonya J.  
**Sent:** Friday, June 10, 2022 8:13 AM  
**To:** Fowler, Cindi; Thieneman, Cindy L  
**Cc:** Harward, Sonya  
**Subject:** FW: NDF Letter.docx  
**Attachments:** NDF Letter.docx

This works. Thank you both.

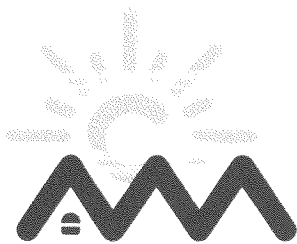
Sonya, please add this email and attachment to D14's NDF packet. Thanks.

**From:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>  
**Sent:** Friday, June 10, 2022 12:13 AM  
**To:** Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>  
**Cc:** Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>  
**Subject:** NDF Letter.docx

Latonya,  
Let me know if you need anything else. Thanks!  
Cindi

Hello Appropriations Committee,

The Association Community Ministries (ACM) NDF was seen as an emergency since the original venue took over 6 weeks to reply with a quote of \$2,500 to utilize the space. ACM has not had an event in over a decade but still wished to be good stewards of funding so they sought out a different venue. In addition some of the items needed for the event would need to be purchased the day of the event. Thank you for your support of this NDF.



Association of Community Ministries

To Whom it May Concern,

The Association of Community Ministries had discussed submitting a Neighborhood Development fund months before our event. Due to the fact that our original venue took over 6 weeks to respond with a quote we were left looking for a venue and facing unknown expenses in the month leading up to our event. We would also like to mention that the original venue gave us no discounts for being a non-profit and the quote was deemed too high (\$2,500) for our budget and our request for these precious funds. When we booked with Waterfront Botanical Gardens it was appropriate to spend the funds to make sure we were being environmentally friendly. Once we were able to secure a location / date and estimated crowd we were able to order all of the other items that were needed to execute the event. Unfortunately, we could not get anyone to donate the main food for our event (donuts) and were forced after many requests to purchase the donuts the morning of the event.

We know reimbursements are not common, but hosting an event (our first one in over a decade) to showcase where we started, what we have accomplished and where we plan to go in the future was a vital piece in helping us get the attention of some large donors in the community. Large donors who we are hoping to get funds from since all LG&E assistance and most rental assistance is exhausted in the city.

Please also note that some of the expenses were supported by Community Ministries who are members of the Association of Community Ministries. The Association does not have a credit card and has historically never made purchases outside of supporting the efforts of our Mission. Every dollar that the NDF can provide will allow ACM to continue it's work and invest those unrestricted dollars into providing services for our neighbors throughout Jefferson County.

With Much Appreciation,

The Association of Community Ministries

Many Ministries. One Mission.

PO Box 99545 Louisville, KY 40269-9545 [www.louisvilleministries.org](http://www.louisvilleministries.org)



Association of Community Ministries

Dear Council Members,

The Association of Community Ministries (ACM) is an umbrella organization bringing 13 Louisville, Kentucky-based Community Ministries together to serve residents on a neighborhood level. We provide emergency assistance (rent, utilities, food, etc.) as well as a variety of other services to the entirety of Metro Louisville.

When Covid hit and our neighbors most needed us, the Association of Community Ministries adapted and delivered. When our partners at LG&E, the Louisville Water Company Foundation, Metro Louisville, etc. needed help getting emergency assistance into the hands of families in crisis, they turned to the Association of Community Ministries for help. During that first year, beyond all the meals and traditional assistance, in emergency aid, we delivered:

- \$2.7 million rental assistance dollars helping to protect 1500 families from eviction
- Over \$4.3 million in LG&E assistance dollars helping 7300 households to keep their power on
- Over \$1 million in Metro Covid and One Louisville Fund Emergency Assistance dollars to another 1,300 households in crisis

All of this despite the challenges and barriers of social distancing and despite a loss of volunteer hours. ACM came together and adapted creating the necessary tools and online portals to get our clients the assistance they so desperately needed.

**On May 25th we are celebrating all the people that made this important work possible: the staff, volunteers, board members, resource partners, congregation partners, etc. that took on this deeply challenging task during the most challenging of times.**

**ACM is seeking funding to offset the minor expenses that were accumulated to make this event happen.** As we serve the entire community, including each and every Metro Council District we are seeking that support from each council member.

We hope you will consider this request allowing us to dedicate the costs we would otherwise acquire to continuing our work in the community.

Sincerely,

On behalf of the ACM Board of Directors



Association of Community Ministries

## **More About The Association of Community Ministries**

**The 13 ministries are:** Central Louisville Community Ministries, Eastern Area Community Ministries, Ferncreek/Highview Ministries, Highlands Community Ministries, J-Town Area Ministries, Ministries United South Central Louisville, United Crescent Hill Ministries, St. Matthews Area Ministries, Shively Area Ministries, Sister Visitors Center, South Louisville Community Ministries, Southwest Community Ministries and West Louisville Community Ministries.

**The Association of Community Ministries** is united in serving the needs of the community in a caring fashion while preserving individual dignity. We offer our services and support without prejudice or discrimination. We believe it is our responsibility to work for justice, advocate for the poor, and elevate the self esteem of those people marginalized in our society by treating them fairly and with respect. The ACM network is proud to be a national model providing emergency assistance to neighbors in crisis across the entirety of our community.

**Mission:** ACM unites the Ministries of Louisville in order to enhance the effectiveness of their work and thereby improve the quality of life for people.

**Values:** The ACM is united in serving the needs of the community in a caring fashion while preserving individual dignity. We offer our services and support without prejudice or discrimination. We believe it is our responsibility to work for justice, advocate for the poor, and elevate the self esteem of the people marginalized in our society by treating them fairly and with respect.

Learn more at [louisvileministries.org](http://louisvileministries.org) or by watching this video:

<https://youtu.be/5TFPuXDRvKU>

The Association of Community Ministries - Many Ministries. One Mission.

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

DEPARTMENT OF THE TREASURY

Date: APR 13 2000

ASSOCIATION OF COMMUNITY MINISTRIES  
INC  
10617 TAYLORSVILLE RD  
LOUISVILLE, KY 40299

Employer Identification Number:  
61-1361750  
DLN:  
17053061036010  
Contact Person: KEVIN KAHMANN ID# 31081  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
509(a)(1)  
Advance Ruling Period Begins:  
January 21, 2000  
Advance Ruling Period Ends:  
December 31, 2004  
Addendum Applies:  
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

45

**Expenses**

**Income**

	Projected	Allocated	NO Allocation	LG&E					
					LG&E Admin	LWC	LWC Admin	Donations	Dues
LG&E Reporting	3800	3800	0		3800				
Ineresa - Bookkeeping	1800	1800	0		1800				
Mican - ACM Reporting	8000	8000	0		1500		4000	2000	500
Board Insurance	770	770	0						770
MISC (Web, office)	700	700	0					700	
Client Track	3750	3750	0		390			1550	1810
File 990	750	750	0					750	
LG&E	749,000	749,000	0	749,000					
LWC	300000	300000	0			300000			
<b>Total Allocated</b>		<b>19570</b>		<b>749000</b>	<b>7490</b>	<b>300000</b>	<b>4000</b>	<b>5000</b>	<b>3080</b>
Total Expenses	1068570								
Total Income	1068740			749000	7490	300000	4000	5000	3250
Leftover Unrestricted Reserve	170								
	55910								

Current Projected Budget

# Association of Community Ministries

## Quarterly Profit and Loss Summary

January 1 - May 4, 2022

	JAN - MAR, 2022	APR 1 - MAY 4, 2022	TOTAL
<b>Income</b>			
Donation Income-Unrestricted	150.00		\$150.00
Interest Earned	11.56		\$11.56
Utilities Income-Restricted			\$0.00
LG&E Income Grant	749,000.00		\$749,000.00
LWC Income Grant	100,000.00	100,000.00	\$200,000.00
<b>Total Utilities Income-Restricted</b>	<b>849,000.00</b>	<b>100,000.00</b>	<b>\$949,000.00</b>
<b>Total Income</b>	<b>\$849,161.56</b>	<b>\$100,000.00</b>	<b>\$949,161.56</b>
<b>Cost of Goods Sold</b>			
LG&E Expense	544,000.00	152,000.00	\$696,000.00
LWC Expense	138,000.00	42,000.00	\$180,000.00
LWC Expense-Lead Line	1,500.00		\$1,500.00
<b>Total Cost of Goods Sold</b>	<b>\$683,500.00</b>	<b>\$194,000.00</b>	<b>\$877,500.00</b>
<b>GROSS PROFIT</b>	<b>\$165,661.56</b>	<b>\$ -94,000.00</b>	<b>\$71,661.56</b>
<b>Expenses</b>			
Bank Service Charge	4.83		\$4.83
Contract Services	1,158.00	401.40	\$1,559.40
Grant and Contract Expense	6,563.60		\$6,563.60
Office Supplies	408.54		\$408.54
Other Miscellaneous Expenses		81.89	\$81.89
Professional Fees	150.00		\$150.00
Professional Services fees	159.75		\$159.75
<b>Total Expenses</b>	<b>\$8,444.72</b>	<b>\$483.29</b>	<b>\$8,928.01</b>
<b>NET OPERATING INCOME</b>	<b>\$157,216.84</b>	<b>\$ -94,483.29</b>	<b>\$62,733.55</b>
<b>NET INCOME</b>	<b>\$157,216.84</b>	<b>\$ -94,483.29</b>	<b>\$62,733.55</b>

Current  
Financial  
Statement €

# Return of Organization Exempt From Income Tax

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

**2020**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning 2020, and ending 2020

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

**C** Name of organization ASSOCIATION OF COMMUNITY MINISTRIES INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) PO BOX 99545 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40269

**D** Employer identification number 61-1361750  
**E** Telephone number (502) 267-1055  
**G** Gross receipts \$ 5,686,594.

**F** Name and address of principal officer:  
MARLON CUMMINGS, PO BOX 99545, LOUISVILLE, KY 40269

**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  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 2000 **M** State of legal domicile: KY

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>GATHER FUNDS FOR DISTRIBUTION TO NON-PROFIT ORGANIZATIONS</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	811,873.	5,686,594.
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	811,873.	5,686,594.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	939,633.	4,727,307.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		125,205.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>125,205.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,700.	48,389.
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	947,333.	4,900,901.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-135,460.	785,693.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	178,232.	963,925.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	178,232.	963,925.

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
MARLON CUMMINGS, TREASURER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: J MORGAN NUTT Preparer's signature: J MORGAN NUTT Date: 11/12/2021 Check  if self-employed PTIN: P00111999  
 Firm's name ▶ J MORGAN NUTT CPA PSC Firm's EIN ▶ 61-1388376  
 Firm's address ▶ PO BOX 991068, LOUISVILLE, KY 40269 Phone no. (502) 491-9255

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
GATHER FUNDS FOR DISTRIBUTION TO NON-PROFIT ORGANIZATIONS

**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.

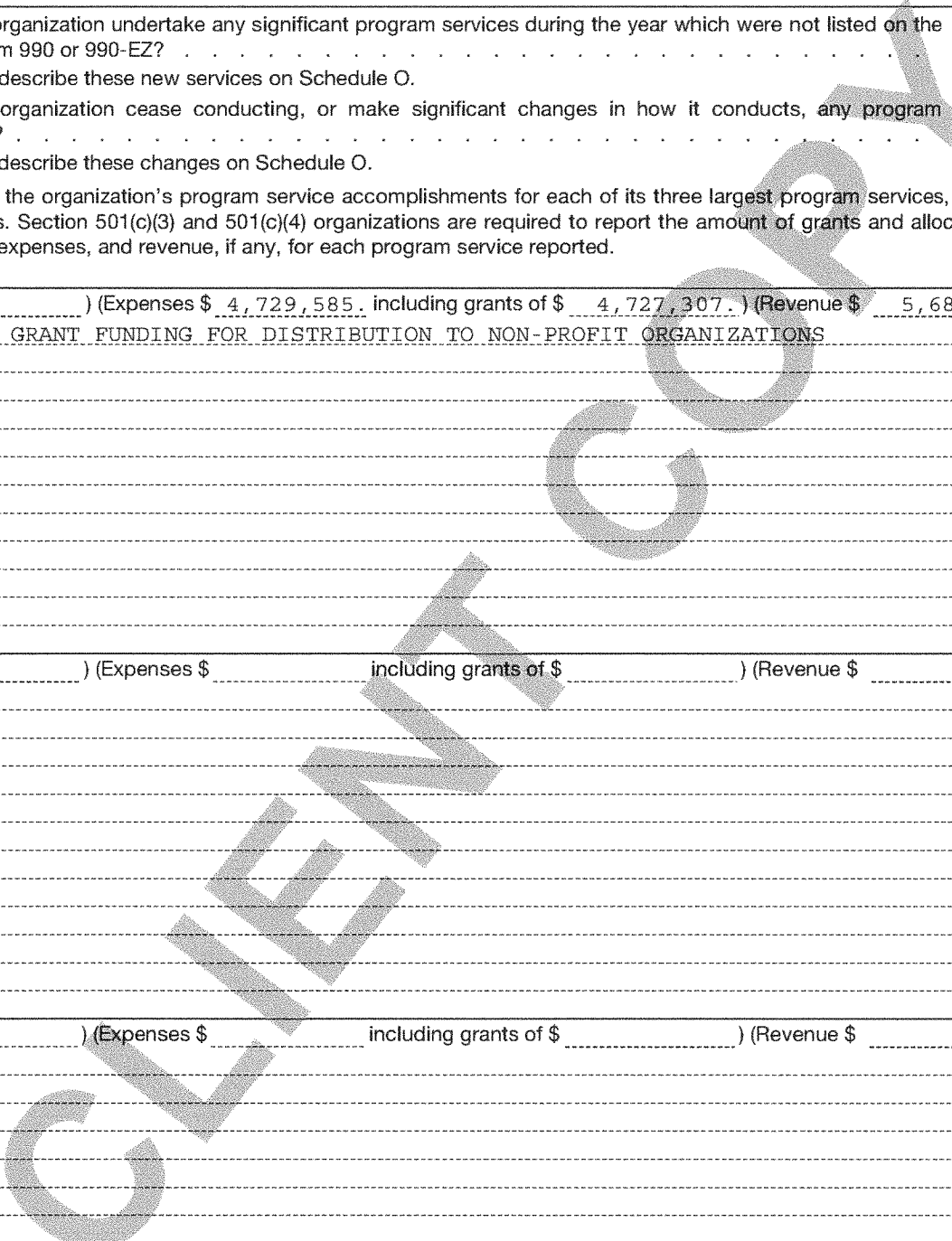
**4a** (Code: ) (Expenses \$ 4,729,585. including grants of \$ 4,727,307.) (Revenue \$ 5,686,954.)  
GATHER GRANT FUNDING FOR DISTRIBUTION TO NON-PROFIT ORGANIZATIONS

