

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

Applicant/Program: South Louisville Community Ministries

Executive Summary of Request:

South Louisville Community Ministries will hold a fundraiser in the name of The Taste of South Louisville. Revenue generated will be deposited directly into the operation account of the agency to assist with programming it provides as well as to offset the expenses for the event. The agency provides emergency assistance to qualifying residents for partial rent, utilities and medications.
Event to be held on Aug. 22, 2015
The event is open to the public and is great exposure for restaurants and vendors in south Louisville.

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

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

15 *Theresa Gentry* 2,000 - 6/25/15
 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.

Approved by:

 Appropriations Committee Chairman Date

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

**OFFICE OF METRO COUNCIL CLERK
REVIEWED**

DATE 7/16/15 TIME 11:31

Applicant/Program: SOUTH LOUISVILLE COMMUNITY MINISTRIES

"TASTE OF SOUTH LOUISVILLE


2015

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

21
District #


Council Member Signature

\$2,000
Amount

6/25/15
Date

14
District #


Council Member Signature

\$1000.00
Amount

6/25/2015
Date

12
District #


Council Member Signature

\$1000
Amount

6-25-2015
Date

25
District #

Council Member Signature

Amount

Date

13
District #


Council Member Signature

\$1,000 -
Amount

6/25/15
Date

6
District #


Council Member Signature

\$750.00
Amount

6/25/15
Date

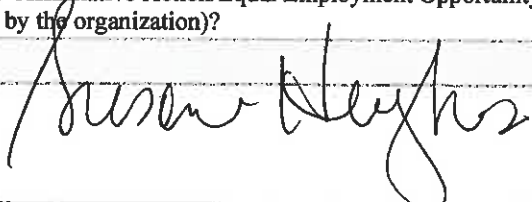
District #

Council Member Signature

Amount

Date

NDF NON-PROFIT APPLICATION CHECKLIST

| | | |
|---|-----------------|----------------|
| Legal Name of Applicant Organization: South Louisville Community Ministries | | |
| Program Name: Taste of South Louisville | Request Amount: | Yes/No/NA |
| Request form: Is the NDF request form signed by all Council Member(s) appropriating funding? | | yes |
| Request form: Is the funding proposed less than or equal to the request amount? | | yes |
| Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet? | | yes |
| Application Page 1: Has prior Metro funds committed/granted been disclosed? | | yes |
| Application Page 1: Is the application properly signed and dated by authorized signatory? | | |
| Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included? | | yes |
| Application Pages 3 – 5: Is the proposed public purpose of the program well-documented? | | yes |
| Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent? | | yes |
| Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses? | | yes |
| Faith Based Organizations: Is the signed Faith Based Form signed and included? | | |
| Jefferson County Only: Will all funding be spent in Louisville/Jefferson County? | | yes |
| Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included? | | n/a |
| Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included | | Yes |
| Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district? | | yes |
| Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is) | | n/a |
| Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget? | | yes |
| IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | | yes |
| Operating Budget: Is the organization’s current fiscal year operating budget included? | | yes |
| Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year. | | |
| Board Members: Is the entity’s board member list (with term length/term limits) included? | | yes |
| Staff: Is a list of the highest paid staff included with their expected annual personnel costs? | | |
| Annual Audit: Is the most recent annual audit (if required by organization) included? | | yes |
| Rent Requests: Is a copy of signed lease included? | | n/a |
| Articles of Incorporation: Are the Articles of Incorporation of the organization included? | | yes |
| IRS Form W-9: Is the IRS Form W-9 included? | | yes |
| Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included? | | n/a |
| Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)? | | |
| Prepared by:  | | Date: 10/24/15 |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|--|---|---|--------------------------|
| Legal Name of Applicant Organization: | | South Louisville Community Ministries | |
| <i>(as listed on: http://www.sos.ky.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: 415 1/2 W. Ashland Avenue, Louisville, KY 40214 | | | |
| Website: slcm.org | | | |
| Applicant Contact: | Yvette Livers | Title: | Executive Director |
| Phone: | 502/361-7763 | Email: | yvettelivers@slcm.org |
| Financial Contact: | Joyce Whalin | Title: | Fund Development Chair |
| Phone: | 502/361-7763 | Email: | funddevelopment@slcm.org |
| Organization's Representative who attended NDF Training: | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | 415 1/2 W. Ashland Avenue, Louisville, Ky 40214 | | |
| Council District(s): | 6, 12, 13, 15, 21, 25 | Zip Code(s): | 40208, 40214, 40215 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: | | | |
| Total Request: (\$) | \$8,500 | Total Metro Award (this program) in previous year: (\$) | \$8,000 |
| Purpose of Request (check all that apply): | | | |
| <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff | |
| 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: | Lou Metro Formula Grant | Amount: (\$) | \$172,000 |
| Source: | NDF Families Helping Families | Amount: (\$) | \$8,500 |
| Source: | NDF Taste of South Louisville | Amount: (\$) | \$8,000 |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

South Louisville community Ministries' mission is to empower our neighbors in crisis to move toward stability and self-sufficiency. We do this by demonstrating respectful compassion; practicing faithful stewardship; and providing: emergency assistance with food, medicine, housing and utilities; comprehensive referral services and partnerships (individual, family and marriage counseling); daily enrichment services for senior adults.

South Louisville Community Ministries works with various groups and other community resources provides emergency financial assistance for rent eviction notices and brown out notices from utility companies. The agency provides emergency financial assistance for medications, prescription eye-glasses, and provides a food pantry for the distribution of USDA commodities, Dare-to-Care food bank food and food donated by churches and other groups.

Our agency operates seven (7) Meals on Wheels routes service approximately 60-65 home-bound elderly each day. The SLCM Adult Day Care Program serves an average of twenty-five mentally and physically challenged adults in a medical-model activities program. We are able to offer counseling to a limited number of clients. A volunteer offers Job Coaching services to our clients.

In recent years we have averaged assisting over 1,000 families with financial assistance for shelter and utilities, over 600 individuals with medication assistance, and over 6,700 families with food.

Fund raisers such as The Taste of South Louisville help us to serve more families in crisis.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

The Taste of South Louisville is a one-day event, open to the general public, which will be held on August 22, 2015 from 6:00 to 8:30 p.m. at Churchill Downs Millionaires Row. It is a food tasting extravaganza in which patrons pay an admissions fee to receive a sample of various specialty foods from participating South Louisville and Metro Louisville restaurants.

In addition to admissions, restaurants donate their food samples to help offset the expenses of the event and to enhance the profitability of the event. Revenues by this event in excess of the NDF Grant dollars (\$8,500) will go directly back into the operation of the agency and to the programming it provides.

NDF dollars are requested to offset the general operating expenses that are the major expense in this community event/fund raiser.

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

The \$8,500 of NDF dollars requested by this application will be used as follows:

\$3,158: will be utilized to provide emergency assistance to qualifying residents residing in the South Louisville area. This assistance may be in the form of partial payments for rent, utilities and/or medications/prescription eye wear.

\$5,342: will be used to offset expenses incurred in holding the event, i.e., expenses associated with the venue (Churchill Downs) and miscellaneous costs including decorations, table cloth rental, and the cost of food that will be purchased (which is in addition to the food donated by participating restaurants). This allows us to make the event affordable to all residents in South Louisville.

There are no sub-grantees involved in this project.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The NDF dollars requested are to offset the general costs that are major expenses of the SLCM event and to generate more funds for the services.

Funds generated by this event will go directly back to the agency and to the programming it provides (described on Page 2).

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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



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:

As described on Page 2 of this application, detailed statistics on the numbers of individuals and families that the agency serves are kept. Identifications of all individuals and families are logged into a master database. Services and dates of services rendered are subsequently entered into that same database.

Monthly reports are generated from each of our service areas and presented to the SLCM Board of Directors for review.

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

The South Louisville Community Ministries realizes that to best serve the needy of South Louisville, it is essential to build partnerships with other community organizations. We currently have numerous relationships with other organizations that help support and sustain the programming offered by SLCM. A partnership with Dare-to-Care places in excess of \$200,000 worth of food into our pantry for distribution to those in need. A relationship with Kentucky One Health Foundation funds two of our seven Meals on Wheels routes and provides funding for financial assistance for medications. SLCM is very proud of the ongoing relationships it has built with the PNC Foundation, Kosair Charities and LG&E Foundation, to name a few.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

| Program/Project Expenses | Column 1 | Column 2 | Column (1+2)=3 |
|---|----------------------|-----------------|----------------|
| | Proposed Metro Funds | Non-Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | |
| B: Rent/Utilities | | | |
| C: Office Supplies | | | |
| D: Telephone | | | |
| E: In-town Travel | | | |
| F: Client Assistance (Attach Detailed List) | \$3,158 | | \$3,158 |
| G: Professional Service Contracts | | | |
| H: Program Materials | | | |
| I: Community Events & Festivals (Attach Detail List) | \$5,342 | | \$5,342 |
| J: Machinery & Equipment | | | |
| K: Capital Project | | | |
| L: Other Expenses (Attach Detail List) | | | |
| *TOTAL PROGRAM/PROJECT FUNDS | \$8,500 | | \$8,500 |
| % of Program Budget | % | % | 100% |

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

| | |
|---|-----------------------------------|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | \$10,000 (Admission Fees) |
| Fees Collected from Program Participants | \$9,000 (Silent Auction/Sponsors) |
| Other (please specify) | |
| Total Request for Column 2 Expenses *** | \$19,000 |

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

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

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION
SECTION 5
I. COMMUNITY EVENTS & FESTIVALS

Page 6A

| Program Expense Category | Proposed Budget | Total |
|--|-----------------|----------------|
| F. Client Assistance | \$3,158 | \$3,158 |
| I. Community Events & Festivals | \$5,342 | |
| Rental Fees at Churchill Downs: | | |
| Tablecloths, | | \$ 400 |
| Microphones/podium/video | | \$ 450 |
| Guest Services, 2 attendants w/2 wheelchairs | | \$ 150 |
| Printing/Signage/Office Supplies | | \$1,500 |
| Flowers & Decorations | | \$ 200 |
| Purchase of Food | | \$2,000 |
| Paper Supplies for food servings | | \$ 350 |
| Permit, City of Lou. Health Dept. | | \$ 25 |
| Postage, 3 rolls @ .49 per stamp | | \$ 147 |
| Insurance | | \$ 120 |
| TOTAL | | \$5,342 |
| GRAND TOTAL | \$8,500 | \$8,500 |

Applicants Initials 



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|-----------------------|---------------------|
| Rental of Venue (Churchill Downs) | \$8,000 | Fair Market Value |
| Silent Auction Items | \$3,500 | Fair Market Value |
| Donated Food (Vendors) | \$5,000 | Fair Market Value |
| Volunteers | \$5,000 | 250 hrs @\$20 |
| <i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i> | \$21,500 | |

* 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, 2015

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:

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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 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.
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 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.

