Print Form

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

Applicant/Program: South East Associated Ministries, Inc./Food Room Expansion
Applicant Requested Amount: $5,725.00
Appropriation Request Amount: $5,725.00

Executive Summary of Request

Funds will be used to expand the food room area by eliminating a wall creating an additional 400 sq. ft. The expansion will create much needed room for volunteers working with SEAM's emergency food programs.

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

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.

11	Kevin J. Kramer	$5,725	Aug 24, 2018
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.

None

Approved by:

Appropriations Committee Chairman   Date

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization South East Associated Ministries, Inc.

Program Name and Request Amount Food Room Expansion $5,725.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	~~N/A~~ Yes

Prepared by: Scott W. Harrington Date: 8-24-18

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records*	South East Associated Ministries		
Main Office Street & Mailing Address:	6500 Six Mile Lane		
Website:	seamlouisville.org		
Applicant Contact:	Michael C. Ashabraner	**Title:**	Executive Director
Phone:	502-499-9350	**Email:**	seamexdir@gmail.com
Financial Contact:	Glenda Hatfield	**Title:**	Emergency Assistance Director
Phone:	502-499-2059	**Email:**	seameadir@gmail.com
Organization's Representative who attended NDF Training:	Michael C. Ashabraner		
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	6500 Six Mile Lane		
Council District(s):	11,22,18,10,26,2	**Zip Code(s):**	40218, 40220

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:	~~Building and Asset repair & preventative maintenance~~ Food Room Expansion		
Total Request: ($)	5,725	**Total Metro Award (this program) in previous year: ($)**	0

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☐ Programming/services/events for direct benefit to community or qualified individuals
- ☒ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- ■ IRS Exempt Status Determination Letter
- ■ Current year projected budget
- ■ Current financial statement
- ■ Most recent IRS Form 990 or 1120-H
- ■ Articles of Incorporation (current & signed)
- ■ Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- ■ IRS Form W9
- Evaluation forms if used in the proposed program
- ■ Annual audit (if required by organization)
- Faith Based Organization Certification Form, if applicable

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Louisville Metro (pending)	Amount: ($)	22,200
Source:		Amount: ($)	
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☒ Yes ☐ No

Has the applicant met the BBB Charity Review Standards? ☒ Yes ☐ No

Applicant's Initials MA

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

SEAM provides help for today and hope for tomorrow.

We do this by offering emergency food and financial assistance and by connecting our neighbors with the resources needed for achieving self-sufficiency and well-being.

Our food pantry fed 12,574 individuals, 4,552 children, and 4,102 households in 2017. 306 Families received electric, water, and rent assistance in 2017 for a total of over 86,000 in direct assistance.

In addition to our core services, we provided 367 Thanksgiving dinners and 250 school supply packs to our neighbors in 2017. We also regularly refer and work with businesses and nonprofits by connecting our clients with services they need to reach self-sufficiency.

Today we are focused on working with other agencies, businesses, and non profit organizations to help people receive the help they need today and adequate employment in the near future.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Guy Petersen	Jul 1, 2019
Rebecca Anderson	Jul 1, 2019
Judi Robison	Jul 1, 2019
Chris McGill	Jul 1, 2019
Greg Leichty	Jul 1, 2019
Denise Anderson	Jul 1, 2019
Khalid Awad	Jul 1, 2019
Ryan Dinnegan	Jul 1, 2019

Describe the Board term limit policy:

Each member congregation shall determine the qualifications and manner of selection for the person it appoints as its representative on the Board, and shall submit the name and other personal information to the Board Chair when there is a change in its representation. Board members shall serve for a term of three (3) years, renewable once for a total of six (6) years. If a replacement representative cannot be found the term limit may be extended until a suitable replacement is available.

At the end of that time the Board member must remain off the Board for a period of one (1) year before being eligible to return as a voting member. During that hiatus the person may serve on committees or special projects of the Board.

Three Highest Paid Staff Names	Annual Salary
Michael C. Ashabraner	49,497.76
Glenda L. Hatfield	49,375.04

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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.):

SEAM owns the building it operates in to provide emergency food and financial assistance to residence in the 40218 and 40220 zip codes. As one of the largest Dare to Care distribution sites and the main provider of electric, water, and rent assistance in the area, it is crucial that our building and equipment remains safe and efficient.

We are requesting financial support to expand our food room that serves food to over 12,500 residents in need five days a week. Because of our massive increase of grocery and restaurant pick ups on 4 days per week, we have out grown our food room. By expanding our food room to 400 additional square feet, our delivery drivers will have a safe and efficient space to drop off, weigh, and report food. Currently, the deliveries interfere with the food room operation because the space is to small and is also a safety concern. Completing these repairs and performing the requested maintenance will promote personal safety, help protect over 100,000 pounds of donated food, and save tens of thousands of dollars in the future from neglecting these needed repairs. It will also allow us to add additional food pick ups that we have had to decline in the past (ie. Panera Bread, local school food drives, etc.) for reasons stated above.

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

~~Invoice Attached~~

Infrastructure work.

SW

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

na

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.

na

☐ 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.

na

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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:

SEAM owns the building it operates in to provide emergency food and financial assistance to residence in the 40218 and 40220 zip codes. As one of the largest Dare to Care distribution sites and the main provider of electric, water, and rent assistance in the area, it is crucial that our building and equipment remains safe and efficient.

We are requesting financial support to expand our food room that serves food to over 12,500 residents (nearly 5,000 children under 18) in need five days a week. Because of our massive increase of grocery and restaurant pick ups on 4 days per week, we have out grown our food room. By expanding our food room to 400 additional square feet, our delivery drivers will have a safe and efficient space to drop off, weigh, and report food. Currently, the deliveries interfere with the food room operation because the space is to small and is also a safety concern. Completing these repairs and performing the requested maintenance will promote personal safety, help protect over 100,000 pounds of donated food, and save tens of thousands of dollars in the future from neglecting these needed repairs. It will also allow us to add additional food pick ups that we have had to decline in the past (ie. Panera Bread, local school food drives, etc.) for reasons stated above.

We keep paper documentation, checks written, canceled checks, and client database.

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.

Our building is located on the property belonging to Guiding Light Islamic Center.

Kosair Charities awarded SEAM a $20,000 grant in 2018 to help support our food pantry and Stable Families, Healthy Kids program.

We work with many businesses like Passport Health Plan, Campbellsville University Louisville Center, Jewish Family & Career Services, and Dress for Success, to provide healthcare options, education, and additional assistance for our clients.

Dare to Care helps SEAM with food deliveries throughout the month. SEAM also does their own food pick ups at two Kroger stores, Aldi, Target, Longhorns Steakhouse, three private schools and five public schools in the fall, and several other pick ups in the community throughout the year.