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 4,729,585.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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		
b	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?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, tax shelter transactions, contributions, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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

**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) TROY BURDON CHAIR	3.00			X						
(2) JULIE ABBOTT VICE CHAIR	3.00			X						
(3) RON LOUGHRY SECRETARY	3.00			X						
(4) MARLON CUMMINGS TREASURER	5.00			X						
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 ▶

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,813,980.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,872,614.				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,686,594.			
<b>Program Service Revenue</b>	<b>2a</b> . . . . .	Business Code					
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . .							
<b>Miscellaneous Revenue</b>	<b>11a</b> . . . . .	Business Code					
	<b>b</b> . . . . .						
	<b>c</b> . . . . .						
	<b>d</b> All other revenue . . . . .		0.	0.	0.	0.	
	<b>e Total.</b> Add lines 11a-11d . . . . .		0.				
<b>12 Total revenue.</b> See instructions . . . . .			5,686,594.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,723,874.	4,723,874.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	3,433.	3,433.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	1,411.	1,411.	0.	0.
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	125,205.			125,205.
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	3,709.	101.	3,608.	0.
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	153.	0.	153.	0.
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	766.	766.	0.	0.
<b>24</b> 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.)				
<b>a</b> DATABASE . . . . .	42,000.	0.	42,000.	0.
<b>b</b> WEB . . . . .	350.	0.	350.	0.
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	4,900,901.	4,729,585.	46,111.	125,205.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	178,232.	<b>1</b>	963,925.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		<b>10c</b>
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		178,232.	<b>16</b>	963,925.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .			<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	178,232.	<b>31</b>	963,925.
<b>32</b> Total net assets or fund balances . . . . .	178,232.	<b>32</b>	963,925.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	178,232.	<b>33</b>	963,925.	

**Part XI Reconciliation of Net Assets**

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

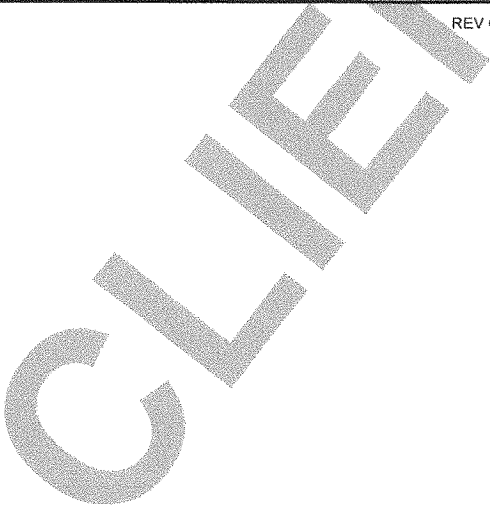
<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,686,594.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,900,901.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	785,693.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	178,232.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	963,925.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		<b>x</b>
<b>2b</b>		<b>x</b>
<b>2c</b>		
<b>3a</b>		<b>x</b>
<b>3b</b>		



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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Employer identification number <b>61-1361750</b>
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**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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	739,889.	728,402.	925,000.	811,873.	5,686,594.	8,891,758.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	739,889.	728,402.	925,000.	811,873.	5,686,594.	8,891,758.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						8,891,758.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	739,889.	728,402.	925,000.	811,873.	5,686,594.	8,891,758.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						8,891,758.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	100 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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 <b>Part VI</b> 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 <b>Part VI</b> 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.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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 <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
9b	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 <b>Part VI</b> .		
9c	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 <b>Part VI</b> .		
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.		
10b	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)**

		Yes	No
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?	11a	
b	A family member of a person described in line 11a above?	11b	
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 <b>Part VI</b> .	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
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 <b>Part VI</b> 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.	1	
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
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?	1	
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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 <b>Part VI</b> 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.	2a	
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
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 <b>Part VI</b> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  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)*

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

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



**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization ASSOCIATION OF COMMUNITY MINISTRIES INC.	Employer identification number 61-1361750
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF               501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ASSOCIATION OF COMMUNITY MINISTRIES INC.	Employer identification number 61-1361750
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISVILLE WATER CO 550 S 3RD ST LOUISVILLE KY 40202	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LG&E 220 WEST MAIN STREET LOUISVILLE KY 40202	\$ 700,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROOKE BROWN BARZUN PHILANTHROPIC FOUNDATION 333 EAST MAIN STREET NO 401 LOUISVILLE KY 40202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HOLLAND FOUNDATION 808 CONAGRA DRIVE SUITE 200 OMAHA NE 68102	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAMES GRAHAM BROWN FOUNDATION 471 WEST MAIN ST, SUITE 401 LOUISVILLE KY 40202	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMMUNITY FOUNDATION OF LOUISVILLE 325 W. MAIN STREET, SUITE 110 LOUISVILLE KY 40202	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Employer identification number <b>61-1361750</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NETWORK FOR GOOD ----- 1140 CONNECTICUT AVE NW #700 ----- WASHINGTON DC 20036 -----	\$ 17,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE UPS FOUNDATION ----- 55 GLENLAKE PARKWAY, NE ----- ATLANTA GA 30328 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LIVE A LIFE FOUNDATION ----- 6000 BROWNSBORO PARK BLVD, SUITE C ----- LOUISVILLE KY 40207 -----	\$ 39,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Employer identification number <b>61-1361750</b>
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Employer identification number <b>61-1361750</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Employer identification number <b>61-1361750</b>
---	---

**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
<b>(1)</b> EAST AREA COMMUNITY MINISTRIES PO BOX 43049 LOUISVILLE KY 43049	61-0891896		463,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(2)</b> FERN CREEK/HIGHVIEW UNITED MINISTRIES 9300 BEULAH CHURCH RD LOUISVILLE KY 40291	61-1148234		410,322.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(3)</b> HIGHLANDS COMMUNITY MINISTRIES 1140 CHEROKEE RD LOUISVILLE KY 40204	61-0708776		251,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(4)</b> JEFFERSONTOWN AREA MINISTRIES PO BOX 99545 LOUISVILLE KY 40269	61-1285769		488,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(5)</b> MINISTRIES UNITED SOUTH CENTRAL LOUISVILLE 1207 HART AVE LOUISVILLE KY 40213	31-1104241		300,835.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(6)</b> SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE KY 40216	61-1134579		349,761.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(7)</b> SOUTH LOUISVILLE COMMUNITY MINISTRIES 4803 SOUTHSIDE DR LOUISVILLE KY 40214	31-0891259		771,739.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(8)</b> ST MATTHEWS AREA MINISTRIES 201 BILTMORE RD LOUISVILLE KY 40207	61-0735861		370,739.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(9)</b> SOUTHWEST COMMUNITY MINISTRIES 9800 STONESTREET RD LOUISVILLE KY 40258	62-1257195		263,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(10)</b> SISTER VISITOR 2235 WEST MARKET ST LOUISVILLE KY 40212	61-1239600		230,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(11)</b> UNITED CRESCENT HILL MINISTRIES 150 SOUTH STATE ST LOUISVILLE KY 40206	51-0166794		256,239.				REVENUE FUNDING FOR BASIC LIVING EXP TO MEMBERS OF CHURCH
<b>(12)</b> See Statement			569,478.				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	13
3 Enter total number of other organizations listed in the line 1 table	0



ASSOCIATION OF COMMUNITY MINISTRIES INC.

61-1361750

**Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments**

**Continuation Statement**

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
WEST LOUISVILLE COMMUNITY MINISTRIES PO BOX 2676, LOUISVILLE, KY 40201	611107555		208,239.				
CENTRAL LOUISVILLE COMMUNITY MINISTRIES 809 S 4TH ST, Louisville, KY 40203	611082337		361,239.				
			569,478.	0.			

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization ASSOCIATION OF COMMUNITY MINISTRIES INC.	Employer identification number 61-1361750
--	--

Pt VI, Line 11b: REVIEWED BY TREASURER BEFORE FILING.

Pt VI, Line 19: YES UPON REQUEST.

CLIENT COPY

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ASSOCIATION OF COMMUNITY MINISTRIES INC.	Taxpayer identification number (TIN) 61-1361750
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 99545	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE KY 40269	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MARLON CUMMINGS

Telephone No. ▶ (502) 267-1055

Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until Nov 15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 20 or  
▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2020

Name of exempt organization or person subject to tax <b>ASSOCIATION OF COMMUNITY MINISTRIES INC.</b>	Taxpayer identification number <b>61-1361750</b>
---	---

Name and title of officer or person subject to tax  
**MARLON CUMMINGS, TREASURER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a Form 990</b> check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>5,686,594.</u>
<b>2a Form 990-EZ</b> check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a Form 1120-POL</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a Form 990-PF</b> check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a Form 8868</b> check here ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>	
<b>6a Form 990-T</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a Form 4720</b> check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	1	2	9	9	5	4	0	2	6	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/12/2021

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2020**

**Part I – Identifying Information**

Employer Identification Number . 61-1361750

Name . . . . . ASSOCIATION OF COMMUNITY MINISTRIES INC.

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . PO BOX 99545 Room/Suite . \_\_\_\_\_

City . . . . . LOUISVILLE State . . . KY ZIP Code . . . 40269

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (502) 267-1055 Extension. \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . JAMTOWN99@GMAIL.COM

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. However, the IRS will continue to accept Form 990-EZ returns filed on paper for any tax year ending before July 31, 2021.

If filing a return other than a Form 990-EZ return, the appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |   |   |
|---|---|
| <input type="checkbox"/> Form 990-EZ only         | <input type="checkbox"/> Form 990-EZ and Form 990-T                   |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 and Form 990-T                      |
| <input type="checkbox"/> Form 990-PF only         | <input type="checkbox"/> Form 990-PF and Form 990-T                   |
| <input type="checkbox"/> Form 990-T only          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |   |                              |   |
|---|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association      | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                                   | ____ (subsection number)     | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                               |                              | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                                   |                              | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                                   |                              | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association | <input type="checkbox"/>     | <input type="checkbox"/> 527 Organization   |
| Or Trust . . . . .  | <input type="checkbox"/>     | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Change of Accounting Period \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2020 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2019 overpayment credited to 2020 estimated tax . . . . .

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	07/15/20				
2nd Quarter Payment	07/15/20				
3rd Quarter Payment	09/15/20				
4th Quarter Payment	12/15/20				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . MARLON CUMMINGS  
 Officer's SSN . . . . . 405-98-4651      Officer's Title . . . . . TREASURER

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet . . . . . ▶ \_\_\_\_\_

**Electronic Filing:**

- File the federal 990, 990-EZ, 990-PF, or 990-N return electronically
- File the federal 990-T return electronically
- File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . \_\_\_\_\_

Date PIN entered . . . . . \_\_\_\_\_

**Electronic Filing of Extensions:**

- Check this box to file **Form 8868** (application for extension of time to file return) electronically

QuickZoom to the Form 8868 Electronic Filing Information Worksheet. . . . . ▶ \_\_\_\_\_

**Electronic Filing of Amended Return:**

- File the federal 990, 990-EZ or 990-PF **amended return** electronically
- File the federal 990-T **amended return** electronically
- File the state(s) **amended return** electronically

\* Select the state(s) amended return to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of Form 990-PF balance due (EF only)?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of Form 8868 balance due (EF only)?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of amended Form 990-PF balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal of 990-T Return amount due? (EF Only)        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal for 990-T Amended amount due? (EF ONLY)      |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . . .