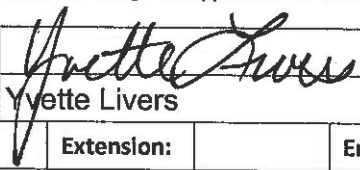
Standard Certifications

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.

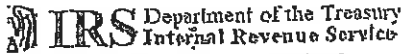
Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – 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: |  | Date: | 7-2-2015 |
| Legal Signatory: (please print): | Yvette Livers | Title: | Executive Director |
| Phone: | (502) 361-7763 | Extension: | |
| Email: | yvettelivers@slcm.org | | |

Addendum A



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
Mar 20 2012 LTR 4168C EO
[REDACTED] 000000 00
00017552
BODC: TE

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

Employer Identification Number: [REDACTED]
Person to Contact: Mrs. Black
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

Budget Overview

July 2014 through June 2015

| | Budget FY 2015 | |
|---|-------------------|-------------------|
| Income | | |
| 4010-00 · Individual Giving | 5,000.00 | |
| 4020-00 · Foundations, Corporations | 650.00 | |
| 4030-00 · Legacies, Bequests, Memorials | 0.00 | |
| 4070-00 · Special Fundraising Events | 22,000.00 | |
| 4080-00 · Miscellaneous | 2,750.00 | |
| Total 4000 · Unrestricted Public Support | | 30,400.00 |
| 4110-00 · Individual Giving | 6,750.00 | |
| 4120-00 · Foundations & Corporations | 8,000.00 | |
| 4170-00 · Special Fundraising Events | 250.00 | |
| 4180-00 · Churches | 3,500.00 | |
| Total 4100 · Restricted Public Support | | 16,500.00 |
| 4410-00 · Metro Formula Grant | 122,110.00 | |
| 4411-00 · Metro External Agency Funding | 0.00 | |
| 4420-00 · Metro MOW reimbursement | 15,800.00 | |
| 4430-00 · Neighborhood Development Grant | 31,500.00 | |
| Total 4400 · Government Grants | | 170,410.00 |
| 4510-00 · Hospital Grants | 36,000.00 | |
| 4520-00 · Foundation Grants | 10,000.00 | |
| 4530-00 · Corporate Grants | 7,500.00 | |
| 4599-00 · Miscellaneous Grants | 0.00 | |
| Total 4500 · Other Grants | | 53,500.00 |
| 4811-00 · Medicaid | 112,500.00 | |
| 4812-00 · KIPDA | 118,500.00 | |
| 4816-00 · Private Pay | 36,000.00 | |
| 4820-00 · Veteran Adm Clients | 0.00 | |
| Total 4800 · Other Income | | 267,000.00 |
| Total Income | | 537,810.00 |
| Expense | | |
| 7001-00 · Exempt Salaries | 163,903.00 | |
| 7004-00 · Hourly Salaries | 139,506.00 | |
| Total 7000 · Personnel Expenses | | 303,409.00 |
| 7101-00 · Accident Ins. Premiums | 138.00 | |
| 7102-00 · Disability Ins. Premiums | 3,900.00 | |
| 7103-00 · Life Ins. Premiums | 1,100.00 | |
| 7104-00 · Health Plan Premiums | 51,847.00 | |
| 7105-00 · Retirement Benefits | 0.00 | |
| Total 7100 · Health & Benefit Expenses | | 56,985.00 |
| 7201-00 · FICA Payment | 24,274.00 | |
| 7203-00 · Workers' Compensation | 4,150.00 | |
| Total 7200 · Payroll Taxes, Etc. | | 28,424.00 |
| 8008-00 · Audit Fees | 13,300.00 | |
| 8009-00 · Bank Service Fees | 400.00 | |
| 8010-00 · Contract Labor | 6,250.00 | |
| 8011-00 · Payroll Service Fees | 2,100.00 | |
| Total 8000 · Professional Fees | | 22,050.00 |

South Louisville Community Ministries
Budget Overview
 July 2014 through June 2015

| | Budget FY 2015 |
|--|-------------------|
| 8104-00 · Food & Beverages | 16,000.00 |
| 8106-00 · Office Supplies | 8,150.00 |
| 8107-00 · Copier Expenses | 2,220.00 |
| 8130-00 · Health Supplies | 400.00 |
| 8140-00 · Janitorial Supplies | 1,750.00 |
| 8150-00 · Program Supplies | 18,500.00 |
| 8151-00 · Training Supplies | 0.00 |
| 8155-00 · Tokens of Appreciation | 0.00 |
| Total 8100 · Supplies | 47,020.00 |
| 8200-00 · Telephone | 6,600.00 |
| 8300-00 · Postage & Shipping | 2,500.00 |
| 8401-00 · Rent Expense | 17,400.00 |
| 8405-00 · Electricity | 7,500.00 |
| 8415-00 · Repairs & Maintenance of Bldg | 1,500.00 |
| Total 8400 · Occupancy Expenses | 26,400.00 |
| 8500-00 · Rentals, Equipment Expenses | 400.00 |
| 8601-00 · Printing Expenses | 2,900.00 |
| 8602-00 · Artwork | 0.00 |
| 8603-00 · Photography | 0.00 |
| 8607-00 · Publications | 0.00 |
| 8608-00 · Computer Software | 7,400.00 |
| Total 8600 · Printing | 10,300.00 |
| 8701-00 · Vehicle Maintenance | 8,000.00 |
| 8702-00 · Vehicle Repair | 1,000.00 |
| 8707-00 · Mileage Reimbursement | 3,150.00 |
| Total 8700 · Travel Expenses | 12,150.00 |
| 8802-00 · Meeting Supplies | 3,000.00 |
| 8803-00 · Food & Bev. for Participants | 2,500.00 |
| 8806-00 · Business Meeting Food | 250.00 |
| Total 8800 · Meeting & Training Expenses | 5,750.00 |
| 9001-00 · Individual Dues | 600.00 |
| 9002-00 · Organization Dues | 250.00 |
| 9003-00 · Subscriptions | 0.00 |
| Total 9000 · Dues & Subscriptions | 850.00 |
| 9310-00 · Building & Equipment | 600.00 |
| 9320-00 · Vehicle Insurance | 5,900.00 |
| 9330-00 · Gen Liability & Umbrella | 7,225.00 |
| 9350-00 · Directors & Officers Insurance | 1,025.00 |
| Total 9300 · Insurance | 14,750.00 |
| 9700-00 · Rent Assistance | + |
| 9710-00 · RX Assistance | + |
| 9721-00 · LG & E Assistance | + |
| 9822-00 · Winterhelp | + |
| 9725-00 · Water Assistance | + |
| 9730-00 · Food | - |
| 9840-00 · Baby Supplies | - |
| Total 9300 · Client Assistance | 0.00 |
| Total Expense | 537,588.00 |
| Net Profit/Loss from Activities: | 222.00 |

South Louisville Community Ministries
Budget Overview
 July 2014 through June 2015

| | | Budget FY 2015 |
|-------------------------------------|--|-------------------|
| In Kind Activity | | |
| 9801-00 · Food Donations | | 212,340.00 |
| 9802-00 · Material Donations | | 30,000.00 |
| 9803-00 · Gift Donations | | 0.00 |
| 9804-00 · Volunteer Hours | | 0.00 |
| 9899-00 · Miscellaneous | | 0.00 |
| Total 9800 · In Kind Income | | 242,340.00 |
| | | |
| 9901-00 · Food Donations | | 212,340.00 |
| 9902-00 · Material Donations | | 30,000.00 |
| 9903-00 · Gift Donations | | 0.00 |
| 9904-00 · Volunteer Hours | | 0.00 |
| 9999-00 · Miscellaneous | | 0.00 |
| Total 9900 · In Kind Expense | | 242,340.00 |
| Net In Kind Activity | | 0.00 |
| Total Agency Activity: | | 222.00 |

**South Louisville Community Ministries
Proposed Budget**

Addendum B

FY 2016
July 1, 2015 - June 30, 2016

| Income | TOTAL |
|---|-------------------|
| 4010-01 · Individual Giving - Admin/Board | 5,000.00 |
| 4010-15 · Individual Giving - FD | 7,000.00 |
| 4010-40 · Individual Giving - MOW | 1,450.00 |
| 4010-50 · Individual Giving - ADC | 1,200.00 |
| 4020-15 · Found. & Corps - FD | 8,000.00 |
| 4030-40 · Memorials - MOW | 100.00 |
| 4070-00 · Special Fundraising Events | 45,000.00 |
| 4099-15 · Miscellaneous - FD | 1,250.00 |
| 4000 · Unrestricted Public Support | 69,000.00 |
| | |
| 4110-25 · Individual Giving - EA | 12,100.00 |
| 4120-15 · Foundations, Corporations - FD | 4,000.00 |
| 4120-25 · Foundations, Corporations - EA | 6,750.00 |
| 4120-50 · Foundations & Corps - ADC | 10,800.00 |
| 4170-15 · Special Fundraising Events - FD | 1,200.00 |
| 4170-50 · Special Fundraising Event - ADC | 7,500.00 |
| 4180-25 · Churches- EA | 45,500.00 |
| 4410-05 · Metro Louisville Formula - BS | 68,819.06 |
| 4410-25 · Metro Louisville Formula - EA | 103,280.94 |
| 4411-50 · Metro EAF - ADC | 10,000.00 |
| 4420-40 · Metro MOW reimbursement | 10,800.00 |
| 4430-15 · NDF - FD | 12,500.00 |
| 4430-25 · NDF - EA | 6,000.00 |
| 4510-25 · CHI Prescription Reimb- EA | 18,000.00 |
| 4510-40 · CHI Grants - MOW | 18,000.00 |
| 4520-15 · Foundation Grants - FD | 4,000.00 |
| 4520-25 · Foundation Grants - EA | 13,000.00 |
| 4530-25 · Corporate - EA | 72,000.00 |
| 4599-25 · Miscellaneous - EA | 1,000.00 |
| 4599-50 · Miscellaneous - ADC | 2,000.00 |
| 4811-50 · Medicaid - ADC | 105,468.00 |
| 4812-50 · KIPDA - ADC | 93,896.00 |
| 4816-50 · Private Pay - ADC | 39,300.00 |
| 4820-50 · Veterans Adm Clients - ADC | 17,496.00 |
| 4100 · Restricted Public Support | 683,210.00 |
| Total Income | 752,210.00 |