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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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 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	5725		5725
L: Other Expenses (See Detailed List on Page 8)			
****TOTAL PROGRAM/PROJECT FUNDS***	5725		5725
% of Program Budget	100 %	0 %	**100%**

8WA

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)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	na

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

***Must equal or exceed total in column 2.*

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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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
na			
Total			

Applicant's Initials MA

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
na		
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

*** 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: July 1, 2017

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:
na

Applicant's Initials MA

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.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	M. A.			**Date:**	8/22/18
Legal Signatory: (please print):	Michael C. Ashabraner			**Title:**	Exec. Dir
Phone:	502-499-9350	**Extension:**	—	**Email:**	seamexdir@gmail.com

Applicant's Initials MA

GUY F. PETERSEN
P O BOX 91065
LOUISVILLE, KY 40291

FOOD ROOM EXPANSION PROJECT FOR SOUTH EAST ASSOCIATED MINISTRIES:

REMOVE 7'SECTION OF WALL TO HALLWAY.

REMOVE 12' SECTION OF WALL TO STOREROOM.

MOVE A.C. LINE SET FROM FOOD ROOM A.C TO OUTSIDE UNIT.

MOVE CONDENSATION LINE.

INSTALL CODENSATION LINE PUMP.

REMOVE 36" DOOR AND FRAME.

BUILD 8' WALL TO ENCLOSE FOOD ROOM EXPANSION.

CANCEL ELECTRIC OUTLETS.

ADD ELECTRIC – 3 WALL OUTLETS.

CANCEL EXISTING LIGHT SWITCH - MOVE AND INSTALL LIGHT SWITCH IN NEW POSITION.

DRYWALL NEW WALL.

DRY WALL – 3 SIDES CUT-IN.

DRY WALL 2- HEADERS APPROXIMATELY 22'.

REPLACE AND INSTALL APPROXIMATELY 20 FLOOR TILES.

INSTALL APPROXIMATELY 18' BASE COVE.

10' YARD DUMPSTER.

PAINT WALLS AND HEADERS.

BUILD RETAINING BRACKETS FOR FREEZERS.

MATERIALS & LABOR $5,725

GUY F. PETERSEN

Internal Revenue Service

Date: October 20, 2005

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

Person to Contact:
Ms. Benson #31-07273
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
61-0897944

SOUTH EAST ASSOCIATED MINISTRIES
INC
6500 SIX MILE LN STE A
LOUISVILLE KY 40218-2355

Dear Sir or Madam:

This is in response to your request of October 20, 2005, regarding your organization's tax-exempt status.

In August 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely,

Janna K. Skufca

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

SEAM
BUDGET
July 2018 through June 2019

	Jul '18 - Jun 19
Ordinary Income/Expense	
Income	
4000 · Board Churches	47,000.00
4200 · Contributions	63,000.00
4400 · Fund Raising Income	27,500.00
4500 · Grants	75,000.00
4600 · Restricted	139,200.00
4900 · Misc Inc	12,000.00
Total Income	363,700.00
Gross Profit	363,700.00
Expense	
6000 · Direct Assistance	145,100.00
6120 · Advertising/Marketing	2,500.00
6125 · Bank Fees	72.00
6130 · Conference/Training	2,000.00
6150 · Depreciation	1,000.00
6170 · Fund Raising Expense	2,100.00
6280 · Insurance	24,774.00
6450 · Office Supplies	2,200.00
6451 · Office Labor	5,000.00
6452 · Computer Software	250.00
6455 · Janitorial Supplies	125.00
6456 · Security Monitoring	600.00
6550 · Pension Expense	3,095.00
6560 · Payroll Expenses	126,895.00
6565 · Payroll Taxes	14,488.00
6570 · Postage	600.00
6580 · Printing/Reproduction	2,000.00
6610 · Professional Fees	3,050.00
6660 · Public Relations	1,000.00
6700 · Repairs/Maintenance	6,340.00
6800 · General Operating Expenses	19,582.00
Total Expense	362,771.00
Net Ordinary Income	929.00
Net Income	**929.00**

SEAM

Profit & Loss Budget vs. Actual

July 2017 through June 2018

	Jul '17 - Jun 18	Budget
Income		
4000 · Board Churches		
4010 · SEAM Churches	37,503.73	49,000.00
4013 · Kroger Card Earned Income	356.05	1,000.00
4015 · Miscellaneous	0.00	2,300.00
Total 4000 · Board Churches	37,859.78	52,300.00
4200 · Contributions		
4210 · Contributions Unrestricted	24,790.93	35,000.00
4211 · Contributions-Restricted	27,851.43	12,000.00
4242 · Board Contributions	4,008.20	3,000.00
4250 · Dollar-A-Month	0.00	0.00
Total 4200 · Contributions	56,650.56	50,000.00
4400 · Fund Raising Income		
4414 · Event #1 - Thunder Tickets	4,670.00	6,000.00
4416 · Event #2 - Annual Yard Sale	0.00	600.00
4455 · Event #3 - Soiree	12,738.88	700.00
4472 · Event #4	1,888.00	5,000.00
4473 · Event #5		
4473a · Sponsor	0.00	0.00
4473b · Ticket Sales	0.00	0.00
4473 · Event #5 - Other	0.00	700.00
Total 4473 · Event #5	0.00	700.00
4495 · Fund Raising - Other	0.00	1,000.00
4499 · Misc. Fund Raising	0.00	0.00
Total 4400 · Fund Raising Income	19,296.88	14,000.00
4500 · Grants		
4283 · Grant #	4,640.00	1,125.00
4505 · Grant	3,682.50	3,000.00
4506 · Kosair	5,000.00	1,500.00
4507 · Other Grant	2,000.00	2,000.00
4510 · GE Matching	0.00	1,000.00
4513 · Grant #1	0.00	1,500.00
4599 · Other	0.00	0.00
Total 4500 · Grants	15,322.50	10,125.00
4600 · Restricted		
4610 · Louisville Metro	86,200.00	86,200.00
4615 · Winter Help f/LG&E	9,248.00	10,000.00
4670 · Assoc Comm Ministries	37,364.09	31,000.00
4686 · STABLE FAMILIES & CHILDREN	6,300.00	
Total 4600 · Restricted	139,112.09	127,200.00
4900 · Misc Inc		
4910 · Other Misc. Income	0.00	0.00
4911 · Interest Income	11.82	8,000.00