Name of Financial Institution (optional) . . . . \_\_\_\_\_

Check the appropriate box . . . . .  Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Form 990-PF Payment Information**

Enter the Form 990-PF payment date . . . . . \_\_\_\_\_

Balance due amount from this Form 990-PF return . . . . . \_\_\_\_\_

Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

Payment date for amended Form 990-PF returns . . . . . \_\_\_\_\_

Balance due amount for amended Form 990-PF return . . . . . \_\_\_\_\_

**Form 990-T Payment Information**

Enter the Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from this 990-T return . . . . . \_\_\_\_\_

Enter the amended Form 990-T payment date . . . . . \_\_\_\_\_

Balance-due amount from Form 990-T amended . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Return was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Return was accepted . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Amended Return was EFiled . . . . . \_\_\_\_\_

Date 990-T Exempt Organization Amended Return was accepted . . . . . \_\_\_\_\_

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .	11/15/21		

Letter Salutation . . . . . \_\_\_\_\_

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . . . 1

**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-PF, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-T, Page 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 990-N, e-PostCard . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Client Status . . . . . ▶ \_\_\_\_\_

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (ASSOCIATION OF COMMUNITY MINISTRIES INC.) and Employer ID No. (61-1361750)

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN [X] ERO entered Officer's PIN [ ]

B - Signature of Electronic Return Originator

ERO Declaration: I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN612995 Self-Select PIN 40269

C - Signature of Officer

Perjury Statement: Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure: I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable): I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN Date

Electronic Filing Information Worksheet

Keep for your records

2020

Name(s) shown on return
ASSOCIATION OF COMMUNITY MINISTRIES INC.

Identifying number
61-1361750

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . 612995

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name: J MORGAN NUTT CPA PSC
ERO Address: PO BOX 991068
City: LOUISVILLE State: KY ZIP Code: 40269
Country:
ERO Electronic Filers Identification Number (EFIN): 612995
ERO Employer Identification Number: 61-1388376
ERO Social Security Number or PTIN:

Part III - Paid Preparer Information

Firm Name: J MORGAN NUTT CPA PSC
Preparer Name: J MORGAN NUTT
Address: PO BOX 991068
City: LOUISVILLE State: KY ZIP Code: 40269
Country:
Preparer Social Security Number or PTIN: P00111999
Employer Identification Number: 61-1388376
Phone Number: (502) 491-9255 Fax Number: (888) 722-5107
Preparer E-mail Address: jmorgannutt@nuttcpa.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .
Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and description. Row 1: California State Exempt

Part V - Name Control

Name Control, enter here to override default . . . . . ASSO

Name ASSOCIATION OF COMMUNITY MINISTRIES INC.	Social Security Number 61-1361750
--	--------------------------------------

**Prepare Form 8868 for Electronic Filing**

Extension accepted (will be blanked if extension not previously transmitted) . . . . .

**Signature of Officer**

Officer's Name . . . . .  
 Officer's Title . . . . .  
 Signature Date . . . . . 04/30/21

**Electronic Funds Withdrawal - Amount paid with Form 8868**

**NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efile

Enter the payment date to withdraw tax payment . . . . .

**Practitioner PIN information for Form 8868**

Sign Form 8868 electronically using the Practitioner PIN

**NOTE** - A practitioner PIN or Form 8453 is required for Form 8868 efile

Please indicate how the Officer PIN is entered into the program.

Officer entered PIN . . . . .   
 ERO entered Officer's PIN . . . . .

ERO's Practitioner PIN (EFIN followed by any 5 numbers) . . . . . EFIN \_\_\_\_\_ Self-Select PIN \_\_\_\_\_

**ERO Declaration:** I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Practitioner PIN method and Publications 4163, *Modernized e-File Information for Authorized IRS e-file Providers*, and 3112, *IRS e-file Application and Participation*.

**Perjury Statement:** Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to disclosure:** I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (if applicable):** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on Form 8868, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**I certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.**

Date . . . . . 04/30/2021  
 Officer's PIN (enter any 5 numbers) . . . . . 40299

## Smart Worksheets from your 2020 Federal Exempt Tax Return

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

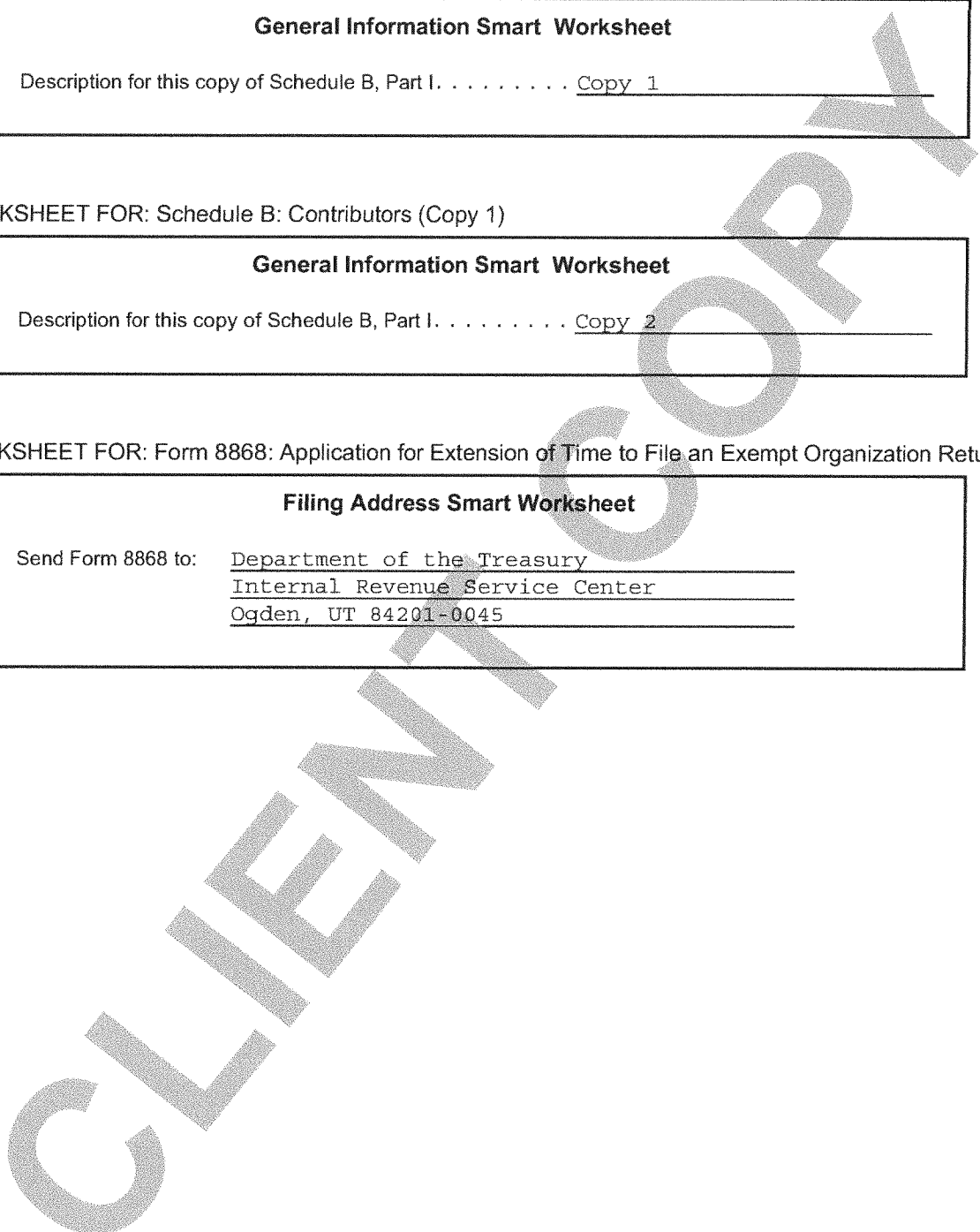
<b>General Information Smart Worksheet</b>	
A	Description for this copy of Schedule B, Part I. . . . . <u>Copy 1</u>

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

<b>General Information Smart Worksheet</b>	
A	Description for this copy of Schedule B, Part I. . . . . <u>Copy 2</u>

SMART WORKSHEET FOR: Form 8868: Application for Extension of Time to File an Exempt Organization Return

<b>Filing Address Smart Worksheet</b>	
Send Form 8868 to:	<u>Department of the Treasury</u>
	<u>Internal Revenue Service Center</u>
	<u>Ogden, UT 84201-0045</u>



**Additional information from your 2020 Federal Exempt Tax Return**

Form 990: Return of Organization Exempt from Income Tax

Line 1, column (A)

Itemization Statement

Description	Amount
ACM GENERAL	26,765.
ACM UTILITY	151,467.
<b>Total</b>	<b>178,232.</b>

CLIENT COPY

487495

RECEIVED & FILED  
\$18.00  
JUN 21 3 54 PM '00

LA

ARTICLES OF INCORPORATION  
OF  
ASSOCIATION OF COMMUNITY MINISTRIES, INC.

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:  
Association of Community Ministries, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered and principle office of the corporation is:

425 W. Muhammad Ali Blvd.  
Louisville, Ky. 40202

The name of the initial registered agent for service of process, located at such address is:

Jeffrey B. Segal

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

ARTICLE IV

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 (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

La

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:

- 1) Promote an awareness among the public of the network of non-profit community ministries existing in the Greater Louisville area, and, the services they provide;
- 2) Facilitate the work of these community ministries and their member organizations and congregations through collaboration, education, support, and resource development;
- 3) Engage in other charitable and educational activities consistent with the above purposes.

#### ARTICLE V

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 IV hereof.

#### ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), 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:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later 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, 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, 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, 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, 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, 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, or corresponding provisions of any later Federal tax laws.

#### ARTICLE VII

The name and address of the incorporator is:

INCORPORATOR

ADDRESS

Marlon Cummings

10617 Taylorsville Rd.  
Jeffersontown, Ky. 40299

#### ARTICLE VIII

The initial Board of Directors shall consist of nine (9) Directors. The names and addresses of the members of the initial Board of Directors are:

<u>DIRECTOR</u>	<u>ADDRESS</u>
Marlon Cummings	10617 Taylorsville Rd. Jeffersontown, Ky. 40299
Sue Eaton	11700 Main St. Middletown, Ky. 40243
Mary Beth Helton	6500 Six Mile Ln., Suite A Louisville, Ky. 40218
Mike Jupin	204 Seneca Trail Louisville, Ky. 40214
Polly Mayer	10616 W. Manslick Rd. Louisville, Ky. 40118
Bill Sanders	1207 Hart Ave. Louisville, Ky. 40213
Kay Sanders	7502 Tangelo Dr. Louisville, Ky. 40228
John Smith	10936 Dixie Hwy. Louisville, Ky. 40272
Roxanna Trivett	1857 Farnsley Rd. Louisville, Ky. 40216

#### ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

#### ARTICLE X

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;  
or

4) resulted in an improper personal benefit to the director.

#### ARTICLE XI

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/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which s/he is made a party by reason of being or having been such director or officer, except in relation to matters as to which s/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 By-laws or a resolution adopted after notice to members entitled to vote.

#### ARTICLE XII

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 (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 XIII

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

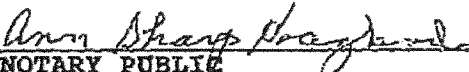
IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this 21 day of December, 1999.

  
MARLON CUMMINGS, INCORPORATOR

STATE OF KENTUCKY     )  
                                  )    SS  
COUNTY OF JEFFERSON )

The foregoing Articles of Incorporation were acknowledged before me this 21 day of December, 1999, by MARLON CUMMINGS. Witness my signature and seal of office.

My Commission Expires: Nov. 6, 2001.

  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

Pursuant to the provisions of KRS Chapter 273 the undersigned hereby consents to act as the registered agent on behalf of this corporation.

  
JEFFREY B. SEGAL



STATE OF KENTUCKY     )  
                                  )    SS  
COUNTY OF JEFFERSON   )

The foregoing was acknowledged before me this 23rd day of December, 1999 by JEFFREY B. SEGAL. Witness my signature and seal of office.