**South Louisville Community Ministries
Proposed Budget
FY 2016**

| Expense | TOTAL |
|--|-----------------|
| 7001-01 · Exempt Salaries - Adm | 66,300.00 |
| 7001-05 · Exempt Salaries - BS | 35,359.94 |
| 7001-25 · Exempt Salaries - EA | 36,060.00 |
| 7001-50 · Exempt Salaries - ADC | 68,544.00 |
| 7004-05 · Hourly Salaries - BS | 9,360.00 |
| 7004-25 · Hourly Salaries - EA | 28,600.00 |
| 7004-40 · Hourly Salaries - MOW | 9,360.00 |
| 7004-50 · Hourly Salaries - ADC | 90,090.00 |
| 7101-01 · Accident Ins. Premiums - Adm | 6.00 |
| 7101-05 · Accident Ins. Premiums - BS | 12.00 |
| 7101-25 · Accident Ins. Premiums - EA | 12.00 |
| 7101-40 · Accident Ins. Premiums - MOW | 6.00 |
| 7101-50 · Accident Ins. Premiums - ADC | 36.00 |
| 7102-01 · Disability Ins. Premiums - Adm | 634.20 |
| 7102-05 · Disability Ins. Premiums - BS | 442.12 |
| 7102-25 · Disability Ins. Premiums - EA | 593.68 |
| 7102-40 · Disability Ins. Premiums - MOW | 79.72 |
| 7102-50 · Disability Ins. Premiums - ADC | 1,554.20 |
| 7103-01 · Life Ins. Premiums - Adm | 60.00 |
| 7103-05 · Life Ins. Premiums - BS | 120.00 |
| 7103-25 · Life Ins. Premium - EA | 120.00 |
| 7103-40 · Life Ins. Premiums - MOW | 60.00 |
| 7103-50 · Life Ins. Premiums - ADC | 360.00 |
| 7104-01 · Health Plan Premiums - Adm | 7,504.24 |
| 7104-05 · Health Plan Premiums - BS | 7,504.24 |
| 7104-25 · Health Plan Premiums - EA | 8,715.68 |
| 7104-50 · Health Plan Premiums - ADC | 30,243.48 |
| 7105-01 · Retirement Benefits- Adm | 1,657.50 |
| 7105-05 · Retirement Benefits- BS | 883.92 |
| 7105-25 · Retirement Benefits- EA | 1,616.50 |
| 7105-50 · Retirement Benefits- ADC | 3,965.88 |
| 7201-01 · FICA Payment - Adm/Board | 4,972.50 |
| 7201-05 · FICA Payment - BS | 3,354.00 |
| 7201-25 · FICA Payment - EA | 4,908.01 |
| 7201-40 · FICA Payment - MOW | 1,404.00 |
| 7201-50 · FICA Payment - ADC | 11,897.55 |
| 7203-01 · Workers' Compensation - Adm | 48.40 |
| 7203-04 · Workers' Compensation - BS | 96.75 |
| 7203-25 · Workers' Compensation - EA | 96.75 |
| 7203-40 · Workers' Compensation - MOW | 48.40 |
| 7203-50 · Workers' Compensation - ADC | <u>3,277.80</u> |
| 7000 · Personnel Expenses | 439,965.66 |
| | |
| 8008-00 · Accounting Fees | 7,344.00 |
| 8009-00 · Bank Service Fees | 408.00 |
| 8010-05 · Contract Labor - BS | 8,410.00 |
| 8011-00 · Payroll Services Fee | <u>2,142.00</u> |
| 8000 · Professional Fees | 18,304.00 |

**South Louisville Community Ministries
Proposed Budget
FY 2016**

| | TOTAL |
|---|------------------|
| 8104-01 · Food & Beverages - Admin/Board | 300.00 |
| 8104-15 · Food & Beverage - FD | 600.00 |
| 8104-30 · Food & Beverages - CD | 500.00 |
| 8104-40 · Food & Beverages - MOW | 500.00 |
| 8104-50 · Food & Beverages - ADC | 4,785.00 |
| 8104-80 · Food & Beverages - VS | 800.00 |
| 8106-01 · Office Supplies - Admin/Board | 100.00 |
| 8106-05 · Office Supplies - BS | 1,200.00 |
| 8106-15 · Office Supplies - FD | 300.00 |
| 8106-30 · Office Supplies - CD | 100.00 |
| 8106-40 · Office Supplies - MOW | 100.00 |
| 8106-50 · Office Supplies - ADC | 1,010.00 |
| 8106-80 · Office Supplies - VS | 200.00 |
| 8107-01 · Copier Expenses - Admin/Board | 150.00 |
| 8107-05 · Copier Expense - BS | 2,313.50 |
| 8107-15 · Copier Expense - FD | 200.00 |
| 8130-05 · Health Supplies - BS | 700.00 |
| 8130-50 · Health Supplies - ADC | 250.00 |
| 8140-05 · Janitorial Supplies - BS | 1,265.00 |
| 8140-50 · Janitorial Supplies - ADC | 500.00 |
| 8150-30 · Program Supplies - CD | 500.00 |
| 8150-40 · Program Supplies - MOW | 500.00 |
| 8150-50 · Program Supplies - ADC | 2,400.00 |
| 8151-30 · Training Supplies - CD | 400.00 |
| 8151-80 · Training Supplies - VS | 500.00 |
| 8155-01 · Tokens of Appreciation - Adm/Bd | 200.00 |
| 8155-15 · Tokens of Appreciation - FD | 200.00 |
| 8155-80 · Tokens of Appreciation - VS | 1,300.00 |
| 8100 · Supplies | 21,873.50 |
| | |
| 8201-05 · Telephone - BS | 3,180.00 |
| 8201-15 · Telephone - FD | 100.00 |
| 8201-40 · Telephone - MOW | 300.00 |
| 8201-50 · Telephone - ADC | 3,900.00 |
| 8200 · Telephone | 7,480.00 |
| | |
| 8301-05 · Postage - BS | 1,568.00 |
| 8301-15 · Postage - FD | 150.00 |
| 8301-50 · Postage - ADC | 196.00 |
| 8300 · Postage & Shipping | 1,914.00 |
| | |
| 8401-05 · Rent Expense - BS | 6,000.00 |
| 8401-50 · Rent Expense - ADC | 11,400.00 |
| 8405-05 · Electricity - Bus Support | 7,207.00 |
| 8415-05 · Rep & Maint of Bldg - BS | 1,275.00 |
| 8415-50 · Rep & Maint of Bldg - ADC | 1,000.00 |
| 8400 · Occupancy Expenses | 26,882.00 |
| | |
| 8500 · Rentals, Equipment Expenses - FD | 100.00 |

**South Louisville Community Ministries
Proposed Budget
FY 2016**

| | TOTAL |
|---|-------------------|
| 8601-05 · Printing - Business Support | 1,020.00 |
| 8601-15 · Printing - Fund Development | 100.00 |
| 8601-50 · Printing - ADC | 250.00 |
| 8602-15 · Artwork - FD | 100.00 |
| 8603-15 · Photography - FD | 100.00 |
| 8607-15 · Publications - FD | 150.00 |
| 8608-15 · Computer Software - FD | 400.00 |
| 8600 · Printing Expenses | 2,120.00 |
| | |
| 8701-50 · Vehicle Maintenance - ADC | 3,000.00 |
| 8702-50 · Vehicle Repair - ADC | 1,500.00 |
| 8707-40 · Auto Allowance - ee MOW | 1,200.00 |
| 8700 · Travel Expenses | 5,700.00 |
| | |
| 8802-15 · Meeting Supplies - FD | 150.00 |
| 8802-50 · Meeting Supplies - ADC | 300.00 |
| 8800 · Meeting & Training Expenses | 450.00 |
| | |
| 9001-05 · Individual Dues - Bus Support | 204.00 |
| 9001-15 · Individual Dues - FD | 400.00 |
| 9002-15 · Organization Dues - FD | 200.00 |
| 9002-50 · Organization Dues - ADC | 500.00 |
| 9003-15 · Subscriptions - FD | 150.00 |
| 9000 · Dues & Subscriptions | 1,454.00 |
| | |
| 9310-05 · Building & Equipment - BS | 369.00 |
| 9310-50 · Building & Equipment - ADC | 291.00 |
| 9320-50 · Vehicle Insurance - ADC | 4,357.92 |
| 9330-05 · Gen Liability & Umbrella - BS | 3,849.96 |
| 9330-50 · Gen Liability & Umbrella - ADC | 3,873.96 |
| 9350-05 · Directors & Officers Insurance | 1,025.00 |
| 9300 · Insurance | 13,766.84 |
| | |
| 9700-25 · Rent Assistance - EA | 25,000.00 |
| 9710-25 · RX Assistance - EA | 45,000.00 |
| 9721-25 · LG & E Assistance - EA | 92,700.00 |
| 9722-25 · Winterhelp - EA | 6,300.00 |
| 9725-25 · Water - EA | 19,600.00 |
| 9730-25 · Food - EA | 9,600.00 |
| 9740-25 · Baby Supplies - EA | 14,000.00 |
| 9700 · Client Services | 212,200.00 |
| | |
| Total Expense | 752,210.00 |
| | |
| Net Profit/Loss | 0.00 |