SEAM

Profit & Loss Budget vs. Actual

July 2017 through June 2018

	Jul '17 - Jun 18	Budget
Total 4900 · Misc Inc	11.82	8,000.00
Total Income	268,253.63	261,625.00
Gross Profit	268,253.63	261,625.00
Expense		
4001 · Reconciliation Discrepancies	-0.05	
6000 · Direct Assistance		
6006 · Food	9,421.67	3,600.00
6010 · Medical	150.00	100.00
6020 · Rent	12,491.10	17,000.00
6022 · Telephone	0.00	0.00
6030 · Utilities	0.00	0.00
6031 · WinterHelp Payments	12,783.70	10,000.00
6032 · Utility Match - Electric	32,328.04	26,000.00
6033 · Utility Match -Water	2,959.34	5,800.00
6040 · Other Assistance	138.00	300.00
6070 · Case Management		
6071 · Rent	250.00	700.00
6072 · Electric	832.76	400.00
6075 · Water	891.92	300.00
Total 6070 · Case Management	1,974.68	1,400.00
Total 6000 · Direct Assistance	72,246.53	64,200.00
6120 · Advertising/Marketing	2,021.47	2,500.00
6125 · Bank Fees	361.23	72.00
6130 · Conference/Training	0.00	2,000.00
6165 · Dues/Subscriptions	1,806.69	1,000.00
6170 · Fund Raising Expense		
6171 · Fund Raiser #1 - Thunder	0.00	1,100.00
6173 · Fund Raiser #2	0.00	750.00
6174 · Fund Raiser #3	6,705.70	0.00
6175 · Fund Raiser #4	0.00	250.00
6179 · Fund Raiser - Misc	0.00	0.00
Total 6170 · Fund Raising Expense	6,705.70	2,100.00
6280 · Insurance		
6282 · Employee Health Insurance	18,424.84	18,387.00
6284 · Property and Liability	3,088.17	2,500.00
6285 · D & O Insurance	985.65	1,350.00
6286 · Worker's Comp Ins	1,082.00	566.00
Total 6280 · Insurance	23,580.66	22,803.00
6450 · Office Supplies	1,443.54	3,000.00
6451 · Office Labor	2,922.50	
6452 · Computer Software	426.53	600.00
6455 · Janitorial Supplies	756.09	600.00
6456 · Security Monitoring	600.00	480.00
6550 · Pension Expense	0.00	2,976.00

SEAM

Profit & Loss Budget vs. Actual

July 2017 through June 2018

	Jul '17 - Jun 18	Budget
6560 · Payroll Expenses	130,832.41	111,192.00
6565 · Payroll Taxes	0.00	13,450.00
6570 · Postage	569.32	600.00
6580 · Printing/Reproduction	3,602.48	2,000.00
6610 · Professional Fees		
6614 · Consulting CPA	0.00	3,050.00
6610 · Professional Fees - Other	7,650.00	
Total 6610 · Professional Fees	7,650.00	3,050.00
6660 · Public Relations	1,277.33	1,000.00
6700 · Repairs/Maintenance		
6722 · Computer Repairs	0.00	200.00
6723 · Snow Removal	0.00	200.00
6726 · Equipment Repairs	1,086.38	1,000.00
6728 · Maintenance - General	1,594.50	3,360.00
6729 · Cleaning-Contract Labor	3,700.00	3,900.00
6730 · Other	0.00	0.00
Total 6700 · Repairs/Maintenance	6,380.88	8,660.00
6800 · General Operating Expenses		
6802 · Staff Recognition	200.00	300.00
6810 · Telephone	1,974.99	1,659.24
6811 · Internet	1,432.20	1,400.00
6812 · Mobile Phone	1,820.00	1,560.00
6820 · Travel Expense	3,193.25	4,000.00
6881 · Gas & Electric	7,435.50	7,900.00
6882 · Water	1,345.48	600.00
6890 · Volunteer Appreciation	258.97	1,500.00
Total 6800 · General Operating Expenses	17,660.39	18,919.24
Total Expense	280,843.70	261,202.24
	-12,590.07	422.76

FILED
JEFF. CO., KY.
OCT 30 1974
BREMER EHRLER, Clerk
BY ____ D.C.

ARTICLES OF INCORPORATION

OF

HIKES POINT COMMUNITY MINISTRIES, INC.

We, the subscribers hereto, in order to form a non-profit service corporation for the purposes hereinafter set forth, under the Laws of the Commonwealth of Kentucky, do on the date undersigned state:

ARTICLE I. The name of this corporation shall be the Hikes Point Community Ministries, Inc.

ARTICLE II. The purpose of this corporation shall be to create a spirit of cohesiveness through the formation and establishment of a youth employment service, school age day-care center, open forum meetings, teen activities, activities for senior citizens, the publishing of an area directory, and meeting such other needs as may develop from time to time or be expressed by the citizens in the community served by the corporation. All services rendered by the corporation shall be offered without regard to race, creed or religion.

ARTICLE III. The corporation shall have perpetual existence, unless sooner dissolved in accordance with law.

ARTICLE IV. The principal location of this corporation shall be 3303 Frontier Trail, Louisville, Kentucky 40220, but may be changed by the by-laws of the corporation. The name of the resident agent of the corporation shall be Clinton R. Burroughs, at Suite 128, 334 East Broadway, Louisville, Kentucky 40202.

ARTICLE V. This corporation is being organized for educational, civic, social and recreational purposes under the provisions of Chapter 273.161 to 273.390 of the Kentucky Revised Statutes relating to nonstock, nonprofit corporations for religious, charitable and educational purposes, and not for private gain. It shall have no capital stock and no part of the net earnings shall inure to the benefit of, or be distributable to any 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 II. No part of the activities of the corporation shall be in 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, for any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted of a corporation exempt from federal income tax under Section 501(c)(3)of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law). Upon the dissolution of the corporation, after paying or making provision for the payment of all the liabilities of the corporation, no asset of the corporation shall be distributed except to a corporation or organization organized and operated exclusively for charitable, educational or religious purposes and which at that time qualifies as an exempt corporation or organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VI. The business affairs of this corporation shall be conducted and managed by a Board of Directors to consist of not less than three (3) nor more than the total number of persons as may be designated from time to time by the by-laws of the corporation. The Board of Directors shall be elected by a majority of the members of the Corporation and at such time as may be specified in the by-laws.

ARTICLE VII. All persons shall be members of the corporation who fulfill the requirements of membership as set forth in the by-laws to be adopted by the Board of Directors of this corporation, provided, however, no individual shall be denied membership in the corporation solely because of race, creed or religion.

ARTICLE VIII. This corporation is not a private foundation nor shall it engage in any activities or enjoy any of the privileges or benefits of a "Private Foundation" as defined or otherwise contemplated under any of the provisions of the Internal Revenue Code of 1954, as amended.

ARTICLE IX. The names and addresses of the incorporators, who will also serve as Directors and in the offices indicated unless changed by the By-Laws, are as follows:

NAME	OFFICE	Louisville, Kentucky 40220
Joseph P. Pohl	Chairperson	3303 Frontier Trail
Elizabeth L. Ruck	Vice-Chairperson	1912 Hoke Road
Betty J. Matthews	Secretary	3115 Maywood Place
William Edelen	Treasurer	3125 Marlin Road

In Testimony Whereof, Witness the signatures of the incorporators this 17th day of October, 1974.

Joseph P. Pohl
Joseph P. Pohl

Elizabeth L. Ruck
Elizabeth L. Ruck

Betty J. Matthews
Betty J. Matthews

William Edelen

To: Office of Secretary of State
Commonwealth of Kentucky
Frankfort, Kentucky

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

NOV 6 1980

SECRETARY OF STATE

You are hereby advised that at a meeting of the Board of Directors of HIKES POINT COMMUNITY MINISTRIES, INC., on Tuesday, September 23, 1980, in Louisville, Kentucky, a quorum of the Board of Directors being present, the following action was taken relative to amendment of the Articles of Incorporation of this body:

Section I of the Articles of Incorporation is changed to read:

> "The name of the corporation shall be SOUTH EAST ASSOCIATED MINISTRIES, INC."