My Commission Expires: October 25<sup>th</sup>, 2001

Alberta D. White  
NOTARY PUBLIC  
STATE AT LANGE, KENTUCKY

This Document Prepared By:

Jeffrey B. Segal  
JEFFREY B. SEGAL  
Attorney at Law  
LEGAL AID SOCIETY, INC.  
425 West Muhammad Ali Blvd.  
Louisville, Kentucky 40202  
(502) 584-1254

*6*





# Kentucky Secretary of State

## Michael G. Adams

Business Entity Search

File Annual Report

Form an LLC

Business Registration Portal

Name

Availability Search

Business Forms Library

Prepaid

Account Status

Current Officer Search

Founding

Officer Search

Registered

Agent Search

Validate

Certificate of Existence/Authorization

## ASSOCIATION OF 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

<b>Organization Number</b>	0487495
<b>Name</b>	ASSOCIATION OF COMMUNITY MINISTRIES, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	1/21/2000
<b>Organization Date</b>	1/21/2000
<b>Last Annual Report</b>	3/18/2022
<b>Principal Office</b>	10617 TAYLORSVILLE RD LOUISVILLE, KY 40269
<b>Registered Agent</b>	MARLON CUMMINGS 10617 TAYLORSVILLE RD. LOUISVILLE, KY 40299

### Current Officers

<b>President</b>	Clare Wallace
<b>Vice President</b>	Carrie Gerrard
<b>Secretary</b>	Linette Lowe
<b>Treasurer</b>	Marlon Cummings
<b>Director</b>	Linette Lowe
<b>Director</b>	Troy Burton

**Director** Renee Bryan  
**Director** Mark Howell

**Individuals / Entities listed at time of formation**

**Director** MARLON CUMMINGS  
**Director** SUE EATON  
**Director** MARY BETH HELTON  
**Director** MIKE JUPIN  
**Director** POLLY MAYER  
**Director** BILL SANDERS  
**Director** KAY SANDERS  
**Director** JOHN SMITH  
**Director** ROXANNA TRIVETT  
**Incorporator** MARLON CUMMINGS

**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	3/18/2022	1 page	PDF
Annual Report	5/21/2021	1 page	PDF
Annual Report	2/28/2020	1 page	PDF
Annual Report	2/12/2019	1 page	PDF
Annual Report	4/23/2018	1 page	PDF
Annual Report	3/10/2017	1 page	PDF
Annual Report	3/23/2016	1 page	PDF
Annual Report	4/7/2015	1 page	PDF
Annual Report	3/31/2014	1 page	PDF
Annual Report	5/30/2013	1 page	PDF
Registered Agent name/address change	3/26/2012 10:04:40 AM	1 page	PDF
Annual Report	3/26/2012	1 page	PDF
Annual Report	6/10/2011	1 page	PDF
Annual Report	6/25/2010	1 page	PDF
Annual Report	5/29/2009	1 page	PDF
Annual Report	5/12/2008	1 page	PDF
Annual Report	5/16/2007	1 page	PDF
Annual Report	4/5/2006	1 page	PDF
Annual Report	2/22/2005	1 page	PDF
Annual Report	5/5/2003	1 page	tiff PDF
Annual Report	4/10/2002	1 page	tiff PDF
Annual Report	5/11/2001	1 page	tiff PDF
Articles of Incorporation	1/21/2000	8 pages	tiff PDF

**Assumed Names**

**Activity History**

<b>Filing</b>	<b>File Date</b>	<b>Effective Date</b>	<b>Org. Referenced</b>
	3/18/2022	3/18/2022	
Annual report	12:42:06 PM	12:42:06 PM	
	5/21/2021	5/21/2021	
Annual report	1:02:35 PM	1:02:35 PM	

	2/28/2020	2/28/2020
Annual report	11:10:51 AM	11:10:51 AM
	2/12/2019	2/12/2019
Annual report	11:11:56 AM	11:11:56 AM
	4/23/2018	4/23/2018
Annual report	10:55:18 AM	10:55:18 AM
	3/10/2017	3/10/2017
Annual report	1:45:17 PM	1:45:17 PM
	3/23/2016	3/23/2016
Annual report	10:07:49 AM	10:07:49 AM
	4/7/2015	4/7/2015
Annual report	10:50:40 AM	10:50:40 AM
	3/31/2014	3/31/2014
Annual report	10:25:49 AM	10:25:49 AM
	5/30/2013	5/30/2013
Annual report	9:41:01 AM	9:41:01 AM
	3/26/2012	3/26/2012
Annual report	10:12:32 AM	10:12:32 AM
	3/26/2012	3/26/2012
Registered agent address change	10:04:40 AM	10:04:40 AM
	6/10/2011	6/10/2011
Annual report	11:25:50 AM	11:25:50 AM
	6/25/2010	6/25/2010
Annual report	9:03:09 AM	9:03:09 AM
	5/29/2009	5/29/2009
Annual report	8:33:24 AM	8:33:24 AM
	5/12/2008	5/12/2008
Annual report	4:29:36 PM	4:29:36 PM
	5/16/2007	5/16/2007
Annual report	12:48:49 PM	12:48:49 PM
	4/5/2006	4/5/2006
Annual report	1:11:00 PM	1:11:00 PM
	2/22/2005	2/22/2005
Annual report	4/11/2001	
Principal office change	11:26:11 AM	4/11/2001
	1/21/2000	1/21/2000

## 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	5/27/2004	1 page
Annual Report	5/5/2003	1 page

Annual Report	4/10/2002	1 page
Annual Report	5/11/2001	1 page
Articles of Incorporation	1/21/2000	7 pages

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Kentucky Unbridled Spirit

# A Celebration of Connections with the Association of Community Ministries

Wednesday, May 25th 9 - 10:30 am  
(short program at 9:30 am)

Waterfront Botanical Gardens

Join us for this event acknowledging the relationships  
and good people like yourself that make  
our work possible!

RSVP at  
[tinyurl.com/ACMGathering](http://tinyurl.com/ACMGathering)



Association of Community Ministries

Flyer For Event

82

<b>A</b>	<b>Marketing Materials</b>		
	Business Cards	406.79	
	Banner	44.46	
	pens	174.44	
	Retractable Update	60	
	ACM Badges	81.89	
			767.58
<b>B</b>	<b>Event Insurance</b>	396	
<b>C</b>	<b>Venue Expense</b>	1000	
<b>D</b>	<b>Food/Utensils</b>		
	Donuts	374.4	
	Plastic/Napkins	137.18	
			511.58
	<b>Total</b>	<b>2675.16</b>	

# MARKETING MATERIALS – RECEIPTS/INVOICES



Order Date 03/03/2022 3:23pm

# Order Details

A

## Delivery

**Attention:**

MARK STEINER  
Mark Steiner  
318 Primrose Dr  
Louisville, KY 40207-2717 USA


**Phone:** (502) 645-6652

**Email:**

MARK.STEINER@LOUISVILLERAN.  
ORG

**Payment**

Amount: \$406.79



## Additional Info

**Ordered By:**

MARK.STEINER@LOUISVILLERAN.  
AN.ORG

**Phone:** (502) 645-6652

# Shipment 1 of 1

ORDER NUMBER	ORDER STATUS	TOTAL
232258676-001	Processing	\$406.79

Estimated Delivery by Mar 24, 2022



Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

20% Off Qualifying Purchase: -\$6.40



Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

20% Off Qualifying Purchase: -\$6.40




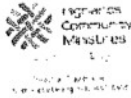
Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

 20% Off Qualifying Purchase: -\$6.40




Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

 20% Off Qualifying Purchase: -\$6.40




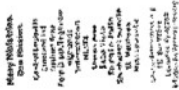
Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

 20% Off Qualifying Purchase: -\$6.40




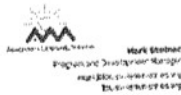
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Item #203070

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 20% Off Qualifying Purchase: -\$6.40




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Custom Standard Business Cards, 3 1/2" x 2", Box Of 250  
Item #203070



Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

20% Off Qualifying Purchase: -\$6.40



Custom Standard Business Cards, 3 1/2" x 2", Box Of 250

Item #203070

Qty: 2 @ \$15.99 / box

**\$31.98**

▶ Custom Product

20% Off Qualifying Purchase: -\$6.34

Shipment 1



232258676 001

Item Subtotal:	\$479.70
Discounts:	(\$95.94)
Taxes:	\$23.03

**Order Total \$406.79**

Transaction details

March 23, 2022 at 4:57:54 AM PDT | Transaction ID: 4T7147621H427170X

Payment Sent

Gross amount

Payment Status: Completed

**-\$406.79 USD**

Shipping address

Association of Community Ministries

318 Primrose Dr

Louisville, KY 40207

UNITED STATES

Confirmed

Transaction Activity

Transaction Activity	Gross amount	Fee amount	Net amount
Mar 3, 2022 Temporary Hold	-\$406.79 USD	\$0.00 USD	-\$406.79 USD
Mar 3, 2022 Authorization to Office Depot Inc.	-\$406.79 USD	\$0.00 USD	-\$406.79 USD
Mar 23, 2022 Temporary Hold	\$406.79 USD	\$0.00 USD	\$406.79 USD

Order details

Quantity	Price	Subtotal
1	\$406.79 USD	\$406.79 USD
	Purchase Total	\$406.79 USD

Your Payment

Purchase Total	-\$406.79 USD
Sales Tax	\$0.00 USD
Shipping Amount	\$0.00 USD
Handling Amount	\$0.00 USD
Insurance Amount	\$0.00 USD
Gross Amount	-\$406.79 USD
PayPal Fee	\$0.00 USD

Net Amount

**-\$406.79 USD**

Invoice ID

232258676001/2943

Contact info

Office Depot Inc.  
The receiver of this payment is Verified  
<http://www.officedepot.com/customerservice/index.do>  
[PayPalAccount@Officedepot.com](mailto:PayPalAccount@Officedepot.com)  
800-463-3768

Payment Sent to

[PayPalAccount@Officedepot.com](mailto:PayPalAccount@Officedepot.com)

Funding details

Funding Type: PayPal balance  
Funding Source: -\$406.79 USD - PayPal Account

Need help?

Go to the Resolution Center for help with this transaction, to settle a dispute or to open a claim.

[View Billing Agreement Terms & Conditions](#)

A

Get 20% Off On Your First Order | Use Code : FIRSTORDER



# INVOICE

DESIGN PRINT BANNER LLC  
595 Old Norcross Road, Suite G,  
Lawrenceville GA 30046  
United States,  
Phone: 800-580-4489

Order ID US274624781650372591  
Placed on 07:50 am, 19th Apr, 2022

### Shipping Address

Mark Steiner  
318 Primrose Dr  
Louisville, Kentucky, US 40207  
P: 5026456652

### Billing Address

Mark Steiner  
318 Primrose Dr  
Louisville, Kentucky, US 40207  
P: 5026456652

### Shipping Method

Delivery by Fri, May 6th 2022 - Super Saver

### Payment Method

PayPal

Invoice

[Print All Invoices](#)

Invoice #US274624781650372591-428299

Product	SKU	Qty	Price
<b>Custom Vinyl Banners</b> Size (W X H): 6 x 2 (FT) Choose Material: Vinyl Hanging Options: Metal grommets Upgrade to Premium: 16 oz with UV Print Delivered on or before Fri, May 6th 2022	BBVBCB00	2	\$46.18
			Subtotal : \$46.18
			Shipping : \$5.00
			Tax : \$2.52
			Handling Charges : \$0.00
			Discount (Get 20 % Off on your First Order) : -\$9.24
			<b>Grand Total : \$44.46</b>

Best Regards,

BannerBuzz USA  
sales@bannerbuzz.com

Note:- For PO Order Please issue the cheque in favor of Design Print Banner LLC and send it to Courtney Alexander

**Fwd: Receipt for Your Payment to Design Print Banner LLC**

2 messages

Mark Steiner <mark.steiner@louisvilleran.org>

Tue, Apr 19, 2022 at 8:53 AM

To: Jeffersontown Ministries <jamtown99@gmail.com>, sarah Gaither <sarah.swcm@gmail.com>

Attaching receipt for the **two 6 by 2 foot banners.**

Got a great price online.

Paid via Paypal

Mark Steiner  
The Association of Community Ministries  
Program and Development Manager

----- Forwarded message -----

From: service@paypal.com <service@paypal.com>

Date: Tue, Apr 19, 2022 at 8:51 AM

Subject: Receipt for Your Payment to Design Print Banner LLC

To: Mark Steiner <mark.steiner@louisvilleran.org>

Hello, Association of Community Ministries



You sent a payment of \$44.46 USD to  
Design Print Banner LLC  
(alerts@bannerbuzz.com)

It may take a few moments for this transaction to appear in your account.

**Transaction ID**

5JN10868D8237072W

**Transaction date**

Apr 19, 2022 05:50:48 PDT

A

**Merchant**

Design Print Banner LLC  
alerts@bannerbuzz.com

**Instructions to merchant**

You haven't entered any instructions.

**Invoice ID**

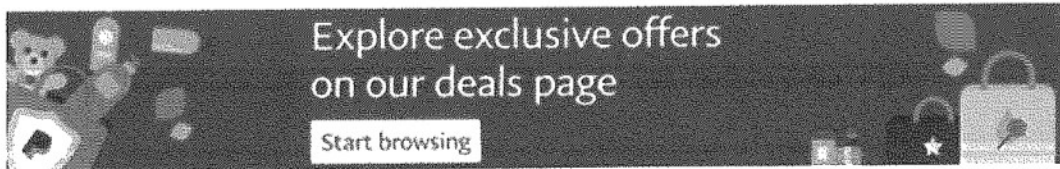
US274624781650372591

**Shipping address - confirmed**

Association of Community Ministries  
318 Primrose Dr  
Louisville, KY 40207  
United States

**Shipping details**

The seller hasn't provided any shipping details yet.