**South Louisville Community Ministries
Proposed Budget
FY 2016**

| In- Kind Activity | TOTAL |
|-------------------------------------|-------------------|
| 9801-25 · Food Donations- EA | 438,000.00 |
| 9802-15 · Material Donations - FD | 11,200.00 |
| 9802-15 · Material Donations - EA | 1,500.00 |
| 9803-15 · Gift Donations - FD | 15,300.00 |
| 9804-15 · Volunteer Hours - FD | 6,600.00 |
| 9804-25 · Volunteer Hours - EA | 101,804.00 |
| 9804-40 · Volunteer Hours - MOW | 52,000.00 |
| 9899-05 · Miscellaneous - BS | 8,800.00 |
| 9800 · In Kind Income | 635,204.00 |
| | |
| 9901-25 · Food Donations- EA | 438,000.00 |
| 9902-15 · Material Donations - FD | 11,200.00 |
| 9902-15 · Material Donations - EA | 1,500.00 |
| 9903-15 · Gift Donations - FD | 15,300.00 |
| 9904-15 · Volunteer Hours - FD | 6,600.00 |
| 9904-25 · Volunteer Hours - EA | 101,804.00 |
| 9904-40 · Volunteer Hours - MOW | 52,000.00 |
| 9999-05 · Miscellaneous - BS | 8,800.00 |
| Total 9900 · In Kind Expense | 635,204.00 |
| | |
| Net In- Kind Activity | 0.00 |
| | |
| Net Agency Activity | 0.00 |

SOUTH LOUISVILLE COMMUNITY MINISTRIES
Board of Directors-Effective July 1, 2015

| | | | |
|---|---------------------------------|--|---------------------------------|
| <p>Rob Fohr, President Presbyterian Mission Agency 1706 Fernwood Ave Louisville KY 40205 [REDACTED] 569-5035 (work) Rob.Fohr@pcusa.org</p> | <p>Term expires 2016</p> | <p>Michael T. (Mike) Chinigo Humana Inc. National Sales Manager 13513 Skywatch Lane, Unit 202 Louisville, Ky 40245 [REDACTED] mchinigo@gmail.com</p> | <p>Term expires 2017</p> |
| <p>Nancy Strapp, Pastor, Vice President Iroquois Presbyterian Church 970 Palatka Road Louisville, KY 40214 368-1230 (church) 548-0991 (cell) nancy.strapp@my.LPTS.edu</p> | <p>2017</p> | <p>Melissa Davis, Attorney PCUSA (part-time) & Private Law Practice 186 State Street Louisville, KY 40206 (828)773-4759 (cell) Melissa.davis@pcusa.org</p> | <p>2017</p> |
| <p>Joyce Whalin, Secretary Lynn Hurst United Church of Christ 1050 Runell Road Louisville, KY 40214 368-9967(home) [REDACTED]</p> | <p>2016</p> | <p>Father Jeff Gatlin Sts. Simon & Jude/Most Blessed Sacrament Catholic Church 4335 Hazelwood Avenue Louisville, Kentucky 40215 502/368-4887 [REDACTED]</p> | <p>2017</p> |
| <p>Theresa Batliner, CPA Mountjoy Chilton Medley 2000 Meidinger Tower 462 S. Fourth Street Louisville, KY 40202 587-1719 (work) Theresa.Batliner@mcmcpa.com</p> | <p>2017</p> | <p>Stacy Herdt Banking Center Manager Republic Bank & Trust 4808 Outer Loop Louisville, KY 40219 [REDACTED] 28-1757 (work) sherdt@republicbank.com</p> | <p>2017</p> |
| <p>Craig Oeswein, Immediate Past President Save-a-Lot 4148 Taylor Blvd. Louisville, Ky 40215 367-8433 (work) 533-9483 (cell) taylorsealot@hotmail.com</p> | <p>2015*</p> | <p>Stephan Kirby, Pastor Ekklesia Christian Life Church 1401 Bluegrass Avenue Louisville, KY 40215 594-7681 (cell) Ekklesiachristianlife@gmail.com</p> | <p>2016</p> |
| <p>Janet Boyd [REDACTED]</p> | <p>2017</p> | <p>Lauren Jones Mayfield, Pastor Lynn Hurst United Church of Christ 4401 Taylor Blvd. Louisville, KY 40215 368-8446 (work) (347) [REDACTED] lauren@lynnhurstchurch.org</p> | <p>2017</p> |

SOUTH LOUISVILLE COMMUNITY MINISTRIES
Board of Directors-Effective July 1, 2015

***Craig Oeswein remains on board for one extra year as Immediate Past President**

Emeritas Status 6/23/15

Ollye Clark

Epiphany UMC
321 E. Southside Court
Louisville, KY 40214


oclark1@bellsouth.net

Ermeritas Status 6/23/15

Karen Compton

Lynnhurst UCC
419 Rosewood Ct
Louisville KY 40223

Emeritas Status 6/23/15

Donna Harper

Epiphany UMC
4628 South Third Street
Louisville, KY 40214

By-Laws revised June 2014, board members may serve two years with no more than two consecutive terms. (Board members must rest two years before returning to board.) Board member rotation begins at the 2015 Annual Meeting election.

Balance Sheet
As of 5/31/2015

Addendum D

So. Louisville Community Ministries (SLC)

| | Year to Date | Prior Year to Date |
|-------------------------------------|-------------------|-----------------------|
| Assets | | |
| Current Assets | | |
| Cash - Republic Bank Operating | -2,147.52 | -469.91 |
| Cash - Emergency Assistanc 769 | 1,313.38 | 6,245.24 |
| Cash-Republic-Restricted Funds-0249 | 12,526.49 | 23,931.33 |
| Cash-Republic Bank-Emer Assistance | 24,327.63 | 14,992.42 |
| Petty Cash | -200.00 | 50.00 |
| Petty Cash - ADC | 250.00 | 250.00 |
| Accts Rec IIIC-Meals on Wheels | 578.85 | 2,716.56 |
| Acct Rec-Gen | 0.00 | 170.59 |
| Acct Rec - ADC - KIPDA | 6,600.00 | 10,353.00 |
| Acct Rec - ADC - Client Fees | 1,238.00 | 7,490.36 |
| Acct Rec - ADC - Medicaid | 7,907.12 | 16,551.96 |
| Grants Receivable City of Lou | -14,341.70 | -13,975.11 |
| Grant Rec CHI Medical Asst | 2,957.47 | 6,481.17 |
| Health Ins-Dependent | 1,183.15 | 438.88 |
| G/R - CHI MOW Reimbursement | -1,529.81 | 0.00 |
| Prepaid - Miscellaneous | 3,119.28 | 2,000.00 |
| Total Current Assets: | 43,782.34 | 77,226.49 |
| Fixed Assets | | |
| Furniture & Fixtures | 21,025.77 | 19,316.92 |
| Accum. Depr. - Furn & Fixtures | -17,818.00 | -17,540.31 |
| Equipment | 4,654.39 | 17,757.07 |
| Accum. Depr. - Equipment | -2,024.00 | -1,572.47 |
| Vehicles | 21,959.60 | 21,959.60 |
| Accum. Depr. - Vehicles | -16,275.29 | -11,768.01 |
| Leasehold Improvements | 49,297.07 | 49,297.07 |
| Accum. Depr. - Leasehold Imprv | 849.47 | -46,035.61 |
| CIP - BP | 0.00 | 29,256.25 |
| Total Fixed Assets: | 61,669.01 | 60,670.51 |
| Total Assets: | 105,451.35 | 137,897.00 |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | 2,518.26 | 4,510.82 |
| Month End Accruals | 1,349.72 | 1,476.52 |
| Client Cash - Pass-Thru | 0.00 | 1,122.00 |
| LOC - Republic Bank#25596233 | 30,814.21 | 0.00 |
| Note Payable - ALLY | 0.00 | 501.73 |
| Child Support/Garnishments | 0.00 | 20.00 |
| Total Current Liabilities: | 34,682.19 | 7,631.07 |
| Total Liabilities: | 34,682.19 | 7,631.07 |
| Equity | | |
| Net Assets - Temp Restricted | 14,079.21 | 35,082.02 |
| Retained Earnings-Current Year | -50,174.84 | -7,420.21 |
| Net Assets | 106,864.79 | 102,604.12 |
| Total Equity: | 70,769.16 | 130,265.93 |

**Income Statement
For The 11 Periods Ended 5/31/2015**

So. Louisville Community Ministries (SLC)