IN WITNESS WHEREOF, we have hereunto subscribed our names this 30th day of October, 1980.

HIKES POINT COMMUNITY MINISTRIES, INC.

Maurice H. LeFevre
Maurice H. LeFevre, President

Mary Jo Lester
Mary Jo Lester

Subscribed and sworn to before me, a Notary Public, by Maurice H. LeFevre on this the 30th day of October, 1980

Notary Public, State at Large, KY
My Commission expires My commission expires Aug. 14, 1984.

Notary Public

Filing Fee of $4.00 enclosed.

0151210.09	amcray AMD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/20/2017 9:50 AM
Fee Receipt: $8.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Southeast Associated Ministries, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted:

Southeast Associated Ministries, Inc. is organized as and operated exclusively for charitable and educational purposes under Section 501 (c)(3) of the Internal Revenue Code of 1954 as amended, including making distributions and providing services to individuals and families facing personal, social and economic crisis. Southeast Associated Ministries, Inc. is not a religious organization, nor does it provide religious services. The purpose of Southeast Associated Ministries, Inc. is to provide essential social services to the general public within its trade area regardless of religious, social, gender or race identification or handicap status.

3. The date of adoption of each amendment was 9/13/2017

4. Check either a, b or c (whichever is applicable):

a. ______ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.

b. __✓__ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.

c. ______ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is ______ (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

[signature]	David Aikens	Chair	9/14/2017
Signature of Officer or Chairman of the Board	Printed Name	Title	Date

(01/12)

Received Time Sep. 20. 2017 9:29AM No. 6723

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SOUTH EAST ASSOCIATED MINISTRIES INC

2 Business name/disregarded entity name, if different from above
SAME

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ________

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ 501c3

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
6500 SIX MILE LANE

Requester's name and address (optional)

6 City, state, and ZIP code
LOUISVILLE, KY 40218

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer identification number
6 1 – 0 8 9 7 9 4 4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ X Mar Date ▶ 8-16-18

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

SOUTH EAST ASSOCIATED MINISTRIES, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

LOUISVILLE JEFFERSON COUNTY

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: South East Associated Ministries

Grantee Representative Name: Michael C. Ashabraner

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

☑ I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
   Client Assistance, Community Events and Other expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
   Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

M. Ash

Grantee Representative Signature

Aug 6, 18

Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219

Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

CONTENTS

TIMOTHY A. MASTERSON CPA, PSC
Certified Public Accountant

209 Townepark Circle, Suite 100
Louisville, Kentucky 40243
502.254.1040
Fax 502.254.0891
tim@timmastersoncpa.com

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors
South East Associated Ministries, Inc.
Louisville, KY

I have reviewed the accompanying financial statements of South East Associated Ministries, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Management's Responsibility for the Financial Statements

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

Accountant's Responsibility

My responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require me to perform procedures to obtain limited assurance as a basis for reporting whether I am aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. I believe that the results of my procedures provide a reasonable basis for my conclusion.

Accountant's Conclusion

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Timothy A. Masterson CPA, PSC

Timothy A. Masterson CPA, PSC
November 30, 2016

SOUTH EAST ASSOCIATED MINISTRIES, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2016 AND 2015

ASSETS

		2016		2015
CURRENT ASSETS				
Cash	$	27,816	$	37,064
Prepaid expenses		847		-
Investments		189,831		204,130
TOTAL CURRENT ASSETS		218,494		241,194
PROPERTY AND EQUIPMENT				
Equipment		52,913		61,449
Building		474,612		474,612
		527,525		536,061
Less: accumulated depreciation		(234,077)		(226,892)
		293,448		309,169
TOTAL ASSETS	$	511,942	$	550,363

LIABILITIES AND NET ASSETS

		2016		2015
CURRENT LIABILITIES				
Payroll taxes payable	$	773	$	-
NET ASSETS				
Unrestricted		511,169		550,363
TOTAL LIABILITIES AND NET ASSETS	$	511,942	$	550,363

See independent accountant's review report and accompanying notes.

SOUTH EAST ASSOCIATED MINISTRIES, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED JUNE 30, 2016 AND 2015

	2016			2015		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
REVENUES AND SUPPORT:						
Contributions	$ 60,942	$ 20,495	$ 81,437	$ 78,917	$ 45,464	$ 124,381
Grants	-	130,968	130,968	-	113,468	113,468
Contributed food	-	485,900	485,900	-	482,850	482,850
Special fundraising events	11,037	-	11,037	15,173	-	15,173
Investment income	11,330	-	11,330	12,529	-	12,529
Miscellaneous income	1,120	-	1,120	3,864	-	3,864
Realized gain on sale of investments	(302)	-	(302)	900	-	900
Unrealized gain (loss) on investments	(17,318)	-	(17,318)	(1,487)	-	(1,487)
	66,809	637,363	704,172	109,896	641,782	751,678
Net assets released from restrictions	637,363	(637,363)	-	641,782	(641,782)	-
TOTAL REVENUES AND SUPPORT	704,172	-	704,172	751,678	-	751,678
EXPENSES:						
Program services	693,820	-	693,820	673,599	-	673,599
Management and general	45,244	-	45,244	44,964	-	44,964
Fundraising	4,302	-	4,302	6,111	-	6,111
TOTAL EXPENSES	743,366	-	743,366	724,674	-	724,674
INCREASE (DECREASE) IN NET ASSETS	(39,194)	-	(39,194)	27,004	-	27,004
NET ASSETS, BEGINNING OF YEAR	550,363	-	550,363	523,359	-	523,359
NET ASSETS, END OF YEAR	$ 511,169	$ -	$ 511,169	$ 550,363	$ -	$ 550,363

See independent accountant's review report and accompanying notes.

SOUTH EAST ASSOCIATED MINISTRIES, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
YEARS ENDED JUNE 30, 2016 AND 2015

	2016				2015			
	Program Services	Management and general	Fundraising	Total	Program Services	Management and general	Fundraising	Total
Wages and salaries	$ 59,025	$ 19,675	$ -	$ 78,700	$ 64,255	$ 21,418	$ -	$ 85,673
Payroll taxes	5,492	1,831	-	7,323	5,916	1,972	-	7,888
Employee benefits	12,799	4,266	-	17,065	9,172	3,057	-	12,229
Direct assistance	81,729	-	-	81,729	70,669	-	-	70,669
Food	485,900	-	-	485,900	482,850	-	-	482,850
Depreciation	14,644	4,881	-	19,525	13,573	4,525	-	18,098
Dues and subscriptions	704	235	-	939	1,301	434	-	1,735
Insurance	3,041	1,014	-	4,055	2,581	861	-	3,442
Office	5,410	1,804	-	7,214	5,278	1,760	-	7,038
Other	574	191	-	765	1,458	486	-	1,944
Postage	169	56	-	225	400	134	-	534
Printing	1,054	351	-	1,405	1,102	368	-	1,470
Professional fees	-	3,030	-	3,030	-	4,785	-	4,785
Public relations	-	-	-	-	97	32	-	129
Security monitoring	360	120	-	480	625	208	-	833
Retirement plan	1,280	427	-	1,707	1,092	364	-	1,456
Utilities	7,327	2,442	-	9,769	7,645	2,549	-	10,194
Volunteer appreciation	807	269	-	1,076	853	284	-	1,137
Repairs and maintenance	13,505	4,502	-	18,007	4,732	1,577	-	6,309
Investment fees	-	150	-	150	-	150	-	150
	693,820	45,244	-	739,064	673,599	44,964	-	718,563
Special fundraising events	-	-	4,302	4,302	-	-	6,111	6,111
	$ 693,820	$ 45,244	$ 4,302	$ 743,366	$ 673,599	$ 44,964	$ 6,111	$ 724,674

See independent accountant's review report and accompanying notes.