Description	Unit price	Qty	Amount
	\$36.94 USD	1	\$36.94 USD
	<b>Subtotal</b>		\$36.94 USD
	Shipping and handling		\$5.00 USD
	Tax		\$2.52 USD
	<b>Total</b>		\$44.46 USD
	<b>Payment</b>		<b>\$44.46 USD</b>

Payment sent to alerts@bannerbuzz.com

Payment sent from mark.steiner@louisvilleran.org

**Funding Sources Used (Total)**

PayPal balance \$44.46 USD

**Issues with this transaction?**

You have 180 days from the date of the transaction to open a dispute in the Resolution Center.





# Receipt

**Job No. 9396590**

Thank you! We appreciate your business.

### Product Description

**Guard Pen 5.5625" x 0.375"**

### Turnaround

14 Business Days

### Quantity

300

### Price

\$139.29

Estimated Delivery Date:  
Tuesday, May 10

### Shipping Info

2 Day Transit  
Mark Steiner  
318 PRIMROSE DR  
LOUISVILLE, KY 40207  
US

Printing total	\$139.29
Tax	\$9.87
Shipping & Handling	\$25.28
<b>Total amount</b>	<b>\$174.44</b>
<b>Total paid</b>	<b>\$174.44</b>
Balance	\$0.00

[Live Chat](#)

**Fwd: Receipt for Your Payment to Digital Room LLC**

2 messages

Mark Steiner <mark.steiner@louisvilleran.org>

Mon, Apr 18, 2022 at 5:51 PM

To: Jeffersontown Ministries <jamtown99@gmail.com>, sarah Gaither <sarah.swcm@gmail.com>

Attached is the UPrinting receipt for the **ink pens** paid for via Paypal account.

Mark Steiner  
The Association of Community Ministries  
Program and Development Manager

*Pens*

----- Forwarded message -----

From: service@paypal.com <service@paypal.com>  
Date: Mon, Apr 18, 2022 at 4:55 PM  
Subject: Receipt for Your Payment to Digital Room LLC  
To: Mark Steiner <mark.steiner@louisvilleran.org>

Hello, Association of Community Ministries



You sent a payment of \$174.44 USD to  
Digital Room LLC  
(paypal@uprinting.com)

It may take a few moments for this transaction to appear in your account.

**Transaction ID**

3X725040DW574654R

**Transaction date**

Apr 18, 2022 13:55:20 PDT

**Merchant**

Digital Room LLC  
paypal@uprinting.com

**Instructions to merchant**

You haven't entered any instructions.



888-888-4211

**Shipping address - confirmed**  
Association of Community Ministries  
318 Primrose Dr  
Louisville, KY 40207  
United States

**Shipping details**  
The seller hasn't provided any shipping details yet.

Description	Unit price	Qty	Amount
	\$174.44 USD	1	\$174.44 USD
		<b>Subtotal</b>	\$174.44 USD
		<b>Total</b>	\$174.44 USD
		<b>Payment</b>	\$174.44 USD

Payment sent to paypal@uprinting.com  
Payment sent from mark.steiner@louisvilleran.org

**Funding Sources Used (Total)**

PayPal balance **\$174.44 USD**

**Issues with this transaction?**

You have 180 days from the date of the transaction to open a dispute in the Resolution Center.



[Help & Contact](#) | [Security](#) | [Apps](#)



PayPal is committed to preventing fraudulent emails. Emails from PayPal will always contain your full name. [Learn to identify phishing](#)

Please don't reply to this email. To get in touch with us, click [Help & Contact](#).

A



6220 Sarles Creek Road  
Floyds Knobs, IN 47119

# Invoice

Date	Invoice #
5/11/2022	<b>17070</b>

Phone # 812-923-0756 Fax # 812-923-1656

<b>Bill To</b>
The Association of Community Ministries Mark Steiner

<b>Ship To</b>

Rep	Cust. P.O. No.	Ship Date	Terms	Our Job No.
RC	<b>Mark Steiner</b>	5/5/2022		<b>17070</b>

Item	Description	Ordered	Prev. Invoiced	Invoiced	Rate	Amount
Banner	Replace image on existing pull up Banner, 31.5" x 83.25"	1	0	1	60.00	60.00T

Thank You For The Order!

There is a 3.5% fee for accepting Credit Cards

<b>Subtotal</b>	<b>\$60.00</b>
Sales Tax (6.0%)	\$3.60
<b>Total</b>	<b>\$63.60</b>
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	<b>\$63.60</b>

A

-Badges

Quality Impressions



Invoice #69116226

Sold by James E

Mar 29, 2022 3:18:39 PM

Express Item x1	\$81.89
Subtotal	\$81.89
Tax	\$0.00
<b>Total</b>	<b>\$81.89</b>

Sold to: LANGMEYER SARAH  
 Visa 4177 (Chip Read)  
 Auth Code: 83959G

Swem Credit Card

Application Label: VISA CREDIT  
 BRIC #: 08UJG/NWRRVMG/BTAYU  
 Approved Online  
 AID: A000000031010  
 AC: 88C52DE1AFA375A7  
 Response Code: CE

Amount: \$81.89

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Sign Here

I agree to pay the above total amount according to the card issuer agreement.

**QUALITY IMPRESSIONS**  
 10504 DIXIE HWY  
 LOUISVILLE, KY 40272  
 (502) 935-2203  
 qualityimpress@yahoo.com

CUSTOMER COPY




SARAH LANGMEYER  
 SOUTHWEST COMMUNITY MINIS  
 Account Number: #### #### #### 4177  
 Page 1 of 3

Account Summary		
Billing Cycle		04/22/2022
Days In Billing Cycle		31
Previous Balance	\$	259.50
Purchases	+	647.39
Cash	+	0.00
Special	+	0.00
Credits	-	20.00 CR
Payments	-	732.50 CR
Other Charges	+	20.00
Finance Charges	+	0.00
<b>NEW BALANCE</b>	<b>\$</b>	<b>174.39</b>

Credit Summary		
Total Credit Limit	\$	10,000.00
Available Credit		9,825.61
Available Cash		0.00
Amount Over Credit Limit		0.00
Amount Past Due		0.00
Disputed Amount		0.00

Visa Signature® Business

Contact Information

-  Call us at 844-4TRUIST (844-487-8478)
-  Visit us at Truist.com
-  Write us at TRUIST BANK PO BOX 698, WILSON, NC 27894-0698

Payment Summary

NEW BALANCE	\$174.39
MINIMUM PAYMENT	\$20.00
PAYMENT DUE DATE	05/17/2022

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

**Important Information About Your Account**  
 AS A BENEFIT OF YOUR VISA SIGNATURE® BUSINESS CARD, YOU ARE ELIGIBLE TO RECEIVE A 2021 YEAR-END SUMMARY REPORT. PLEASE CALL THE TRUIST CONTACT CENTER AT 844-487-8478 TO REQUEST THE ANNUAL REPORT. WE APPRECIATE YOUR BUSINESS AND THANK YOU FOR BANKING WITH TRUIST.

Cardholder Account Summary					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
03/23	03/24	PPLN01	24204292082008118960138	GOOGLE_GSUITE_supportswc 650-2530000 CA	\$ 12.00
03/29	03/30	PPLN01	2437735208900003341058	QUALITY IMPRESSIONS LOUISVILLE KY	81.89
04/01	04/03	PPLN01	24247602091300650985732	INK PUBLISHING AND DESIGN 502-271-1166 KY	69.00
04/09	04/10	PPLN01	24692162099100289901994	SPECTRUM 855-707-7328 MO	196.11
04/10	04/11	PPLN01	24492162100000015255542	ELEMENT AIR Elementairco@ KY	77.00
04/12	04/13	PPLN01	24492162102000031747587	NONPROFIT LEADERSHIP HTTPSWWW.NONP NJ	37.00
04/18	04/18	PPLN01	74046012108079108062002	LATE FEE	20.00

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

TRUIST BANK  
 PO BOX 400  
 WILSON NC 27894-0400

40460111998841770000174390000020006

Account Number #### #### #### 4177

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
04/22/22	\$174.39	\$20.00	05/17/22

\$

AMOUNT OF PAYMENT ENCLOSED

SARAH LANGMEYER  
 SOUTHWEST COMMUNITY MINIS  
 8504 TERRY RD  
 LOUISVILLE KY 40258-1752



MAKE CHECK PAYABLE TO:



TRUIST BANK  
 PO BOX 580340  
 CHARLOTTE NC 28258-0340

284 1 7 7 0 4 5 2 5 0 1 1 1 1 8 4 0 4 6 0 1 1 1 9 9 8

A

SARAH LANGMEYER  
SOUTHWEST COMMUNITY MINIS  
Account Number: ##### 4177  
Page 1 of 3

Account Summary

Billing Cycle		05/23/2022
Days In Billing Cycle		31
Previous Balance	\$	174.39
Purchases	+	10,140.32
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	9,806.66 CR
Other Charges	+	0.00
Finance Charges	+	0.00
<b>NEW BALANCE</b>	<b>\$</b>	<b>508.05</b>

Credit Summary

Total Credit Limit	\$	10,000.00
Available Credit		9,491.95
Available Cash		0.00
Amount Over Credit Limit		0.00
Amount Past Due		0.00
Disputed Amount		0.00

Visa Signature® Business

Contact Information

- Call us at 844-4TRUIST (844-487-8478)
- Visit us at Truist.com
- Write us at TRUIST BANK PO BOX 698, WILSON, NC 27894-0698

Payment Summary

NEW BALANCE	\$508.05
MINIMUM PAYMENT	\$20.00
PAYMENT DUE DATE	06/17/2022

NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.

Cardholder Account Summary

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
04/27	04/28	PPLN01	24692162117100529352972	SPECTRUM 855-707-7328 MO	\$ 21.49
04/28	04/29	PPLN01	24009582119001080013067	NETWORK FOR GOOD INC 888-284-7978 DC	2,400.00
05/01	05/02	PPLN01	24247602121300627957263	INK PUBLISHING AND DESIGN 502-271-1166 KY	69.00
05/03	05/04	PPLN01	24492162123000023724466	HANDBID INC. WWW.HANDBID.C CO	792.00
05/05	05/06	PPLN01	24137462126001148069615	SPEEDWAY 09511 LOUISVILLE LOUISVILLE KY	81.75
05/09	05/10	PPLN01	24692162129100758907906	SPECTRUM 855-707-7328 MO	191.03
05/10	05/11	PPLN01	24492162130000019189824	ELEMENT AIR Elementairco@ KY	77.00
05/10	05/11	PPLN01	24692162130100993875448	IN *DUSTIN SCHMIDT 502-9945489 KY	6,000.00
05/12	05/13	PPLN01	24431062132083719649051	AMZN MKTP US*1L7QA9191 AM AMZN.COM/BILL WA	65.16
05/12	05/13	PPLN01	24492162132000034878029	NONPROFIT LEADERSHIP HTTPSWWW.NONP NJ	37.00
05/12	05/13		00000000000	M.APP TRANSFER	9,806.66 CR
05/13	05/15	PPLN01	24164072134105006222506	STAPLES 00115212 LOUISVILLE KY	207.97

Pmt once

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

TRUIST BANK  
PO BOX 400  
WILSON NC 27894-0400

40460111998841770000508050000020003

Account Number

##### 4177

Closing Date

05/23/22

New Balance

\$508.05

Total Minimum Payment Due

\$20.00

Payment Due Date

06/17/22

\$

AMOUNT OF PAYMENT ENCLOSED

SARAH LANGMEYER  
SOUTHWEST COMMUNITY MINIS  
8504 TERRY RD  
LOUISVILLE KY 40258-1752



MAKE CHECK PAYABLE TO:



TRUIST BANK  
PO BOX 580340  
CHARLOTTE NC 28258-0340

0 284 1 770 9 1 5 2 5 0 1 1 1 1 8 1 4 0 4 6 0 1 1 1 9 9 8

Association of Community Ministries

All  Search for transactions

Archive  Transaction Type  Amount & Currency

Active  Date

Transaction Type	Date	Amount & Currency	Status	Recipient	Action
Payment from	May 25, 2022	-\$1.36 \$30.00 USD	Completed	Nicole George	Refund
Purchase from	Apr 19, 2022	\$0.00 -\$44.46 USD	Completed	Design Print Banner LLC	Archive
Purchase from	Apr 18, 2022	\$0.00 -\$174.44 USD	Completed	Digital Room LLC	Archive
Payment from	Apr 10, 2022	-\$1.94 \$50.00 USD	Completed	Dzemila Bilanovic	Refund
Payment to	Mar 23, 2022	\$0.00 -\$406.79 USD	Completed	Office Depot Inc.	Archive
Order to	Mar 3, 2022	\$0.00 \$406.79 USD	Progress	Office Depot Inc.	Archive
Payment from	Jan 14, 2022	-\$4.83 \$145.17	Completed	christian cine	Refund

## EVENT INSURANCE – RECIEPTS/INVOICES



**Quote Proposal**

**Customer Number:** 1000043922  
**Policy Number:** B069044 00

**Quoted Policy Term:** 05/25/2022 to 05/26/2022  
**Date Quoted:** 04/26/2022

**Customer Name and Address:**  
Association of Community Ministries, Inc  
PO Box 99545  
Louisville, KY 40299

**Agency Name and Address:**  
NELSON INSURANCE AGENCY INC  
2000 ENVOY CIRCLE  
LOUISVILLE, KY 40299  
502-736-7000

16508

**Thank you for the opportunity to provide a quote.**

**See below for a summary of premium quoted. Refer to additional pages for more details.**

This quote proposal is based on the underwriting and rating information provided to date, including deductibles and retention. Please keep in mind this quote proposal may be subject to additional rating, pricing or underwriting considerations, as well as to a loss control survey and compliance with its recommendations.