| | | Period to Date | % of Revenue | Year to Date | % of Revenue |
|---|---|----------------|--------------|---------------|--------------|
| Revenue | | | | | |
| Donations & Contributions | | | | | |
| 3010-00-00 | Federal Employee Donations | \$ -178.69 | -2.35% | \$ 732.92 | 0.19% |
| 3030-00-00 | Donations | \$ 871.47 | 11.45% | \$ 16,666.85 | 4.24% |
| 3030-25-00 | Donations - EA | \$ 0.00 | 0.00% | \$ 4,295.00 | 1.09% |
| 3030-35-35 | Donations - ADC Nutrition | \$ 0.00 | 0.00% | \$ 50.00 | 0.01% |
| 3030-40-00 | Donation | \$ 215.00 | 2.83% | \$ 390.00 | 0.10% |
| 3030-40-44 | Donations - MOW CHI | \$ -4,811.94 | -63.24% | \$ 0.00 | 0.00% |
| 3035-00-00 | Business Contributions | \$ 120.00 | 1.58% | \$ 450.00 | 0.11% |
| 3040-00-00 | Memorials | \$ 0.00 | 0.00% | \$ 20.00 | 0.01% |
| 3060-25-00 | Association of Comm-Gen | \$ 0.00 | 0.00% | \$ 13,667.59 | 3.48% |
| 3060-40-00 | Association of Comm | \$ 0.00 | 0.00% | \$ 250.00 | 0.06% |
| Total Donations & Contributions: | | \$ -3,784.16 | -49.73% | \$ 36,522.36 | 9.29% |
| Fundraising Efforts | | | | | |
| 3105-00-00 | Golf Scramble | \$ 553.97 | 7.28% | \$ 5,999.97 | 1.53% |
| 3116-00-63 | Annual Fund-Families Helping Families:Gen | \$ 0.00 | 0.00% | \$ 6,697.00 | 1.70% |
| 3120-00-30 | Kroger Cards | \$ 0.00 | 0.00% | \$ 616.96 | 0.16% |
| 3131-00-42 | Volunteer Recognition | \$ 0.00 | 0.00% | \$ 200.00 | 0.05% |
| 3145-25-62 | Christmas Turkeys/Baskets | \$ 0.00 | 0.00% | \$ 706.00 | 0.18% |
| 3193-00-58 | Taste of Louisville | \$ 200.00 | 2.63% | \$ 24,979.22 | 6.36% |
| 3195-00-00 | \$15,000 Matching Challenge | \$ 0.00 | 0.00% | \$ 70.00 | 0.02% |
| 3196-00-00 | \$10,000 Matching Challenge | \$ 175.00 | 2.30% | \$ 620.00 | 0.16% |
| 3198-00-00 | Peel and Save | \$ 0.00 | 0.00% | \$ 2,940.00 | 0.75% |
| Total Fundraising Efforts: | | \$ 928.97 | 12.21% | \$ 42,829.15 | 10.90% |
| Adult Day Care | | | | | |
| 3200-35-00 | KIPDA Grant - ADC | \$ 36.00 | 0.47% | \$ 76,459.20 | 19.46% |
| 3230-35-00 | Medical Fees - ADC | \$ -312.40 | -4.11% | \$ 82,138.15 | 20.90% |
| 3250-35-00 | Private Pay - ADC | \$ -205.40 | -2.70% | \$ 29,525.40 | 7.51% |
| Total Adult Day Care: | | \$ -481.80 | -6.33% | \$ 188,122.75 | 47.87% |
| Grants | | | | | |
| 3258-00-00 | Grants - Miscellaneous | \$ 0.00 | 0.00% | \$ 699.00 | 0.18% |
| 3310-00-00 | City of Louisville Grant | \$ 6,505.83 | 85.50% | \$ 71,564.17 | 18.21% |
| 3310-25-00 | City of Louisville Grant - EA | \$ 3,670.00 | 48.23% | \$ 40,370.00 | 10.27% |
| Total Grants: | | \$ 10,175.83 | 133.73% | \$ 112,633.17 | 28.66% |
| Grants - Meals on Wheels | | | | | |
| 3350-40-00 | Grant IIC - MOW | \$ 770.22 | 10.12% | \$ 9,632.70 | 2.45% |
| Total Grants - Meals on Wheels: | | \$ 770.22 | 10.12% | \$ 9,632.70 | 2.45% |
| Church Contributions | | | | | |
| 3000-00-00 | Church Group Donation | \$ 0.00 | 0.00% | \$ 1,640.25 | 0.42% |
| 3000-25-00 | Church Group Donation-EA | \$ 0.00 | 0.00% | \$ 100.00 | 0.03% |
| 3500-00-00 | Church Donations | \$ 0.00 | 0.00% | \$ 1,475.00 | 0.38% |
| 3520-00-00 | Church Relations | \$ 0.00 | 0.00% | \$ 36.00 | 0.01% |
| Total Church Contributions: | | \$ 0.00 | 0.00% | \$ 3,251.25 | 0.83% |
| Total Revenue: | | \$ 7,609.06 | 100.00% | \$ 392,991.38 | 100.00% |
| Gross Profit: | | \$ 7,609.06 | 100.00% | \$ 392,991.38 | 100.00% |
| Expenses | | | | | |
| Payroll & Employee Benefits | | | | | |
| 4500-00-00 | Salaries | \$ 6,546.50 | 86.04% | \$ 64,769.08 | 16.48% |
| 4500-25-00 | Salaries - Emer Asst | \$ 4,961.66 | 65.21% | \$ 50,992.58 | 12.98% |
| 4500-35-00 | Salaries - ADC | \$ 11,978.75 | 157.43% | \$ 143,079.35 | 36.41% |
| 4500-40-00 | Salaries - MOW | \$ 2,554.50 | 33.57% | \$ 20,663.44 | 5.26% |
| 4510-00-00 | Payroll Taxes | \$ 492.57 | 6.47% | \$ 4,897.13 | 1.25% |

Income Statement
For The 11 Periods Ended 5/31/2015

So. Louisville Community Ministries (SLC)

| | | Period to Date | % of Revenue | Year to Date | % of Revenue |
|---|---|----------------|--------------|---------------|--------------|
| Payroll & Employee Benefits | | (Continued) | | | |
| 4510-25-00 | Payroll Taxes - Emer Asst | \$ 377.77 | 4.96% | \$ 3,888.36 | 0.99% |
| 4510-35-00 | Payroll Taxes - ADC | \$ 888.97 | 11.68% | \$ 10,742.25 | 2.73% |
| 4510-40-00 | Payroll Taxes - MOW | \$ 195.42 | 2.57% | \$ 1,671.58 | 0.43% |
| 4600-00-00 | Insurance - Health/Life/Disab | \$ 660.06 | 8.67% | \$ 5,360.87 | 1.36% |
| 4600-25-00 | Insurance - Health/Life/Dis EA | \$ 745.35 | 9.80% | \$ 7,499.28 | 1.91% |
| 4600-35-00 | Insur - Health/Life/Dis - ADC | \$ 2,539.29 | 33.37% | \$ 25,960.66 | 6.61% |
| 4600-40-00 | Insur - Health/Life/Dis - MOW | \$ 514.09 | 6.76% | \$ 5,166.02 | 1.31% |
| Total Payroll & Employee Benefits: | | \$ 32,454.93 | 426.53% | \$ 344,690.60 | 87.71% |
| Operating Expenses | | | | | |
| 5015-00-00 | Accounting Service Fee | \$ 510.00 | 6.70% | \$ 5,745.50 | 1.46% |
| 5075-00-00 | Bank Service Charges | \$ -53.68 | -0.71% | \$ 338.17 | 0.09% |
| 5075-25-00 | Bank Service Charges | \$ 36.00 | 0.47% | \$ 158.85 | 0.04% |
| 5100-35-00 | Bingo/Bunco Supplies - ADC | \$ 15.00 | 0.20% | \$ 1,275.00 | 0.32% |
| 5115-00-00 | Business Meals & Enter. | \$ 110.00 | 1.45% | \$ 480.48 | 0.12% |
| 5120-00-00 | Church Relations | \$ 100.00 | 1.31% | \$ 292.87 | 0.07% |
| 5130-00-00 | Computer Expense | \$ 542.00 | 7.12% | \$ 569.90 | 0.15% |
| 5130-35-00 | Computer Expenses-Gen | \$ 0.00 | 0.00% | \$ 95.00 | 0.02% |
| 5140-00-00 | Copier Expense - Toshiba | \$ -2.00 | -0.03% | \$ 1,328.42 | 0.34% |
| 5140-25-00 | Copier Expense - Toshiba | \$ 0.00 | 0.00% | \$ 496.35 | 0.13% |
| 5140-40-00 | Copier Expense - Toshiba | \$ 0.00 | 0.00% | \$ 488.66 | 0.12% |
| 5145-00-00 | Depreciation Expense | \$ 546.39 | 7.18% | \$ 6,010.29 | 1.53% |
| 5175-00-00 | Dues & Subscriptions | \$ 18.02 | 0.24% | \$ 534.57 | 0.14% |
| 5191-00-63 | Annual Fund-Families Helping Families:Gen | \$ 0.00 | 0.00% | \$ 5,703.79 | 1.45% |
| 5192-00-00 | Fundraising:Gen-Gen | \$ 0.00 | 0.00% | \$ 396.00 | 0.10% |
| 5192-25-00 | Fundraising-Christmas Baskets | \$ 0.00 | 0.00% | \$ 1,300.00 | 0.33% |
| 5230-00-00 | Golf Scramble Expense | \$ 91.86 | 1.21% | \$ 1,550.11 | 0.39% |
| 5250-00-00 | Insurance - Business | \$ 0.00 | 0.00% | \$ 6,492.34 | 1.65% |
| 5250-25-00 | Insurance - City | \$ 0.00 | 0.00% | \$ 1,600.59 | 0.41% |
| 5250-35-00 | Insurance - Adult Day Care | \$ 0.00 | 0.00% | \$ 3,780.73 | 0.96% |
| 5250-40-00 | Insurance - Meals on Wheels | \$ 0.00 | 0.00% | \$ 1,600.59 | 0.41% |
| 5260-00-00 | Insurance - Workers Comp | \$ 133.20 | 1.75% | \$ 1,312.80 | 0.33% |
| 5260-35-00 | Insurance - Workers Comp | \$ 199.80 | 2.63% | \$ 1,856.40 | 0.47% |
| 5260-40-00 | Insurance - Workers Comp | \$ 0.00 | 0.00% | \$ 532.80 | 0.14% |
| 5315-35-00 | Janitorial/Cleaning - ADC | \$ 56.71 | 0.75% | \$ 332.83 | 0.08% |
| 5345-00-00 | License & Permits | \$ 0.00 | 0.00% | \$ 20.00 | 0.01% |
| 5345-35-00 | License & Permits/Fees - ADC | \$ 0.00 | 0.00% | \$ 193.00 | 0.05% |
| 5375-00-00 | Miscellaneous Expense | \$ 7.91 | 0.10% | \$ -2.11 | 0.00% |
| 5375-35-00 | Miscellaneous Exp - ADC | \$ 0.00 | 0.00% | \$ -13.80 | 0.00% |
| 5400-35-00 | Nursing Supplies | \$ 0.00 | 0.00% | \$ 14.58 | 0.00% |
| 5415-00-00 | Office Supplies | \$ 409.32 | 5.38% | \$ 1,955.14 | 0.50% |
| 5415-25-00 | Office Supplies - Emer Asst | \$ 0.00 | 0.00% | \$ 497.44 | 0.13% |
| 5415-35-00 | Office Supplies - ADC | \$ 59.99 | 0.79% | \$ 1,058.60 | 0.27% |
| 5415-40-00 | Office Supplies | \$ 0.00 | 0.00% | \$ 90.21 | 0.02% |
| 5450-35-00 | Outings - ADC | \$ 0.00 | 0.00% | \$ 403.57 | 0.10% |
| 5460-00-00 | Payroll Service Fee | \$ 180.61 | 2.37% | \$ 1,905.39 | 0.48% |
| 5470-00-00 | Peel and Save:Gen-Gen | \$ 0.00 | 0.00% | \$ 1,200.00 | 0.31% |
| 5475-00-00 | Postage | \$ 105.98 | 1.39% | \$ 1,605.98 | 0.41% |
| 5475-25-00 | Postage | \$ 0.00 | 0.00% | \$ 5.95 | 0.00% |
| 5475-35-00 | Postage | \$ 196.00 | 2.58% | \$ 196.00 | 0.05% |
| 5525-00-00 | Professional Fees | \$ 1,044.00 | 13.72% | \$ 4,044.00 | 1.03% |
| 5530-00-00 | Program Supplies | \$ 0.00 | 0.00% | \$ 157.89 | 0.04% |
| 5530-25-00 | Program Supplies-Gen | \$ 0.00 | 0.00% | \$ 31.99 | 0.01% |
| 5530-35-00 | Program Supplies - ADC | \$ 299.23 | 3.93% | \$ 2,505.01 | 0.64% |
| 5535-00-00 | Program Food Supplies | \$ 80.56 | 1.06% | \$ 80.56 | 0.02% |
| 5535-35-00 | Program Food Supplies - ADC | \$ 375.05 | 4.93% | \$ 5,998.13 | 1.53% |
| 5550-00-00 | Rent Expense | \$ 500.00 | 6.57% | \$ 5,500.00 | 1.40% |
| 5550-35-00 | Rent Expense - ADC | \$ 950.00 | 12.49% | \$ 10,450.00 | 2.66% |
| 5600-00-00 | Repairs & Maintenance | \$ 588.50 | 7.73% | \$ 766.00 | 0.19% |
| 5600-25-00 | Repairs & Maintenance | \$ 0.00 | 0.00% | \$ 441.00 | 0.11% |
| 5600-35-00 | Repair & Maint Bldg - ADC | \$ 174.93 | 2.30% | \$ 742.44 | 0.19% |
| 5625-00-58 | Taste of South Louisville | \$ 18.46 | 0.24% | \$ 3,394.81 | 0.86% |