SOUTH EAST ASSOCIATED MINISTRIES, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2016 AND 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	$ (39,194)	$ 27,004
Adjustments to reconcile increase (decrease) in net assets to cash provided by operating activities:		
Depreciation	19,525	18,098
Realized (gain) loss on sale of investment	302	(900)
Unrealized (gain) loss on investments	17,318	1,487
Changes in assets and liabilities:		
(Increase) decrease in:		
Prepaid expenses	(847)	-
Increase (decrease) in:		
Accounts payable	-	(267)
Accrued payroll taxes	773	(446)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	(2,123)	44,976
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of investments	(11,321)	(12,519)
Proceeds from sale of investments	8,000	5,971
Purchase of equipment	(3,804)	(25,650)
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(7,125)	(32,198)
NET INCREASE (DECREASE) IN CASH	(9,248)	12,778
CASH BALANCE, BEGINNING OF YEAR	37,064	24,286
CASH BALANCE, END OF YEAR	$ 27,816	$ 37,064

SUPPLEMENTAL INFORMATION

Income taxes paid	$ -	$ -
Interest paid	$ -	$ -

See independent accountant's review report and accompanying notes.

A. NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

1. Organization

South East Associated Ministries, Inc. (SEAM) is a not-for-profit organization that provides social services to assist and empower families and individuals in meeting basic living needs. SEAM serves residents of Southeast Jefferson County, Kentucky.

SEAM is an interfaith community through which local faith traditions relate to each other and the community at large. Programs and opportunities are provided without regard to race, creed, sex, age or disability. Primary services provided include:

Life Skills/Assistance Center

The Life Skills/Assistance Center provides emergency food, clothing and financial assistance for rent, utilities, medicine, back-to-school supplies, holiday assistance, community workshops and information and referral services. SEAM collaborates with Winter Help and Federal Emergency Management Agency (FEMA) to disburse funds for the SEAM service area.

SEAM receives funding from member churches, individuals, government agencies, and various fund raising activities.

2. Basis of Accounting

The financial statements have been prepared in accordance with generally accepted accounting principles. Revenues are recognized when the amount is due and expenses are recognized when incurred.

3. Basis of Presentation

SEAM is required to report financial information regarding its financial position and activities according to the following three classes of net assets:

Unrestricted: Net assets that are not subject to any donor imposed restrictions and are available for purposes deemed necessary by management.

Temporarily Restricted: Net assets restricted by donors or grantors to a specific time period or purpose. When the stipulated restriction expires, these assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted: Net assets permanently restricted by the donor, such as endowment funds.

4. Cash and Cash Equivalents

For purposes of the statement of cash flows, SEAM considers all highly liquid investments with an initial maturity of three months or less to be cash equivalent.

5. Investments

Investments in marketable securities with readily determinable market values are stated at fair value based on quoted prices in active markets. Unrealized gains and losses are included in the statement of activities.

6. **Property and Equipment**

Property and equipment is stated at cost if purchased. Donated property and equipment is recorded as contributions at the estimated fair value on the date of contribution and is recorded as increases in unrestricted net assets unless the donor restricts the contribution to a specific purpose. Items in excess of $500 are capitalized and depreciated using the straight line method over their estimated useful lives. Items not meeting this threshold are charged to expense as incurred.

B. DATE OF MANAGEMENT'S REVIEW

In preparing the financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through November 30, 2016, which is the date that the financial statements were available to be issued.

C. ESTIMATES

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

D. CONTRIBUTIONS

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and nature of any donor restrictions. Contributions other than cash are recorded at fair market value on the date of the donation.

E. DONATED FOOD AND SERVICES

Donated food is received from various sources and is given to individuals in need of assistance. Donated food is recorded at fair value and is reported as support and revenue in the statement of activities, with a corresponding amount for food expense reported on the statement of functional expenses.

Many individuals volunteer their time and perform a variety of tasks that assist SEAM. Donated services are recognized as revenue if the service creates or enhances nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would otherwise be purchased if not provided by donation. Donated services that do not meet the above criteria are not recognized as revenues and are not reported in the financial statements. Approximately 4,800 hours of donated services were received in 2016. For 2015 donated service hours were approximately 4,600 hours. These services were not recognized because they did not fit the criteria for recognition.

F. FUNCTIONAL EXPENSE ALLOCATION

Expenses directly identifiable with a specific function are charged to that specific function. Expenses related to more than one function are charged to the appropriate category based on the estimated percent allocable to that category.

G. ADVERTISING COSTS

Advertising costs are charged to expense as incurred.

H. COMPENSATED ABSENCES

SEAM employees are entitled to paid absences, depending on length of service and other factors. SEAM cannot reasonably estimate the amount of compensation for future absences, and accordingly, no liability has been recognized. These costs are recognized as incurred.

I. INCOME TAX EXEMPTION

SEAM is exempt from federal income taxes under Internal Revenue Code Section 501(c) 3. In addition, SEAM qualifies for the charitable contribution deduction and has been classified as an organization other than a private foundation under the applicable provisions of the Internal Revenue Code. However, net income from certain activities, not directly related to the tax exempt purpose, is subject to taxation as unrelated business income. SEAM believes it has appropriate support for any tax position taken, and as such, does not have any uncertain tax positions that are material to the financial statements. Therefore, no provision for income taxes has been made in the financial statements.

The statute of limitations for the examination of tax returns is generally three years from the due date of the returns, including extensions. The following tax years remain open at June 30, 2016:

Fiscal year ended June 30, 2016
2015
2014

J. FAIR VALUE MEASUREMENTS

Assets and liabilities subject to fair value measurement are valued using a hierarchy that defines three levels of input. Level 1 inputs are based on quoted prices within active markets. Level 2 inputs are based on observable market-based inputs other than quoted prices within active markets. Level 3 inputs are based on management assumptions and unobservable inputs.

K. CONCENTRATIONS OF RISK

Investment risk

SEAM maintains a checking account at a financial institution located in Louisville, Kentucky. Deposits at this institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. In the normal course of business, SEAM may from time to time exceed FDIC insured amounts. As of June 30, 2016 there were no deposits in excess of insured limits.