**These rate levels and this quote proposal are valid for 60 days or until the proposed effective date, whichever comes first. 05/25/2022**

Coverage Part	Premium
Commercial General Liability Coverage	\$368.00
Total Premium:	\$368.00
Kentucky Taxes, Fees and Surcharges:	\$28.02
Total Including Taxes, Fees and Surcharges:	\$396.02

Brad Birkhauser  
Phone: 1-800-236-5010 Extension: 3599 | Fax: 1-800-320-1622  
Email: BBirkhauser@wbmi.com

**This quote proposal is not the insurance contract.  
Only the actual provisions of the issued policy will apply.**

4/26/2022 06:01:19



## VENUE EXPENSES – RECIEPTS/INVOICES

C

From: Waterfront Botanical Gardens  
Waterfront Botanical Gardens  
Venue  
events@waterfrontgardens.org



Bill To: Mark Steiner  
mark.steiner@louisvilleran.org

Project: Association of Community Ministries

Type Other

Date May 25, 2022

Time 7:00 am - 3:00 pm

Location Jefferson Community & Technical College: Jefferson Education Center (JEC), 200 W Broadway, Louisville, KY 40202, USA

# ASSOCIATION OF COMMUNITY MINISTRIES PROPOSAL

Version 3

## PROPOSAL

	QTY	UNIT	PRICE	SVC	TAX	TOTAL
<b>Rental Rate</b>	1.0		\$1,000.00			\$1,000.00
AM Rental fee for Graeser \$1250 - \$250 (20% non profit discount)						
WBG extends a 20% Discount off our standard rates to Non-Profits which submit their IRS Determination Letter & Purchase Exemption Certificate.						
Use of WBG Tables and Chairs. (**FOR INDOOR USE ONLY)						
<b>Damage/Clean-Up Deposit</b>	1.0		\$500.00			\$500.00
The Renter shall pay to WBG a Damage/Clean-up Deposit in full at contract signing. Additionally, the Renter shall pay to WBG 25% of the Reservation Deposit (non-refundable) at contract signing. The Damage/Clean-up Deposit is refundable should there be no undue damage or clean-up necessary following the event. Please allow Thirty (30) business days to receive the refund. In the case of damage, the Renter will be notified within Thirty (30) business days of the amount to be charged to repair the damage.						
<b>Security</b>	0.0	hour	\$40.00			
<b>3% Credit Card Fee</b>						

SL

C

QTY UNIT PRICE SVC TAX TOTAL

client notified us 4/1/22 they would pay by check- 3% fee removed

\*A SERVICE FEE OF 3% IS ADDED TO THE TOTAL RENTAL/DAMAGE DEPOSIT/SECURITY IF CLIENT WISHES TO PAY BY CREDIT CARD. IF CLIENT WOULD RATHER PAY BY CHECK, WE WILL REVISE THE CONTRACT. PLEASE LET US KNOW.

Subtotal:	\$1,500.00
<b>Total Amount:</b>	<b>\$1,500.00</b>

**PAYMENT PLAN**

- |    |          |              |               |                              |
|----|----------|--------------|---------------|------------------------------|
| 1. | \$750.00 | Apr 7, 2022  | #89042-000856 | PAID # 89042-000856 (Manual) |
| 2. | \$750.00 | Apr 28, 2022 | #89042-000855 | PAID # 89042-000855 (Manual) |

**Total Amount: \$1,500.00**

**CONTRACT**



Association of Community Ministries  
PO Box 99545 40269  
502-267-1055

92  
21-72/830

4-7-22  
DATE

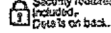
PAY TO THE ORDER OF

Louisville Botanical Gardens

\$ 750.00

Seven Hundred Fifty <sup>00</sup>/<sub>100</sub>

DOLLARS



RIVER CITY BANK  
MEMBER FDIC

FOR

Deposit May 25<sup>th</sup>

*[Signature]*

MP

ENDORSE HERE

X FOR DEPOSIT ONLY

Waterrfront Botanical Gardens  
Louisville, KY

ACCT# 791020964

FOR MOBILE DEPOSIT ONLY TO

FINANCIAL INSTITUTION

OR ANY OTHER STRAIGHT CASH DEPOSIT METHOD

FOR DEPOSIT ONLY

Waterrfront Botanical Gard  
Business Interest Checkin

2022-04-19 15:44

0886892732

The security features listed below, as well as those not listed, exceed industry guidelines.

Microprint: Symbols, Lines and Squares Lines  
Same type: In lines appears as dotted lines when photocopied

Invisible Fluorescent Fibers: Generated by exposure to ultraviolet light. Some active ink: Red "range" will fade with heat. Blue, black, yellow, green, orange or brown: Ink changes color when heated

Chemically Sensitive Paper: Some inks or spots may appear with chemical staining

Security Structure: Appearance of Original Document "wrap-up" on back of check when photocopied

Patlock design is a certification mark of the Check Payment Systems Association

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



Account: REG SC 0002  
Date: 5/26/2022

ENDORSE HERE

X FOR DEPOSIT ONLY

Waterfront Botanical Gardens

Louisville, KY

ACCOUNT # 791020964  
 CHECK # IF MOBILE DEPOSIT

FOR MOBILE DEPOSIT ONLY TO

FINANCIAL INSTITUTION

FOR DEPOSIT ONLY  
Waterfront Botanical Gard  
Business Interest Checkin  
2022-05-09 13:09  
0886830380

The security features listed below, as well as those  
not listed, exceed industry guidelines:

**Microprint Signature Line**

Small type in line appears as dotted lines when photocopied

**Chemically Sensitive Paper**

Chemical spots may appear near chemical detection

**Inklike Fluorescent Fibers**

Cannot be reproduced on photocopier. Even Scantline ink had fibers will help with seal. Run with between thumb & finger or breathe on sample for reaction.

**Security Section:**  
Account of Original Payment, voids as original & present when photocopied.

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

ACM  
PO Box 99545  
40269

4-20-22  
DATE

93  
21-72/830

PAY TO THE ORDER OF

Waterfront Botanical Gard.

\$ 750.00

Seven Hundred Fifty & 00/100

DOLLARS Security features included. Details on back.



RIVER CITY BANK  
MEMBER FDIC

FOR May Event

*[Signature]*

# FOOD/UTENSILS – RECEIPTS/INVOICES

**Fwd: You paid an invoice! (#000184)**

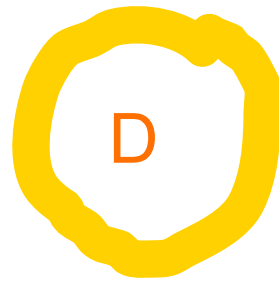
2 messages

**Mark Steiner** <mark.steiner@louisvilleran.org>  
To: sarah Gaither <sarah.swcm@gmail.com>

Wed, May 25, 2022 at 1:30 PM

FYI

Mark Steiner  
The Association of Community Ministries  
Program and Development Manager



----- Forwarded message -----

From: **Hi-Five Doughnuts** <messenger@messaging.squareup.com>  
Date: Wed, May 25, 2022 at 7:06 AM  
Subject: You paid an invoice! (#000184)  
To: <mark.steiner@louisvilleran.org>



**Hi-Five Doughnuts**

Invoice Paid

**\$374.40**

Paid on May 25, 2022

**Invoice #000184**  
May 25, 2022

**Customer**  
Mark Steiner  
mark.steiner@louisvilleran.org

**Message**  
For pick up on 5/25 @ 7:30.



**Invoice summary**

Flavored Glaze Dozen \$192.00  
(\$24.00 ea.) x 8

BYO Dozen \$120.00  
(\$30.00 ea.) x 4

Subtotal \$312.00

Tip \$62.40

**Total Paid \$374.40**

Visa 4312

05/25/22, 7:06 AM

HCM's Credit Card

**Send estimates or invoices for your business?**  
Process \$1,000 in sales free when you sign up for Square.

**Get Started**

**Hi-Five Doughnuts**  
1011 E. Main St.  
Louisville, KY 40206 United States  
hifivedoughnuts@gmail.com  
502-409-5584

Please contact Hi-Five Doughnuts about its privacy practices.





Your transactions (continued)

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
05/06	05/08	2420429GE004PSDQE	FACEBK Z7YZRDPZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	50.00
05/08	05/09	2420429GG0089VX8X	FACEBK AWCYTDPZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	50.00
05/11	05/12	2449215GKRWW0XL56	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	1.00
05/12	05/12	2420429GL002ZPEWB	FACEBK DCEWJEXZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	75.00
05/11	05/13	2426979GLEJ7LV9KZ	WHICH WICH - GRANTLINE NEW ALBANY IN MCC: 5814 MERCHANT ZIP:	13.80
05/12	05/13	2405522GM80RP7GEB	JACK FRY'S LOUISVILLE KY MCC: 5812 MERCHANT ZIP:	51.34
05/15	05/16	2413746GR014KRKZD	SPEEDWAY 09612 LOUISVILLE LOUISVILLE KY MCC: 5541 MERCHANT ZIP: 40204	32.94
05/15	05/16	2420429GP006L68L2	FACEBK Z9VXME72L2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	75.00
05/15	05/16	2449215GPMHGD8BT7D	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	1.00
05/15	05/16	2449215GPMJVRLN3M	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	1.00
05/15	05/16	2469216GP2Y1J04V6	SQ *V-GRITS & CHIMERA BRE Louisville KY MCC: 5499 MERCHANT ZIP: 40204	13.80
05/15	05/16	2469216GP2Y1ML6A6	SQ *V-GRITS & CHIMERA BRE Louisville KY MCC: 5499 MERCHANT ZIP: 40204	27.60
05/16	05/17	2444500GR5SQ1JB5J	SMARTYCASHBACK.COM Los Angeles CA MCC: 7278 MERCHANT ZIP: 90027	19.00
05/16	05/17	2469216GR2XJT477E	MCAFFEE *WWW.MCAFFEE.COM 866-622-3911 TX MCC: 5968 MERCHANT ZIP: 75024	137.79
05/17	05/18	2444571GT8PV8M61R	KROGER #224 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40206	30.26
05/18	05/19	2471705GS861VPQE7	CULTURED LOUISVILLE KY MCC: 5451 MERCHANT ZIP: 40206	279.20
05/24	05/25	2442733H0M83P8HV5	VALU MARKET MID CIT LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40204	93.64
05/25	05/26	2469216H12X4QR5JB	SQ *HI-FIVE DOUGHNUTS Louisville KY MCC: 5814 MERCHANT ZIP: 40206	374.40
05/25	05/26	2469216H12X96KFXS	SQ *BARRET AVE BAKERY & C Louisville KY MCC: 5811 MERCHANT ZIP: 40204	37.80
05/25	05/26	2490641H149X1E2Z3	EIG*BLUEHOST.COM 888-4014678 UT MCC: 5968 MERCHANT ZIP: 84606	33.99
05/26	05/26	000000000000COMPC	TOTAL PURCHASES \$1,607.87 TOTAL \$1,607.87	0.00

*AKM*

Your finance charges

TYPE OF BALANCE	CORRESPONDING ANNUAL PERCENTAGE RATE (APR)	DAILY PERIODIC RATE (MAY VARY)	DAYS IN BILLING	AVERAGE DAILY BALANCE	FINANCE CHARGE
Purchases	11.740%	0.03216%	0	\$0.00	\$0.00
Cash advances	22.740%	0.06230%	0	\$0.00	\$0.00
					\$0.00

# Analysis Business Checking



For 24-hour account information, sign-on to [pnc.com/mybusiness/](http://pnc.com/mybusiness/)

For the Period 04/30/2022 to 05/31/2022  
 Highlands Community Ministries, Inc.  
 Primary Account Number: 30-2955-4086  
 Page 5 of 5

Analysis Business Checking Account Number: 30-2955-4086 - continued

## ACH Deductions - continued

Date posted	Amount	Transaction description	Reference number
05/26	75.47	ACH Debit Payments Louisville Water XXXXXX0000	00022146012235330
05/31	119.99	ACH Debit Spectrum Spectrum 9149045	00022151011176452