Income Statement
For The 11 Periods Ended 5/31/2015

So. Louisville Community Ministries (SLC)

| | | Period to Date | % of Revenue | Year to Date | % of Revenue |
|---|--------------------------------|----------------|--------------|----------------|--------------|
| Operating Expenses | | (Continued) | | | |
| 5645-00-00 | Telephone | \$ 230.52 | 3.03% | \$ 1,569.27 | 0.40% |
| 5645-25-00 | Telephone-Gen | \$ 0.00 | 0.00% | \$ 1,046.83 | 0.27% |
| 5645-35-00 | Telephone - ADC | \$ 265.91 | 3.49% | \$ 3,341.07 | 0.85% |
| 5645-40-00 | Telephone | \$ 20.00 | 0.26% | \$ 220.00 | 0.06% |
| 5660-35-00 | Training | \$ 0.00 | 0.00% | \$ 207.79 | 0.05% |
| 5670-00-00 | Travel | \$ 10.00 | 0.13% | \$ 22.40 | 0.01% |
| 5670-35-00 | Travel - ADC | \$ 0.00 | 0.00% | \$ 1,771.88 | 0.45% |
| 5670-40-00 | Travel - Mileage Reimbursement | \$ 29.66 | 0.39% | \$ 892.50 | 0.23% |
| 5680-00-00 | Utilities | \$ 0.00 | 0.00% | \$ 1,539.88 | 0.39% |
| 5680-25-00 | Utilities | \$ 0.00 | 0.00% | \$ 4,032.52 | 1.03% |
| 5700-35-00 | Vehicle - Gas & Oil - ADC | \$ 390.30 | 5.13% | \$ 3,338.72 | 0.85% |
| 5725-35-00 | Vehicle Maintenance - ADC | \$ 0.00 | 0.00% | \$ 1,941.44 | 0.49% |
| 5810-00-42 | Volunteer Recognition | \$ 704.64 | 9.26% | \$ 1,288.03 | 0.33% |
| Total Operating Expenses: | | \$ 8,944.87 | 117.56% | \$ 108,727.15 | 27.67% |
| Total Expenses: | | \$ 41,399.80 | 544.09% | \$ 453,417.75 | 115.38% |
| Net Income from Operations: | | \$ -33,790.74 | -444.09% | \$ -60,426.37 | -15.38% |
| Other Income and Expense | | | | | |
| Restricted Pass-Through Funds | | | | | |
| 3610-25-00 | Church Donations - Emer Asst | \$ 2,092.00 | 27.49% | \$ 9,263.39 | 2.36% |
| 3615-25-00 | Church Pledges - EA | \$ 665.00 | 8.74% | \$ 24,224.57 | 6.16% |
| 3617-25-00 | Kosair Charities Grant | \$ 922.00 | 12.12% | \$ 7,140.00 | 1.82% |
| 3620-25-25 | JHSMH Medial Assistance EA | \$ 1,499.52 | 19.71% | \$ 15,206.95 | 3.87% |
| 3620-40-25 | CHI MOW Reimbursement | \$ 1,500.28 | 19.72% | \$ 16,289.08 | 4.14% |
| 3622-25-00 | Metro Formula Grant | \$ 4,165.83 | 54.75% | \$ 45,824.13 | 11.66% |
| 3625-25-00 | Winterhelp | \$ 0.00 | 0.00% | \$ 29,960.00 | 7.62% |
| 3645-25-00 | Donations-Gen | \$ 0.00 | 0.00% | \$ 300.00 | 0.08% |
| 3645-40-00 | Donations - MOW IIIC | \$ 0.00 | 0.00% | \$ -20.00 | -0.01% |
| 3655-00-00 | Metro Match - Water | \$ 0.00 | 0.00% | \$ 400.05 | 0.10% |
| 3655-25-00 | Metro Match - Water | \$ 0.00 | 0.00% | \$ 2,599.95 | 0.66% |
| 3658-25-00 | Metro Match - LGE | \$ 0.00 | 0.00% | \$ 3,524.87 | 0.90% |
| Total Restricted Pass-Through Funds: | | \$ 10,844.63 | 142.52% | \$ 154,712.99 | 39.37% |
| Pass-through Funds Expended | | | | | |
| 6601-25-00 | PNC Grant-Emer Asst | \$ 0.00 | 0.00% | \$ 10.00 | 0.00% |
| 6605-25-00 | EA Discretionary | \$ -250.00 | -3.29% | \$ -8,538.12 | -2.17% |
| 6615-25-00 | EA Church Pledge Expense | \$ -1,650.00 | -21.68% | \$ -14,516.00 | -3.69% |
| 6620-25-25 | EA Client Medical Assist | \$ -1,443.86 | -18.98% | \$ -13,709.40 | -3.49% |
| 6622-25-00 | Metro Formula Grant | \$ -5,716.19 | -75.12% | \$ -43,822.48 | -11.15% |
| 6624-25-00 | Kosair Grant Expended | \$ -675.46 | -8.88% | \$ -8,385.82 | -2.13% |
| 6625-25-00 | Winter Help | \$ 0.00 | 0.00% | \$ -29,887.00 | -7.61% |
| 6626-25-00 | Metro Match Expenses | \$ 0.00 | 0.00% | \$ -6,262.00 | -1.59% |
| 6627-25-00 | Metro Match - Water | \$ -200.00 | -2.63% | \$ -3,175.00 | -0.81% |
| 6628-25-00 | Metro Match - LGE | \$ -12,481.00 | -164.03% | \$ -19,101.86 | -4.86% |
| 6631-25-00 | NDG-\$12250 Grant | \$ 0.00 | 0.00% | \$ -4,712.50 | -1.20% |
| Total Pass-through Funds Expended: | | \$ -22,416.51 | -294.60% | \$ -152,100.18 | -38.70% |
| Other Income & Expense | | | | | |
| 8100-00-00 | Interest Expense | \$ -162.40 | -2.13% | \$ -1,029.66 | -0.26% |
| 8400-00-00 | Other Income/Expense | \$ 0.00 | 0.00% | \$ 8,668.38 | 2.21% |
| Total Other Income & Expense: | | \$ -162.40 | -2.13% | \$ 7,638.72 | 1.94% |
| Total Other Income and | | \$ -11,734.28 | -154.21% | \$ 10,251.53 | 2.61% |
| Earnings before Income Tax: | | \$ -45,525.02 | -598.30% | \$ -50,174.84 | -12.77% |
| Net Income (Loss): | | \$ -45,525.02 | -598.30% | \$ -50,174.84 | -12.77% |

Address: L

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: C Name of organization: SOUTH LOUISVILLE COMMUNITY MINISTRIES, I
D Employer identification number
E Telephone number: 502-681-4983
G Gross receipts \$: 992,212.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: X 501(c)(3)
J Website: WWW.SLCM.ORG
K Form of organization: X Corporation
L Year of formation: 1976
M State of legal domicile: KY

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... TO UNITE THE TIME, TALENT AND TREASURE OF CHURCHES...
2 Check this box...
3 Number of voting members... 11
4 Number of independent voting members... 11
5 Total number of individuals employed... 19
6 Total number of volunteers... 200
7a Total unrelated business revenue... 0
7b Net unrelated business taxable income... 0
8 Contributions and grants... 707,094
9 Program service revenue... 267,348
10 Investment income... 0
11 Other revenue... 11,221
12 Total revenue... 985,663
13 Grants and similar amounts paid... 479,211
14 Benefits paid to or for members... 0
15 Salaries, other compensation, employee benefits... 363,701
16a Professional fundraising fees... 0
16b Total fundraising expenses... 13,910
17 Other expenses... 167,494
18 Total expenses... 1,010,406
19 Revenue less expenses... -24,743
20 Total assets... 154,066
21 Total liabilities... 8,380
22 Net assets or fund balances... 120,943

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: Yvette Livers, EXECUTIVE DIRECTOR
Date: 2-11-2015
Print/Type preparer's name: BARBARA A. LASKY
Preparer's signature: Barbara Lasky
Date: 2-10-15
Check if self-employed:
PTIN:
Firm's name: ANDERSON, BRYANT, LASKY & WINSLOW, PSC
Firm's EIN:
Firm's address: 943 SOUTH FIRST STREET, LOUISVILLE, KY 40203
Phone no.: (502) 584-9793

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

X

1 Briefly describe the organization's mission:

TO UNITE THE TIME, TALENT AND TREASURE OF CHURCHES, BUSINESSES, COMMUNITY ORGANIZATIONS, AND INDIVIDUALS TO EMPOWER NEIGHBORS TO MOVE FROM CRISIS TO THRIVING. WE DO THIS BY: DEMONSTRATING RESPECTFUL COMPASSION; PRACTICING FAITHFUL STEWARDSHIP; AND PROVIDING EFFECTIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Yes No X

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 \$ 575,000. Including grants of \$ 479,211.) (Revenue \$)

EMERGENCY ASSISTANCE:

THE EMERGENCY ASSISTANCE PROGRAM WORKS TO MEET THE BASIC INDIVIDUAL NEEDS OF THOSE FAMILIES IN THE SOUTH END WHO ARE FACING FINANCIAL CRISIS. THE PROGRAM WORKS TO PROVIDE FINANCIAL ASSISTANCE WITH UTILITY BILLS AND HOUSING PAYMENTS, AS WELL AS PAYMENT ASSISTANCE FOR MEDICATION. IN ADDITION, THE PROGRAM MAINTAINS AN EXTENSIVE DARE TO CARE FOOD PANTRY EVERY WEEKDAY.