Investments are held at a national brokerage firm. Generally, securities at this firm are insured by the Securities Investor Protection Corporation (SIPC) up to $500,000. However, the SIPC does not insure against market risk. Market risk is the risk that an investment in a security may decline in value during the normal course of trading on an exchange. It is reasonably possible that these investments may decline in value and, that decline may be a material amount reported in the financial statements.

Contributions risk

SEAM receives a significant grant from one governmental source providing approximately 66% and 75% of the amounts reported under "Grants" for the years ended June 30, 2016 and 2015, respectively. In addition, SEAM member churches contributed approximately 42% and 38%, respectively for amounts reported under "Contributions" for the same periods.

L. INVESTMENTS

Investments are presented at fair value, using Level 1 inputs and consist of the following:

	June 30	
	2016	2015
Mutual funds - equities	$ 62,252	$ 67,104
Mutual funds - fixed income	108,019	116,548
Mutual funds - other	19,560	20,478
	$ 189,831	$ 204,130

M. RETIREMENT PLAN

SEAM has a 403(b) plan and has elected to match employee contributions up to 3% of the employee's gross salary. Employees are eligible to participate in the plan after one year of fulltime employment. Employees are 100% vested in the plan. Employer contributions for the years ended June 30, 2016 and 2015 were $1,707 and $ 1,456 respectively.

N. COMMITMENTS AND CONTINGENCIES

The building owned by SEAM is located on land that is being leased from a religious organization for a nominal fee of $1 per year. The lease agreement began in 2000 and has an initial term of 20 years. SEAM has the option to renew the lease for an additional 20 years after the initial term ends.

EXTENDED TO FEBRUARY 15, 2017

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

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2015** Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

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

C Name of organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 6500 SIX MILE LANE — Room/suite: A

City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40218

D Employer identification number: 61-0897944

E Telephone number: 502-499-9350

G Gross receipts $ 729792.

F Name and address of principal officer: MICHAEL ASHABRANER 6500 SIX MILE LANE, LOUISVILLE, KY 40218

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

H(b) Are all subordinates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.SEAMLOUISVILLE.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — L Year of formation: 1974 — M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDER OF SOCIAL SERVICES TO INDIVIDUALS AND FAMILIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	720699.	698305.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13429.	11028.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12926.	7855.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747054.	717188.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	553519.	567629.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	107246.	104795.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57798.	66640.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	718563.	739064.
	19	Revenue less expenses. Subtract line 18 from line 12	28491.	-21876.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	550363.	511942.
	21	Total liabilities (Part X, line 26)	0.	773.
	22	Net assets or fund balances. Subtract line 21 from line 20	550363.	511169.

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

▶ MICHAEL ASHABRANER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
TIMOTHY A. MASTERSON CPA		01/24/17		P00037134

Firm's name ▶ TIMOTHY A. MASTERSON CPA, PSC — Firm's EIN ▶ 45-3928235

Firm's address ▶ 209 TOWNEPARK CIRCLE, SUITE 100 LOUISVILLE, KY 40243 — Phone no. (502) 254-1040

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

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE SOCIAL SERVICES AND FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES.

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 $ 693820. including grants of $ 567629.) (Revenue $)
PROVIDED DIRECT FINANCIAL ASSISTANCE AND EMERGENCY FOOD AND CLOTHING TO INDIVIDUALS AND FAMILIES. INTAKE APPLICATIONS FOR APPROXIMATELY 3,500 FAMILIES WERE PROCESSED DURING THE YEAR.

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

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

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

4e Total program service expenses ▶ 693820.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV | Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in 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: ▶

SOUTH EAST ASSOCIATED MINISTRIES, INC. - 502-499-9350
6500 SIX MILE LANE, LOUISVILLE, KY 40218

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) KEVIN STEMMLE CHAIR	1.00	X						0.	0.	0.
(2) NED SOUTHWICK BOARD MEMBER	1.00	X						0.	0.	0.
(3) DREW MCKINNEY TREASURER	1.00	X						0.	0.	0.
(4) REV. STEVEN HENRIKSEN BOARD MEMBER	1.00	X						0.	0.	0.
(5) BUD RIDGEWAY BOARD MEMBER	1.00	X						0.	0.	0.
(6) REV. JOHN KALZ BOARD MEMBER	1.00	X						0.	0.	0.
(7) REV. TONY WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) JANET PRIEST BOARD MEMBER	1.00	X						0.	0.	0.
(9) BECKY BOX BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARTHA EASTLAND BOARD MEMBER	1.00	X						0.	0.	0.
(11) CAROLYN CRICK BOARD MEMBER	1.00	X						0.	0.	0.
(12) REV. MARK HAMLITON BOARD MEMBER	1.00	X						0.	0.	0.
(13) FR. ANDREW SHIROTA BOARD MEMBER	1.00	X						0.	0.	0.
(14) REV. BILL BURKS BOARD MEMBER	1.00	X						0.	0.	0.
(15) DALE PIKE BOARD MEMBER	1.00	X						0.	0.	0.
(16) TOUSSAINT ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAVID AIKENS VICE CHAIR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) EMIL PETER SECRETARY	1.00	X						0.	0.	0.
(19) HARRIET MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(20) CARRIE BEARDEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) GREG LEICHTY BOARD MEMBER	1.00	X						0.	0.	0.
(22) JACK STEINER JR BOARD MEMBER	1.00	X						0.	0.	0.
(23) JULIE BARRETT BOARD MEMBER	1.00	X						0.	0.	0.
(24) DESMOND BARRETT BOARD MEMBER	1.00	X						0.	0.	0.
(25) LORI MILLER-PRICE BOARD MEMBER	1.00	X						0.	0.	0.
(26) REV. ADAM SCHELL BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								32527.	0.	0.
d Total (add lines 1b and 1c) ▶								32527.	0.	0.

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) REV. SARA CLARKE TURPIN BOARD MEMBER	1.00	X						0.	0.	0.
(28) ROSEMARY CAVANAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(29) MICHAEL ASHABRANER EXECUTIVE DIRECTOR	40.00			X				21515.	0.	0.
(30) PATRICIA ANDERSON COOK FORMER EXECUTIVE DIRECTOR	40.00						X	11012.	0.	0.
Total to Part VII, Section A, line 1c								32527.		