## Other Deductions

Date posted	Amount	Transaction description	Reference number
05/02	1,035.67	Ret Dep Item 100912	0429040572175SIGNAT
05/09	88,000.00	Online Transfer To 0000003029554094	HIGHLANDS CO00022454
05/13	200.00	Withdrawal	030992820
05/18	6,365.90	Online Credit Card Pmt 05/18 XXXX8005	07325030070558005138
05/23	90,000.00	Online Transfer To 0000003029554094	HIGHLANDS CO00022311
05/24	.71	Loan Payment 00000 5003048217765470	53000417
05/25	5,559.79	Online Credit Card Pmt 05/25 XXXX4963	06986830013174963145
05/25	2,673.37	Online Credit Card Pmt 05/25 XXXX8005	06985030070558005145
05/27	1,034.65	Ret Dep Item 101092	0526035509703NSF/UN
05/31	82.59	Corporate Account Analysis Charge	000000000000029810

→ holding acct  
for cc's

- 4313
- 4066
- 8354
- 8347
- 8339



**D Business Card**

Account # XXXX XXXX XXXX 8005  
 Statement closing date 05/26/22  
 New balance \$937.49  
 Minimum payment \$25.00  
 Due date 06/21/22

**PNC Cash Rewards™ Visa Signature® Business**

Questions?  
 pnc.com/accountview  
 1-800-474-2101 24 hours a day, 7 days a week

**Your account summary**

Previous balance	\$8,203.17
Total payments received - thank you	\$17,242.44
Purchases	\$10,033.73
Credits	\$56.97
Cash advances	\$0.00
Late and overlimit fees	\$0.00
Finance charges	\$0.00
<b>New balance</b>	<b>\$937.49</b>
<b>Minimum payment</b>	<b>\$25.00</b>
<b>Due date</b>	<b>06/21/22</b>
Total credit limit	\$11,000.00
Total available credit	\$10,015.00
Cash advance available credit	\$0

**Your rewards summary**

Previous total	\$4,033.75
Earned this period	149.66
<b>New total</b>	<b>\$4,183.41</b>
Cash Rewards never expire.	
Log in to your credit card account to redeem your Cash Rewards at pnc.com/onlinebanking or call 1-800-474-2101.	
Rewards can be deposited directly to	
• Your PNC Business Checking account	
• Your PNC Business Savings account	
• Or be credited to your PNC Business credit card	

**Your transactions**

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
04/26	04/26	7443603G401MMM6P0	ONLINE CREDIT CARD PMT 04/26 XXXX8005	\$8,203.17-
05/18	05/18	7443603GS01MMM6P4	ONLINE CREDIT CARD PMT 05/18 XXXX8005	\$6,365.90-
05/25	05/25	7443603H101MMM6P5	ONLINE CREDIT CARD PMT 05/25 XXXX8005	\$2,673.37-
<b>Total</b>				<b>\$17,242.44-</b>

(continued on next page)

5170 0004 HXH 002 7 17 220526 0 PAGE 1 of 7 10 5625 0300 5A12 DA5170CC 85211

**PNC BANK**  
 PO BOX 3429  
 PITTSBURGH PA 15230-3429

Account # XXXX XXXX XXXX 8005  
 New balance \$937.49  
 Minimum payment \$25.00  
 Due date 06/21/22

Check here if address, phone or e-mail changes are indicated on reverse side

PAYMENT ENCLOSED

44360300705580050000093749000026733700000025005

\$

Make check payable to:

PNC BANK  
 PO Box 71335  
 Philadelphia PA 19176-1335

HIGHLANDS COMM MINI  
 HIGHLANDS COMMUNITY MINI  
 1228 E BRECKINRIDGE ST  
 LOUISVILLE KY 40204-2196

85211  
 0304





**Your transactions (continued)**

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
		PATRICK FITZGERALD Card number: XXXX XXXX XXXX 8339		
04/26	04/26	2449215G4RS6PAP1W	EXPRESS MEDALS 855-633-2570 CT MCC: 5331 MERCHANT ZIP: 06108	\$1,205.02
04/28	04/28	2444500G700TRJR38	WALGREENS #5001 LOUISVILLE KY MCC: 5912 MERCHANT ZIP: 40205	\$464.00
04/30	04/30	2480162G90FVJQJ3F	WASTE NOW 502-969-7684 KY MCC: 4900 MERCHANT ZIP: 40210	\$99.85
05/02	05/02	2444500GB00TMT982	WALGREENS #5001 LOUISVILLE KY MCC: 5912 MERCHANT ZIP: 40205	\$243.61
05/03	05/03	2444500GQ00SA3Z22	WALGREENS #5001 LOUISVILLE KY MCC: 5912 MERCHANT ZIP: 40205	\$233.13
05/03	05/03	2469216GQ2XL6EX25	TST* Homemade Ice Cream & Louisville KY MCC: 5812 MERCHANT ZIP: 40205	\$787.05
05/05	05/05	2444500GE00SNQEZM	WALGREENS #5001 LOUISVILLE KY MCC: 5912 MERCHANT ZIP: 40205	\$234.02
05/06	05/06	2444500GF00W2XRZE	WALGREENS #5001 LOUISVILLE KY MCC: 5912 MERCHANT ZIP: 40205	\$114.97
05/06	05/06	2475542GF4QW7HHSX	EPIC SPORTS 888-2692440 KS MCC: 5941 MERCHANT ZIP: 67226	\$179.99
05/07	05/07	2412254GGMLX4P6A1	BP#9245895NEWBURG LOUISVILLE KY MCC: 5542 MERCHANT ZIP: 40205	\$108.26
05/10	05/10	2494135GKN4RZW2P7	DICK'S CLOTHING&SPORTING LOUISVILLE KY MCC: 5941 MERCHANT ZIP: 40222	\$127.14
05/11	05/11	2494135GLN4T2E4NH	DICK'S CLOTHING&SPORTING LOUISVILLE KY MCC: 5941 MERCHANT ZIP: 40222	\$79.45
05/12	05/12	2494135GMN4RZWFGS	DICK'S CLOTHING&SPORTING LOUISVILLE KY MCC: 5941 MERCHANT ZIP: 40222	\$63.58
05/13	05/13	2480162GM0FVESOLO	WASTE NOW 502-969-7684 KY MCC: 4900 MERCHANT ZIP: 40210	\$99.85
05/14	05/14	2469216GN2XQF827B	LOWES #01923* LOUISVILLE KY MCC: 5200 MERCHANT ZIP: 40218	\$89.61
05/16	05/16	2475542GT4QZ7LN8S	EPIC SPORTS 888-2692440 KS MCC: 5941 MERCHANT ZIP: 67226	\$78.59
05/18	05/18	2401339GS01VDLK6T	GREENWAY LANDSCAPE SERVIC502-8027581 KY MCC: 780 MERCHANT ZIP: 40228	\$477.00
05/18	05/18	2469216GS2XGH97JS	SQ *DIRTY TEASE gosq.com KY MCC: 5699 MERCHANT ZIP: 40205	\$585.12
05/24	05/24	2401339H002FNH17L	PODS 9/100 888-7767637 FL MCC: 4225 MERCHANT ZIP: 33760	\$242.74

1-2

**Total** MARY BETH ROTHER Card number: XXXX XXXX XXXX 8347 **\$5,512.98**

(continued on next page)

# Your transactions (continued)



TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
04/29	04/29	2416407G732H62POV	STAPLES DIRECT 800-3333330 MA MCC: 5111 MERCHANT ZIP: 01702	\$19.47
05/04	05/04	7416407GQ31T7TPR3	STAPLES DIRECT FRAMINGHAM MA CREDIT MCC: 5111 MERCHANT ZIP: 01702	\$36.99-
05/05	05/05	2416407GD32H7AXB8	STAPLES DIRECT 800-3333330 MA MCC: 5111 MERCHANT ZIP: 01702	\$433.56
05/05	05/05	2416407GE31T911KR	STAPLES 00118034 LOUISVILLE KY MCC: 5943 MERCHANT ZIP: 40205	\$45.57
05/06	05/06	2412254GFMLWXWKLS	BP#1354200BARRET BP LOUISVILLE KY MCC: 5542 MERCHANT ZIP: 40204	\$21.25
05/06	05/06	2416407GE32H7MRZV	STAPLES DIRECT 800-3333330 MA MCC: 5111 MERCHANT ZIP: 01702	\$19.98
05/06	05/06	2416407GE32H7THQV	STAPLES DIRECT 800-3333330 MA MCC: 5111 MERCHANT ZIP: 01702	\$160.98
05/07	05/07	7416407GG31T7TRA3	STAPLES DIRECT FRAMINGHAM MA CREDIT MCC: 5111 MERCHANT ZIP: 01702	\$19.98-
05/07	05/07	2490641GF48MKR72N	EIG*CONSTANTCONTACT.COM 855-2295506 MA MCC: 5968 MERCHANT ZIP: 02451	\$45.00
05/10	05/10	2416407GK31T919H9	STAPLES 00118034 LOUISVILLE KY MCC: 5943 MERCHANT ZIP: 40205	\$15.89
05/11	05/11	2439900GKELXJXGJN	BESTBUYCOM806647138812 RICHFIELD MN MCC: 5732 MERCHANT ZIP: 55423	\$42.38
05/11	05/11	2449215GKRWV54R2V	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/11	05/11	2449215GKRWV5565S	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/17	05/17	2494300GTLQR98D98	ADOBE CREATIVE CLOUD 408-536-6000 CA MCC: 5734 MERCHANT ZIP: 95110	\$31.79
<b>Total</b>				<b>\$780.90</b>
SANDA MIODRAG		Card number: XXXX XXXX XXXX 4066		
04/25	04/26	2444571G38PSL66KS	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$92.21
04/25	04/26	2445501G343A8RSJW	WAL-MART #4450 MIDDLETOWN KY MCC: 5411 MERCHANT ZIP: 40243	\$29.80
04/25	04/26	2469216G32X8REAYZ	AMZN Mktp US*1O6XK06U0 Amzn.com/bill WA MCC: 5942 MERCHANT ZIP: 98109	\$14.99
04/27	04/27	2444571G58PV05M3L	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$11.13
04/27	04/27	2469216G52Y0SQ3AS	AMZN Mktp US*1Q6SL2RT1 Amzn.com/bill WA MCC: 5942 MERCHANT ZIP: 98109	\$18.99
04/28	04/28	2413746G75SE9EZZ7	HOBBY LOBBY #398 LOUISVILLE KY MCC: 5945 MERCHANT ZIP: 40207	\$55.00

(continued on next page)



Your transactions (continued)

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
04/28	04/28	2444500G700TRJS93	DOLLAR TREE LOUISVILLE KY MCC: 5331 MERCHANT ZIP: 40207	\$35.78
04/28	04/28	2469216G62X8QG534	AMZN Mktp US*1Q8FE9YH1 Amzn.com/bill WA MCC: 5942 MERCHANT ZIP: 98109	\$4.99
04/28	04/28	2494300G7S4AHFLJ2	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$48.43
04/29	04/29	2444571G78PW0N6TA	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$18.05
05/03	05/03	2444571GB8PVALATM	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$24.90
05/03	05/03	2469216GB2X70VM0T	LOWES #01923* LOUISVILLE KY MCC: 5200 MERCHANT ZIP: 40218	\$13.72
05/03	05/03	2494300GQ54AHFVZF	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$14.91
05/04	05/04	2405523GQ2MMHEH6X	DINE COMPANY LOUISVILLE KY MCC: 5399 MERCHANT ZIP: 40213	\$46.60
05/04	05/04	2443565GDLEP2HZD7	RESTAURANT DEPOT LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40217	\$47.88
05/06	05/06	2444571GE8PW7VDFR	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$21.67
05/09	05/09	2443106GH2DJZV8EL	AMAZON.COM*131TU6GK0 AMZN AMZN.COM/BILL WA MCC: 5942 MERCHANT ZIP: 98109	\$28.79
05/10	05/10	2443106GJ2DJZY1YH	AMAZON.COM*131RL3BX2 AMZN AMZN.COM/BILL WA MCC: 5942 MERCHANT ZIP: 98109	\$28.79
05/11	05/11	2494300GLS4AHFMK5	COSTCO WHSE #1116 FARRAGUT TN MCC: 5300 MERCHANT ZIP: 37934	\$46.73
05/11	05/11	2494300GLS4AHG4NH	COSTCO WHSE #1116 FARRAGUT TN MCC: 5300 MERCHANT ZIP: 37934	\$46.73
05/16	05/16	2469216GT2XBK0FKQ	LOWES #00474* LOUISVILLE KY MCC: 5200 MERCHANT ZIP: 40222	\$13.74
05/17	05/17	2494300GSS4AHG3H1	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$77.74
05/18	05/18	2407105GVJ82TXHWL	TREE ENTERPRISES LLC 336-5108840 NC MCC: 5399 MERCHANT ZIP: 27320	\$140.16
05/18	05/18	2444571GS8PV1A6T0	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$43.47
05/18	05/18	2494300GVS4AHEMLG	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$43.98
05/19	05/19	2413746GW01AQ9Y9X	USPS PO 2047930055 LOUISVILLE KY MCC: 9402 MERCHANT ZIP: 40205	\$4.33