THE EMERGENCY ASSISTANCE PROGRAMS ASSIST APPROXIMATELY 80 HOUSEHOLDS A MONTH WITH LG&E, WATER, RENT AND MORTGAGE PAYMENTS. OVER THE LAST YEAR, THE FOOD PANTRY HAS BEEN SERVING AROUND 400 FAMILIES OR 1500 INDIVIDUALS MONTHLY.

4b (Code:) (Expenses \$ 302,834. Including grants of \$) (Revenue \$ 267,479.)

ADULT DAY CENTER:

THE ADULT DAY CENTER HAS BEEN IN OPERATION SINCE OCTOBER OF 1990. ADULT DAY SERVICES ARE AVAILABLE FOR THOSE 18 AND OVER OR THOSE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE. THE CENTER PROVIDES SOCIALIZATION, A WELL-BALANCED NUTRITION PROGRAM, AND STRUCTURED ACTIVITIES WHICH ARE DESIGNED TO PROMOTE THE PHYSICAL, SOCIAL, MENTAL, EMOTIONAL, AND SPIRITUAL WELL-BEING OF PARTICIPANTS, WHILE OFFERING RESPITE TO FAMILY MEMBERS AND CAREGIVERS. SERVICES INCLUDE: BREAKFAST, A HOT LUNCH (THROUGH METRO LOUISVILLE SENIOR NUTRITION PROGRAM,) SNACKS, NURSING SERVICES, TRANSPORTATION, RECREATION, INTER-GENERATIONAL ACTIVITIES, AND FIELD TRIPS.

4c (Code:) (Expenses \$ 46,552. Including grants of \$) (Revenue \$)

MEALS-ON-WHEELS

PROGRAM FOR HOMEBOUND SENIORS

OUR VOLUNTEERS DELIVER APPROXIMATELY 1600 LUNCHESES A MONTH!

WE HAVE SEVEN ROUTES IN SOUTH LOUISVILLE IN ZIP CODES 40209, 40214, 40215 AND PART OF 40208. OUR VOLUNTEERS DELIVER A HOT LUNCH, DESSERT AND BEVERAGE DIRECTLY TO HOMEBOUND SENIORS. IT TAKES MANY VOLUNTEERS TO COVER SEVEN ROUTES MONDAY THROUGH FRIDAY.

2013-2014 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS)

SLCM VOLUNTEERS DELIVERED APPROXIMATELY 70 HOT MEALS PER DAY TO OUR FRAIL, HOME BOUND ELDERLY IN THE SOUTH END OF LOUISVILLE. DURING THE

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

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

4e Total program service expenses 924,386.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 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 so, complete Schedule L, Part II | | 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 | | 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 | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | 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 | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

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

Main form table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for each "Yes" 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: ORGANIZATION - 502-681-4983 415-1/2 WEST ASHLAND AVENUE, LOUISVILLE, KY 40214

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) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROB FUHR PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) NANCY STRAPP VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JOYCE WHALIN SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) CRAIG OWESWEIN TREASURER, PRO-TEM | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) OLLYE CLARK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) KAREN COMPTON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DONNA HARPER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) STEPHAN KIRBY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) ADAM PRICE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JAMES THORNBERRY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) DEBBIE TINKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JAMES W. LAEMMLE FORMER EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 46,000. | 0. | 0. |
| (13) J. GREGORY PIKE INTERIM EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Summary rows show sub-totals of 46,000.

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

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 4 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All cells in this table are currently empty.

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

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 14,699. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 692,395. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 234,050. | | | |
| | h Total. Add lines 1a-1f | | 707,094. | | | |
| Program Service Revenue | 2 a ADULT DAY CARE | Business Code 624110 | 267,348. | 267,348. | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 267,348. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ 14,699. of contributions reported on line 1c). See Part IV, line 18 | a | 17,639. | | | |
| | b Less: direct expenses | b | 6,549. | | | |
| c Net income or (loss) from fundraising events | | 11,090. | | | 11,090. | |
| 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 MISCELLANEOUS | 900099 | 131. | 131. | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | 131. | | | | |
| e Total. Add lines 11a-11d | | 131. | | | | |
| 12 Total revenue. See instructions. | | 985,663. | 267,479. | 0. | 11,090. | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | | | |
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 479,211. | 479,211. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 49,306. | 18,653. | 28,222. | 2,431. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 256,043. | 221,921. | 23,598. | 10,524. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 35,045. | 34,811. | 218. | 16. |
| 10 Payroll taxes | 23,307. | 22,678. | 586. | 43. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 15,332. | 7,092. | 8,169. | 71. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 13,803. | 12,038. | 1,645. | 120. |
| 12 Advertising and promotion | 13,542. | 12,839. | 655. | 48. |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | 34,716. | 29,376. | 4,978. | 362. |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 13,321. | 13,295. | 24. | 2. |
| 19 Conferences, conventions, and meetings | 26. | 23. | 3. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 10,271. | 8,958. | 1,224. | 89. |
| 22 Depreciation, depletion, and amortization | 15,263. | 14,554. | 661. | 48. |
| 23 Insurance | | | | |
| 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 OTHER PROGRAM EXPENSES | 21,712. | 21,712. | | |
| b MISCELLANEOUS | 9,537. | 8,322. | 1,131. | 84. |
| c REPAIRS & MAINTENANCE | 8,636. | 8,255. | 355. | 26. |
| d TELEPHONE | 6,871. | 6,753. | 110. | 8. |
| e All other expenses | 4,464. | 3,895. | 531. | 38. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,010,406. | 924,386. | 72,110. | 13,910. |
| 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 959-720)

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 | 59,033. | 1 | 10,858. | |
| | 2 | | 2 | | |
| | 3 | 60,535. | 3 | 34,755. | |
| | 4 | 10,723. | 4 | 4,565. | |
| | 5 | | 5 | | |
| | 6 | | 6 | | |
| | 7 | | 7 | | |
| | 8 | | 8 | | |
| | 9 | | 9 | 1,384. | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 147,694. | | |
| | 10b | Less: accumulated depreciation | 81,724. | | |
| | 10c | | 23,775. | 10c | 65,970. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | 9,756. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 154,066. | 16 | 127,288. | |
| Liabilities | 17 | 6,705. | 17 | 6,345. | |
| | 18 | | 18 | | |
| | 19 | | 19 | | |
| | 20 | | 20 | | |
| | 21 | | 21 | | |
| | 22 | | 22 | | |
| | 23 | 1,675. | 23 | 0. | |
| | 24 | | 24 | | |
| | 25 | | 25 | | |
| | 26 | 8,380. | 26 | 6,345. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | 110,604. | 27 | 106,864. | |
| | 28 | 35,082. | 28 | 14,079. | |
| | 29 | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | | 30 | | |
| | 31 | | 31 | | |
| | 32 | 145,686. | 32 | 120,943. | |
| 33 | 154,066. | 33 | 127,288. | | |
| 34 | | 34 | | | |

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 | 985,663. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,010,406. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -24,743. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 145,686. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain 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 | 120,943. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-------------------------------------|-------------------------------------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | <input checked="" type="checkbox"/> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | <input checked="" type="checkbox"/> | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| | <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | <input checked="" type="checkbox"/> | |
| | 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? | | <input checked="" type="checkbox"/> |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

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

2013

Open to Public Inspection

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 576,219. | 647,950. | 626,599. | 589,852. | 692,395. | 3,133,015. |
| 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 | 576,219. | 647,950. | 626,599. | 589,852. | 692,395. | 3,133,015. |
| 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) | | | | | | 3,133,015. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 576,219. | 647,950. | 626,599. | 589,852. | 692,395. | 3,133,015. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 17. | | | | 17. |
| 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 IV.) | 40. | | 8,068. | 8,070. | 131. | 16,309. |
| 11 Total support. Add lines 7 through 10 | | | | | | 3,149,341. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,242,399. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.48 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 IV.) | | | | | | |
| 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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. 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 - 2012. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to 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

2013

Open to Public Inspection

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Preservation of a historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space
- 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 |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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" to Form 990, Part IV, line 8.

- 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.
 - 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) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 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 Revenues included in Form 990, Part VIII, line 1
 - b Assets included in Form 990, Part X

Schedule D (Form 990) 2013

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

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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" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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" to 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" to 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 | | 101,765. | 46,876. | 54,889. |
| c Leasehold improvements | | 45,929. | 34,848. | 11,081. |
| d Equipment | | | | |
| e Other | | | | 65,970. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | |

Part VII Investments - Other Securities.

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

| (a) Description | (b) Book value |
|---------------------|----------------|
| (1) RESTRICTED CASH | 9,756. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | 9,756. |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

| (a) Description of liability | (b) Book value |
|------------------------------|----------------|
| 1. (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 Schedule D (Form 990) 2013

Part XI

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

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

| | | | |
|---|--|----|----------|
| 1 | | 1 | 985,663. |
| 1 Total revenue, gains, and other support per audited financial statements | | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | | 2a | |
| Net unrealized gains on investments | | 2b | |
| b Donated services and use of facilities | | 2c | |
| c Recoveries of prior year grants | | 2d | |
| d Other (Describe in Part XIII.) | | 2e | 0. |
| e Add lines 2a through 2d | | 3 | 985,663. |
| 3 Subtract line 2e from line 1 | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | | 4a | |
| Investment expenses not included on Form 990, Part VIII, line 7b | | 4b | |
| b Other (Describe in Part XIII.) | | 4c | 0. |
| c Add lines 4a and 4b | | 5 | 985,663. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |

Part XII

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

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

| | | | |
|--|--|----|------------|
| 1 | | 1 | 1,010,406. |
| 1 Total expenses and losses per audited financial statements | | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | | 2a | |
| Donated services and use of facilities | | 2b | |
| b Prior year adjustments | | 2c | |
| c Other losses | | 2d | |
| d Other (Describe in Part XIII.) | | 2e | 0. |
| e Add lines 2a through 2d | | 3 | 1,010,406. |
| 3 Subtract line 2e from line 1 | | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | | 4a | |
| Investment expenses not included on Form 990, Part VIII, line 7b | | 4b | |
| b Other (Describe in Part XIII.) | | 4c | 0. |
| c Add lines 4a and 4b | | 5 | 1,010,406. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |

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:

EXPLANATION: MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC 740-10 WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES OR ACCRUED IN THE STATEMENTS OF FINANCIAL POSITION. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

Part XIII Supplemental Information (continued)

[Lined area for supplemental information]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Part II Fundraising Events.