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Part VIII Statement of Revenue

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	86200.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	612105.				
	g	Noncash contributions included in lines 1a-1f: $		485900.				
	h	**Total.** Add lines 1a-1f ▶			698305.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			11330.			11330.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	8000.					
	b	Less: cost or other basis and sales expenses	8302.					
	c	Gain or (loss)	-302.					
	d	Net gain or (loss) ▶			-302.			-302.
	8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a	12157.				
	b	Less: direct expenses	b	4302.				
	c	Net income or (loss) from fundraising events ▶			7855.			7855.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			717188.	0.	0.	18883.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	567629.	567629.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32526.	24395.	8131.	
7 Other salaries and wages	46174.	34630.	11544.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1707.	1280.	427.	
9 Other employee benefits	17065.	12799.	4266.	
10 Payroll taxes	7323.	5492.	1831.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3030.		3030.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	4910.	3683.	1227.	
14 Information technology				
15 Royalties				
16 Occupancy	25422.	19067.	6355.	
17 Travel	2030.	1522.	508.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19525.	14644.	4881.	
23 Insurance	4055.	3041.	1014.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE AND INTERNET	4828.	3621.	1207.	
b STAFF AND VOLUNTEER APP	1076.	807.	269.	
c DUES AND SUBSCRIPTIONS	939.	704.	235.	
d TRAINING	675.	506.	169.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	739064.	693820.	45244.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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
Assets	1	Cash - non-interest-bearing	37064.	1	27816.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	847.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 527525.			
	b	Less: accumulated depreciation — 10b: 234077.	309169.	10c	293448.
	11	Investments - publicly traded securities	204130.	11	189831.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	550363.	16	511942.
Liabilities	17	Accounts payable and accrued expenses		17	773.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	773.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	550363.	27	511169.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	550363.	33	511169.
	34	Total liabilities and net assets/fund balances	550363.	34	511942.

Form **990** (2015)

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Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	717188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	739064.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21876.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	550363.
5	Net unrealized gains (losses) on investments	5	-17318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	511169.

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a	X	
	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?	2b		X
	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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No. 1545-0047 **2015** Open to Public Inspection

Name of the organization	Employer identification number
SOUTH EAST ASSOCIATED MINISTRIES, INC.	61-0897944

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 11, 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 [X] 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	398322.	433898.	615476.	720699.	698305.	2866700.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	398322.	433898.	615476.	720699.	698305.	2866700.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						2866700.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	398322.	433898.	615476.	720699.	698305.	2866700.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6527.	8093.	10688.	13429.	11028.	49765.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			10593.	2892.		13485.
11 **Total support.** Add lines 7 through 10						2929950.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ..... 14 97.84 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 ..... 15 98.13 %

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*	9c		
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 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) 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? Provide details in ***Part VI.***	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 ***Part VI*** *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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

SCHEDULE A PERT II LINE 10 EXPLANATION FOR OTHER INCOME

1 - CASH ADJUSTMENT FOR O/S CHECKS NOT CLEARED

2013 $10,593

2014 $ 2,892

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2015

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

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	DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	$ 485900.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2	LOUISVILLE METRO GOVERNMENT 527 WEST JEFFERSON ST LOUISVILLE, KY 40202	$ 86200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ASSOCIATION OF COMMUNITIES P.O. BOX 99545 LOUISVILLE, KY 40269	$ 44768.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

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
1	FOOD	$ 485900.	12/31/15
		$	
		$	
		$	
		$	
		$	

Name of organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

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 info. once.) ▶ $

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.
Employer identification number: 61-0897944

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______
(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______
b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		474612.	205366.	269246.
c Leasehold improvements				
d Equipment		52913.	28711.	24202.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				293448.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

SEAM BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND,AS SUCH,DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. NO PROVISION FOR INCOME TAX HAS BEEN MADE IN THE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

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

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

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

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

Schedule I (Form 990) (2015)

532101
10-28-15

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, UTILIITES AND RENT ASSISTANCE	430	81729.	0.		
FOOD PANTRY	3100	0.	485900.	FAIR MARKET VALUE	VARIOUS FOOD ITEMS-CANNED, DRY, ETC.

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

SCHEDULE I PART III (B)

NUMBER OF RECIPIENTS IS ESTIMATED BASED ON SIGN-IN SHEET MAINTAINED BY

THE ORGANIZATION

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(1) PATRICIA ANDERSON COOK	(i)	11012.	0.	0.	0.	0.	11012.	0.
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open To Public Inspection

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

Part I — Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	485900.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

		Line	Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2015)**

532141
08-21-15

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number: 61-0897944

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FINANCE COMMITTEE FOR REVIEW BEFORE FILING. ANY QUESTIONS ARE ADDRESSED BEFORE FINALIZING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE GIVEN A COPY OF THE POLICY, WHICH DETAILS THE RESPONSIBILITIES OF THE INDIVIDUAL BOARD MEMBERS AND THE BOARD AS A WHOLE.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS.
EMPLOYEES ARE EVALUATED ANNUALLY BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
24	TELEPHONE SYSTEM	090110	SL	7.00	16	6731.			6731.	4649.		962.
27	SECURITY SYSTEM	120312	SL	15.00	16	3528.			3528.	607.		235.
28	COMPUTER	021014	SL	5.00	16	534.			534.	152.		107.
29	LAPTOP COMPUTER	041714	SL	5.00	16	740.			740.	173.		148.
31	SHELVING	012015	SL	7.00	16	504.			504.	30.		72.
33	FREEZER	123014	SL	10.00	16	9292.			9292.	465.		929.
34	SHELVING	022015	SL	7.00	16	503.			503.	24.		72.
36	COOLER	051215	SL	10.00	16	7977.			7977.	133.		798.
37	NEW COMPUTERS AND MONITORS	061016	SL	5.00	16	3804.			3804.			63.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					33613.		0.	33613.	6233.	0.	3386.
	* 990 PAGE 10 TOTAL -					33613.		0.	33613.	6233.	0.	3386.
	MACHINERY & EQUIPMENT											
3	OFFICE EQUIPMENT	063098	SL	5.00	16	2896.			2896.	2896.		0.
5	FREEZER	100501	SL	5.00	16	447.			447.	447.		0.
9	OFFICE EQUIPMENT	061103	SL	5.00	16	799.			799.	799.		0.
10	EQUIPMENT	010100	SL	5.00	16	7297.			7297.	7297.		0.
12	TABLES	120403	SL	7.00	16	756.			756.	756.		0.

528102
04-01-15

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14	FREEZER	102704	SL	5.00	16	421.			421.	421.		0.
15	REFRIGERATOR	120204	SL	5.00	16	334.			334.	334.		0.
16	STORAGE CABINETS	072804	SL	7.00	16	350.			350.	350.		0.
18	FILING CABINETS	021005	SL	7.00	16	995.			995.	995.		0.
19	DIGITAL CAMERA	021406	SL	5.00	16	340.			340.	340.		0.
21	FILE CABINETS	092807	SL	7.00	16	2527.			2527.	2527.		0.
23	CHAIRS	031008	SL	7.00	16	776.			776.	776.		0.
25	CHAIRS (10)	080110	SL	7.00	16	1020.			1020.	718.		146.
26	CHAIRS (2 STAFF)	081510	SL	7.00	16	342.			342.	241.		49.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					19300.		0.	19300.	18897.	0.	195.
	* 990 PAGE 10 TOTAL -					19300.		0.	19300.	18897.	0.	195.
	BUILDINGS											
1	BUILDING	041503	SL	30.00	16	461220.			461220.	187050.		15374.
2	IMPROVEMENTS	010104	SL	30.00	16	6018.			6018.	2311.		201.
30	NEW AIR CONDITIONING UNIT	051515	SL	20.00	16	7374.			7374.	61.		369.
	* 990 PAGE 10 TOTAL BUILDINGS					474612.		0.	474612.	189422.	0.	15944.
	* 990 PAGE 10 TOTAL -					474612.		0.	474612.	189422.	0.	15944.
	* GRAND TOTAL 990 PAGE 10 DEPR					527525.		0.	527525.	214552.	0.	19525.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CURRENT ACTIVITY											
	BEGINNING BALANCE					523721.		0.	523721.	214552.		
	ACQUISITIONS					3804.		0.	3804.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					527525.		0.	527525.	214552.		
	ENDING ACCUM DEPR									234077.		
	ENDING BOOK VALUE									293448.		