(continued on next page)

# Your transactions (continued)

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
05/20	05/20	2494300GX54AHFE9S	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$119.71
05/21	05/21	2443106GX2DJP63QD	AMZN DIGITAL*1L3453W00 88888-802-3080 WA MCC: 5818 MERCHANT ZIP: 98109	\$5.99
05/23	05/23	2469216GZ2XPLVATL	LOWES #01923* LOUISVILLE KY MCC: 5200 MERCHANT ZIP: 40218	\$128.51
05/23	05/23	2469216GZZXV6G1FA	DISCOUNTSCH 8006272829 800-482-5846 CA MCC: 5943 MERCHANT ZIP: 93940	\$604.88
05/23	05/23	2494300H054AHG949	COSTCO WHSE #1238 LOUISVILLE KY MCC: 5300 MERCHANT ZIP: 40218	\$87.49
05/24	05/24	2455930H0566E6VGM	APPELBAUM TRAINING INSTIT281-4944876 TX MCC: 8299 MERCHANT ZIP: 77478	\$102.00
05/25	05/25	2444571H18PVEN2FL	KROGER #339 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40205	\$52.92
<b>Total</b>				<b>\$2,075.01</b>
<div style="background-color: yellow; padding: 2px;">                 TROY BURDEN Card number: XXXX XXXX XXXX 4312             </div>				
04/25	04/26	2469216G32X7SWT9M	SQ *BARRET AVE BAKERY & C Louisville KY MCC: 5811 MERCHANT ZIP: 40204	\$12.28
04/27	04/27	2479338G501VME4FX	STK*Shutterstock 866-6633954 NY MCC: 7333 MERCHANT ZIP: 10118	\$51.94
04/30	04/30	2469216G82XE63Y04	Amazon Prime*1Q1KJ9AK0 Amzn.com/bill WA MCC: 5968 MERCHANT ZIP: 98109	\$15.80
05/02	05/02	2420429GA007NZBJA	FACEBK 26LCBEXZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	\$51.57
05/03	05/03	2469216GQ2XF13ENU	TST* Bucks Restaurant an Louisville KY MCC: 5812 MERCHANT ZIP: 40203	\$76.72
05/05	05/05	2449215GDMJZ3Y370	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/06	05/06	2420429GE004PSDQE	FACEBK Z7YZRDPZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	\$50.00
05/08	05/08	2420429GG0089VX8X	FACEBK AWCYTDZPK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	\$50.00
05/11	05/11	2426979GLEJ7LV9KZ	WHICH WICH - GRANTLINE NEW ALBANY IN MCC: 5814 MERCHANT ZIP:	\$13.80
05/11	05/11	2449215GKRWW0XL56	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/12	05/12	2405522GM60RP7GEB	JACK FRY'S LOUISVILLE KY MCC: 5812 MERCHANT ZIP:	\$51.34
05/12	05/12	2420429GL002ZPEWB	FACEBK DCEWJEXZK2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	\$75.00
05/15	05/15	2413746GR014KRKZD	SPEEDWAY 09612 LOUISVILLE LOUISVILLE KY MCC: 5541 MERCHANT ZIP: 40204	\$32.94

(continued on next page)



**Your transactions (continued)**

TRANS DATE	POST DATE	REFERENCE NUMBER	DESCRIPTION	AMOUNT
05/15	05/15	2420429GP006L68L2	FACEBK Z9VXME72L2 650-5434800 CA MCC: 7311 MERCHANT ZIP: 94025	\$75.00
05/15	05/15	2449215GPMHGD8T7D	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/15	05/15	2449215GPMJVRLN3M	SQ *HIGHLANDS COMMU LOUISVILLE KY MCC: 8398 MERCHANT ZIP: 40204	\$1.00
05/15	05/15	2469216GP2Y1J04V6	SQ *V-GRITS & CHIMERA BRE Louisville KY MCC: 5499 MERCHANT ZIP: 40204	\$13.80
05/15	05/15	2469216GP2Y1ML6A6	SQ *V-GRITS & CHIMERA BRE Louisville KY MCC: 5499 MERCHANT ZIP: 40204	\$27.60
05/16	05/16	2444500GR55Q1JB5J	SMARTYCASHBACK.COM Los Angeles CA MCC: 7278 MERCHANT ZIP: 90027	\$19.00
05/16	05/16	2469216GR2XJT477E	MCAFFEE *WWW.MCAFFEE.COM 866-622-3911 TX MCC: 5968 MERCHANT ZIP: 75024	\$137.79
05/17	05/17	2444571GT8PV8M61R	KROGER #224 LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40206	\$30.26
05/18	05/18	2471705GS861VPQE7	CULTURED LOUISVILLE KY MCC: 5451 MERCHANT ZIP: 40206	\$279.20
05/24	05/24	2442733H0M83P8HV5	VALU MARKET MID CIT LOUISVILLE KY MCC: 5411 MERCHANT ZIP: 40204	\$93.64
05/25	05/25	2469216H12X4QR5JB	SQ *HI-FIVE DOUGHNUTS Louisville KY MCC: 5814 MERCHANT ZIP: 40206	\$374.40
05/25	05/25	2469216H12X96KFXS	SQ *BARRET AVE BAKERY & C Louisville KY MCC: 5811 MERCHANT ZIP: 40204	\$37.80
05/25	05/25	2490641H149X1E2Z3	EIG*BLUEHOST.COM 888-4014678 UT MCC: 5968 MERCHANT ZIP: 84606	\$33.99

**Total** **\$1,607.87**

**Your finance charges**

TYPE OF BALANCE	CORRESPONDING ANNUAL PERCENTAGE RATE (APR)	DAILY PERIODIC RATE (MAY VARY)	DAYS IN BILLING	AVERAGE DAILY BALANCE	FINANCE CHARGE
Purchases	11.740%	0.03216%	31	\$0.00	\$0.00
Cash advances	22.740%	0.06230%	31	\$0.00	\$0.00
					\$0.00





Your Account > Your Orders > Order Details

Proceed to checkout

This order contains a gift

# Order Details

Ordered on May 18, 2022 Order# 113-3284860-7121038

[View or Print invoice](#)

### Shipping Address

Sarah

United States

### Payment Method

VISA \*\*\*\* 4177

↑  
SWCM  
CC

### Order Summary

Item(s) Subtotal:	\$128.20
Shipping & Handling:	\$0.00
Total before tax:	\$128.20
Estimated tax to be collected:	\$8.98
<b>Grand Total:</b>	<b>\$137.18</b>

Transactions

## 3 Shipments

### Delivered Thursday

Your package was left near the front door or porch.



100% Compostable Forks - 140 Large Disposable Utensils (7 in.) Eco Friendly Durable and Heat Resistant Alternative to Plastic Forks with Convenient Tray by Ecovita

Sold by: [Diasse, LLC](#) Product question? Ask Seller

2 Return eligible through Jun 18, 2022 \$26.25

Condition: New

[Buy it again](#)

[Track package](#)

[Return or replace items](#)

[Share gift receipt](#)

[Ask Product Question](#)

[Leave seller feedback](#)

[Write a product review](#)

[Archive order](#)

### Delivered Thursday

Your package was left near the front door or porch.



100% Compostable 7 Inch Heavy-Duty Plates (125 Pack) Eco-Friendly Disposable Sugarcane Paper Plates

Sold by: [COMFY PACKAGE](#)

2 Return eligible through Jun 18, 2022 \$15.99

Condition: New

[Buy it again](#)

[Track package](#)

[Return or replace items](#)

[Share gift receipt](#)

[Leave seller feedback](#)

[Write a product review](#)

[Archive order](#)

### Delivered Thursday

Your package was left near the front door or porch.



CantaGreen 8 OZ White Paper Cups, 200 Count Heavy-duty Disposable Hot and Cold Cup

Sold by: [GreenTide](#) Product question? Ask Seller

2 Return eligible through Jun 18, 2022 \$21.86

Condition: New

[Buy it again](#)

[Track package](#)

[Return or replace items](#)

[Share gift receipt](#)

[Ask Product Question](#)

[Leave seller feedback](#)

[Write a product review](#)

[Archive order](#)

Saved for later (538)

## Items from Your List



SARAH LANGMEYER  
 SOUTHWEST COMMUNITY MINIS  
 Account Number: #### #### #### 4177  
 Page 1 of 3

**Account Summary**

Billing Cycle		05/23/2022
Days In Billing Cycle		31
Previous Balance	\$	174.39
Purchases	+	10,140.32
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	9,806.66 CR
Other Charges	+	0.00
Finance Charges	+	0.00
<b>NEW BALANCE</b>	<b>\$</b>	<b>508.05</b>

**Credit Summary**

Total Credit Limit	\$	10,000.00
Available Credit		9,491.95
Available Cash		0.00
Amount Over Credit Limit		0.00
Amount Past Due		0.00
Disputed Amount		0.00

**Visa Signature® Business**

**Contact Information**

- Call us at 844-4TRUIST (844-487-8478)
- Visit us at Truist.com
- Write us at TRUIST BANK PO BOX 698,  
WILSON, NC 27894-0698

**Payment Summary**

NEW BALANCE	\$508.05
MINIMUM PAYMENT	\$20.00
PAYMENT DUE DATE	06/17/2022

*NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.*

**Cardholder Account Summary**

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
04/27	04/28	PPLN01	24692162117100529352972	SPECTRUM 855-707-7328 MO	\$ 21.49
04/28	04/29	PPLN01	24009582119001080013067	NETWORK FOR GOOD INC 888-284-7978 DC	2,400.00
05/01	05/02	PPLN01	24247602121300627957263	INK PUBLISHING AND DESIGN 502-271-1166 KY	69.00
05/03	05/04	PPLN01	24492162123000023724466	HANDBID INC. WWW.HANDBID.C CO	792.00
05/05	05/06	PPLN01	24137452126001148069615	SPEEDWAY 09511 LOUISVILLE LOUISVILLE KY	81.75
05/09	05/10	PPLN01	24692162129100758907906	SPECTRUM 855-707-7328 MO	191.03
05/10	05/11	PPLN01	24492162130000019189824	ELEMENT AIR Elementairco@ KY	77.00
05/10	05/11	PPLN01	24692162130100993675448	IN *DUSTIN SCHMIDT 502-9945489 KY	6,000.00
05/12	05/13	PPLN01	24431062132083719649051	AMZN MKTP US*1L7QA9I91 AM AMZN.COM/BILL WA	65.16
05/12	05/13	PPLN01	24492162132000034878029	NONPROFIT LEADERSHIP HTTPWWW.NONP NJ	37.00
05/12	05/13		00000000000	M-APP TRANSFER	9,806.66 CR
05/13	05/15	PPLN01	24164072134105006222506	STAPLES 00115212 LOUISVILLE KY	207.97

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

- T

TRUIST BANK  
 PO BOX 400  
 WILSON NC 27894-0400

40460111998841770000508050000020003

Account Number #### #### #### 4177

<b>Closing Date</b>	<b>New Balance</b>	<b>Total Minimum Payment Due</b>	<b>Payment Due Date</b>
05/23/22	\$508.05	\$20.00	06/17/22

\$

AMOUNT OF PAYMENT ENCLOSED

SARAH LANGMEYER  
 SOUTHWEST COMMUNITY MINIS  
 8504 TERRY RD  
 LOUISVILLE KY 40258-1752



MAKE CHECK PAYABLE TO:



TRUIST BANK  
 PO BOX 580340  
 CHARLOTTE NC 28258-0340

0284177051525011118140460111998



SARAH LANGMEYER  
 SOUTHWEST COMMUNITY MINIS  
 Account Number: #### #### #### 4177  
 Page 3 of 3

Cardholder Account Summary Continued					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
05/18	05/19	PPLN01	24692162138100527923035	AMZN Mktp US*1R2H25K61 Amzn.com/bill WA	137.18
05/20	05/22	PPLN01	24493982140014000023353	BALDVILLE INC. 800-728-0888 MI	60.74

Finance Charge Summary / Plan Level Information									
Plan Name	Plan Description	Previous Balance	Average Daily Balance	Periodic Rate *	Corresponding APR	Finance Charges	Effective APR Fees **	Effective APR	Ending Balance
<b>Purchases</b>									
PPLN01 001	PURCHASE	\$174.39	\$0.00	1.79083% (M)	21.4900% (V)	\$0.00	\$0.00	0.0000%	\$508.05
<b>Cash</b>									
CPLN01 001	CASH	\$0.00	\$0.00	2.04083% (M)	24.4900% (V)	\$0.00	\$0.00	0.0000%	\$0.00
* Periodic Rate (M)=Monthly (D)=Daily							Days In Billing Cycle: 31		
** includes cash advance and foreign currency fees							APR = Annual Percentage Rate		
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.									

06/01/2022 at 11:26 AM



Payments - Truist Online Banking



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Success! Your payment is on its way.

Confirmation number  
0574699646

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## Payment details

From  
Business Account 7072

To  
Gaither Visa 4177

Frequency  
One-time

Amount  
\$529.54

Transaction date  
Jun 01, 2022