528102
04-01-15

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Type or print	Name of exempt organization or other filer, see instructions. SOUTH EAST ASSOCIATED MINISTRIES, INC.	Enter filer's identifying number: Employer identification number (EIN) or 61-0897944
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SIX MILE LANE, NO. A	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40218	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 ▶ SOUTH EAST ASSOCIATED MINISTRIES, INC. 6500 SIX MILE LANE - LOUISVILLE, KY 40218

  Telephone No. ▶ 502-499-9350 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

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

3a	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.	3a	$ 0.
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.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 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.

SOUTH EAST ASSOCIATED MINISTRIES, INC.

General Information

Organization Number	0151210
Name	SOUTH EAST ASSOCIATED MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	10/25/1974
Organization Date	10/25/1974
Last Annual Report	6/6/2018
Principal Office	SOUTH EAST ASSOCIATED MINISTRIES 6500 SIX MILE LN SUITE A LOUISVILLE, KY 40218
Registered Agent	MICHAEL ASHABRANER 6500 SIX MILE LANE, STE A LOUISVILLE, KY 40218

Current Officers

Chairman	Guy Petersen
Vice Chairman	Chris McGill
Secretary	Rebecca Anderson
Treasurer	Ryan Dinnegan
Director	Denise ANDERSON
Director	Khalid AWAD
Director	Jewel Ambrose
Director	Judy Robinson
Executive	Michael Ashabraner

Individuals / Entities listed at time of formation

Director	JOSEPH P POHL
Director	ELIZABETH L RUCK
Director	BETTY J MATTHEWS
Director	WM EDELEN
Incorporator	WM EDELEN
Incorporator	JOSEPH P POHL
Incorporator	ELIZABETH L RUCK
Incorporator	BETTY J MATTHEWS

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	6/6/2018	1 page	PDF	
Amendment	9/20/2017	1 page	tiff	PDF
Registered Agent name/address change	5/30/2017 4:21:41 PM	1 page	PDF	
Annual Report	5/30/2017	1 page	PDF	
Annual Report	8/4/2016	1 page	tiff	PDF
Annual Report	5/12/2015	1 page	PDF	
Annual Report	7/15/2014	1 page	PDF	
Registered Agent name/address change	8/20/2013	1 page	tiff	PDF
Annual Report	4/11/2012	4 pages	tiff	PDF
Annual Report	4/11/2012	4 pages	tiff	PDF
Annual Report	4/18/2011	1 page	tiff	PDF
Annual Report	6/28/2010	1 page	tiff	PDF
Annual Report	6/10/2009	2 pages	tiff	PDF
Annual Report	6/12/2008	3 pages	tiff	PDF
Annual Report	4/26/2007	4 pages	tiff	PDF
Annual Report	5/1/2006	4 pages	tiff	PDF
Annual Report	6/21/2005	5 pages	tiff	PDF
Annual Report	8/8/2003	5 pages	tiff	PDF
Annual Report	8/23/2002	4 pages	tiff	PDF
Annual Report	6/29/2001	4 pages	tiff	PDF
Annual Report	6/9/2000	3 pages	tiff	PDF
Annual Report	4/19/1999	3 pages	tiff	PDF
Annual Report	6/1/1998	3 pages	tiff	PDF
Annual Report	7/1/1997	3 pages	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF
Statement of Change	7/21/1995	1 page	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
Annual Report	7/1/1994	3 pages	tiff	PDF
Annual Report	7/1/1993	3 pages	tiff	PDF
Statement of Change	4/14/1992	1 page	tiff	PDF
Annual Report	3/20/1992	3 pages	tiff	PDF
Annual Report	7/1/1991	3 pages	tiff	PDF
Statement of Change	3/25/1991	1 page	tiff	PDF
Annual Report	9/1/1990	3 pages	tiff	PDF
Sixty Day Notice	9/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	3 pages	tiff	PDF
Amendment	4/3/1989	3 pages	tiff	PDF
Statement of Change	2/27/1989	1 page	tiff	PDF
Amendment	9/12/1985	2 pages	tiff	PDF
Amendment	4/1/1983	4 pages	tiff	PDF
Amendment	11/6/1980	2 pages	tiff	PDF
Annual Report	7/2/1976	5 pages	tiff	PDF
Articles of Incorporation	10/25/1974	6 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/6/2018 4:33:17 PM	6/6/2018 4:33:17 PM	
Amendment - Miscellaneous amendments	9/20/2017 9:50:34 AM	9/20/2017	
Annual report	5/30/2017 4:35:40 PM	5/30/2017 4:35:40 PM	
Registered agent address change	5/30/2017 4:21:41 PM	5/30/2017 4:21:41 PM	
Annual report	8/4/2016 10:56:55 AM	8/4/2016	
Annual report	5/12/2015 9:46:50 AM	5/12/2015 9:46:50 AM	
Annual report	7/15/2014 1:50:37 PM	7/15/2014 1:50:37 PM	
Registered agent address change	8/20/2013 11:10:21 AM	8/20/2013	
Annual report	5/14/2013 1:18:26 PM	5/14/2013	
Annual report	4/11/2012 4:07:02 PM	4/11/2012	
Annual report	4/18/2011 9:48:48 AM	4/18/2011	
Annual report	6/28/2010 9:45:07 AM	6/28/2010	
Annual report	6/10/2009 1:58:50 PM	6/10/2009	
Annual report	6/12/2008 12:22:54 PM	6/12/2008	
Annual report	4/26/2007 1:59:08 PM	4/26/2007	
Annual report	5/1/2006 8:56:32 AM	5/1/2006	
Principal office change	5/6/1998	5/6/1998	
Registered agent address change	7/21/1995	7/21/1995	
Amendment - Miscellaneous amendments	4/3/1989	4/3/1989	
Amendment - Change purpose	9/12/1985	9/12/1985	
Amendment - Miscellaneous amendments	4/1/1983	4/1/1983	
Amendment previous name	11/6/1980	11/6/1980	HIKES POINT COMMUNITY MINISTRIES, INC.

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	7/23/2004	5 pages
Annual Report	8/8/2003	5 pages
Annual Report	8/23/2002	4 pages
Annual Report	6/29/2001	4 pages

Annual Report	6/9/2000	3 pages
Annual Report	4/19/1999	3 pages
Annual Report	6/1/1998	3 pages
Annual Report	7/1/1997	3 pages
Annual Report	7/1/1996	3 pages
Statement of Change	7/21/1995	1 page
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