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

| | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|---|-------------------------------|------------------------|---------------------------------|
| | TASTE OF SOUTH LOUISVILLE (event type) | GOLF SCRAMBLE (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | | | | |
| 1 Gross receipts | 22,789. | 9,549. | | 32,338. |
| 2 Less: Contributions | 8,775. | 5,924. | | 14,699. |
| 3 Gross income (line 1 minus line 2) | 14,014. | 3,625. | | 17,639. |
| Direct Expenses | | | | |
| 4 Cash prizes | | 632. | | 632. |
| 5 Noncash prizes | | | | 2,994. |
| 6 Rent/facility costs | 898. | 2,096. | | 2,994. |
| 7 Food and beverages | 1,716. | | | 1,716. |
| 8 Entertainment | | | | 1,207. |
| 9 Other direct expenses | 1,207. | | | 6,549. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 11,090. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____ Yes No
 a Is the organization licensed to operate gaming activities in each of these states? _____
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
a The organization's facility

| | |
|-----|---|
| 13a | % |
| 13b | % |

b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

2013

Open to Public Inspection

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Employer

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

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

General information on Grants and Assistance SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Yes [] No [X]

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 [X]

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (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.

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Schedule I (Form 990) (2013)

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Grants and Other Assistance to Individuals in the United States. 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 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| EMERGENCY ASSISTANCE - INCLUDES PAYMENTS FOR RENT, UTILITIES, PRESCRIPTIONS AND MANAGING A DARE TO CARE FOOD PANTRY FOR QUALIFIED LOW-INCOME RESIDENTS | 28602 | 255,161. | 224,050. | VALUE PROVIDED BY DONOR | FOOD |
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Blank lines for supplemental 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

2013

Open to Public Inspection

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

| 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 | X | 1 | 224,050. | PROVIDED BY DONOR |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | 1 | 10,000. | FMV |
| 25 | Other (RENT) | X | | | |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)

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



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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

E [REDACTED] on number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS TO EMPOWER NEIGHBORS TO MOVE FROM CRISIS TO THRIVING. WE DO THIS BY: DEMONSTRATING RESPECTFUL COMPASSION; PRACTICING FAITHFUL STEWARDSHIP; AND PROVIDING EFFECTIVE SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2013-2014 EMERGENCY ASSISTANCE PROGRAM:

THE EMERGENCY ASSISTANCE PROGRAM (EA) SERVED (NUMBER OF HOUSEHOLDS):

RENT (METRO/CHURCH FUNDS) - 385

WATER (METRO/CHURCH FUNDS) - 160

LGE (METRO/CHURCH FUNDS) - 426

MEDICATION (METRO AND CHI) - 789

FOOD (ORDERS) - 6597

SPECIAL UTILITY GRANTS - 370

JOB COACHING - 27

CLOTHING/FURNITURE VOUCHERS - 309

DIAPERS - 431

TARC TICKETS - 81

GENERAL I & R - 4435

MEDICATION:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

SOUTH LOUISVILLE COMMUNITY MINISTRIES ASSISTS 60 FAMILIES MONTHLY TO PURCHASE NECESSARY MEDICATIONS - UP TO \$300 PER YEAR/PER PERSON - THROUGH THE HELP OF GRANTS FROM STS. MARY AND ELIZABETH, METRO GOVERNMENT, AND OTHERS. WE ALSO REFER CLIENTS TO VARIOUS AGENCIES TO HELP THEM MEET THEIR MEDICAL NEEDS

FUNDING FOR OUR EMERGENCY ASSISTANCE PROGRAM COMES FROM OUR SUPPORTING CHURCHES, METRO LOUISVILLE GOVERNMENT, CHI/JEWISH HOSPITAL AND ST. MARY'S HEALTHCARE, DARE TO CARE FOOD BANK, SPECIAL GRANTS, LOCAL BUSINESSES, AND INDIVIDUALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ADULT DAY CENTER SERVED 47 PARTICIPANTS DURING THIS FISCAL YEAR. THIRTY-NINE (39) WERE FEMALE AND THREE (3) WERE MALE. OUR PARTICIPANTS RANGE IN AGE FROM 28 TO 102. THE AVERAGE DAILY ATTENDANCE WAS 22. WE SERVED 6,247 HOT LUNCHES. WE RECEIVED 2,411 HOURS OF VOLUNTEER SERVICE FROM 16 VOLUNTEERS. THIS PROGRAM IS FUNDED IN PART, UNDER A CONTRACT WITH KIPDA AND THE CABINET FOR HEALTH SERVICES WITH FUNDS FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND WITH FUNDS FROM METRO LOUISVILLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

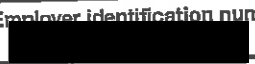
YEAR, WE PROVIDED 89 INDIVIDUALS 113,504 MEALS. LAST YEAR, 60 VOLUNTEERS GAVE OVER 3,000 HOURS OF TIME DELIVERING THESE MEALS.

FOR TWO ROUTES, THE FOOD AND FUNDING IS PROVIDED BY JEWISH AND ST. MARY'S HEALTHCARE, WHILE FOR THE OTHER FIVE ROUTES THE FOOD IS PROVIDED BY MASTERSONS' CATERING AT THE BEECHMONT COMMUNITY CENTER WITH

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



COORDINATION AND FUNDING PROVIDED BY THE LOUISVILLE METRO SENIOR NUTRITION PROGRAM AND KIPDA

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION AMENDED ITS BY-LAWS AS OF JUNE 23, 2014. COPY IS ATTACHED.

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

EXPLANATION: THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER.

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

EXPLANATION: BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

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

EXPLANATION: GOVERNING DOCUMENTS AVAILABLE UPON REQUEST, 990 AVAILABLE UPON REQUEST AND VIA GUIDESTAR'S WEBSITE

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED SINCE THE PREVIOUS YEAR'S FILING.

EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990-T

FOR THE YEAR ENDING

June 30, 2014

| | |
|---|---|
| Prepared for | South Louisville Community Ministries, I 415-1/2 West Ashland Avenue Louisville, KY 40214 |
| Prepared by | Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203 |
| Amount due | No amount is due. |
| Make check payable to | No amount is due. |
| Mail extension and check (if applicable) to | Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045 |
| Extension must be mailed on or before | November 17, 2014 |
| Special Instructions | Form 8868 extends the filing date of the return to May 15, 2015. |

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

ARTICLE IV

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

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue
Louisville, KY 40214

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

ARTICLE VI

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

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

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

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

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

ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

ARTICLE VIII

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

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

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

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

ARTICLE IX

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

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

ARTICLE X

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

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

Joyce Whalin
Joyce Whalin, Secretary

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

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

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

My Commission Expires: August 27, 2016

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

William J. Johnson
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

Request for Taxpayer Identification Number and Certification

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

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

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **Nonprofit 501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
415 - 1/2 West Ashland Avenue

6 City, state, and ZIP code
Louisville KY 40214

7 List account number(s) here (optional)

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|--|
| | | | - | | | | - | | | |
|--|--|--|---|--|--|--|---|--|--|--|

or

Employer identification number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶ **Mina C Beard** Date ▶ **5-12-15**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

**SOUTH LOUISVILLE
COMMUNITY MINISTRIES, INC.**

JUNE 30, 2014 AND 2013

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**Anderson
Bryant
Lasky & Winslow
P.C.**

Founders & Principals
John D. Winslow, CPA
Barbara A. Lasky, CPA
Margaret H. Anderson, CPA
Ellie Bryant, CPA

943 South First Street
Louisville, KY 40203-2242

Phone: 502-584-9793
Fax: 502-584-9796
Web: www.ablwcpa.com
Email: ablw@ablw-cpa.com

Providing timely, accurate, useful information to decision makers

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
South Louisville Community Ministries, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of the South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of contract activity – adult day care is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Anderson, Bryant, Leachy + Wainbow, P.C.

Louisville, Kentucky
January 26, 2015

STATEMENTS OF FINANCIAL POSITION
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2014 AND 2013

| | <u>2014</u> | <u>2013</u> |
|---|-------------------|-------------------|
| ASSETS | | |
| Cash | \$ 10,858 | \$ 59,033 |
| Accounts receivable | 4,565 | 10,723 |
| Grants receivable | 34,755 | 50,535 |
| Promises to give | - | 10,000 |
| Prepaid expenses | 1,384 | - |
| Restricted cash | 9,756 | - |
| Leasehold improvements and equipment, net | <u>65,970</u> | <u>23,775</u> |
| Total assets | <u>\$ 127,288</u> | <u>\$ 154,066</u> |
| | | |
| LIABILITIES AND NET ASSETS | | |
| LIABILITIES | | |
| Accounts payable | \$ 6,345 | \$ 6,705 |
| Note payable | - | <u>1,675</u> |
| Total liabilities | <u>6,345</u> | <u>8,380</u> |
| | | |
| NET ASSETS | | |
| Unrestricted | 106,864 | 110,604 |
| Temporarily restricted | <u>14,079</u> | <u>35,082</u> |
| Total net assets | <u>120,943</u> | <u>145,686</u> |
| Total liabilities and net assets | <u>\$ 127,288</u> | <u>\$ 154,066</u> |

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

**STATEMENTS OF ACTIVITIES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013**

| | 2014 | | 2013 | |
|--|--------------|------------------------|--------------|------------------------|
| | Unrestricted | Temporarily Restricted | Unrestricted | Temporarily Restricted |
| | Total | Total | Total | Total |
| Revenue and support: | | | | |
| Contributions and grants | \$ 635,925 | \$ 56,470 | \$ 692,395 | \$ 589,852 |
| Program revenue | 267,348 | - | 267,348 | 324,083 |
| Special events | 32,338 | - | 32,338 | 29,704 |
| Special events expense | (6,549) | - | (6,549) | (4,380) |
| Miscellaneous income | 131 | - | 131 | 8,070 |
| Total revenue and support | 929,193 | 56,470 | 985,663 | 947,329 |
| Net assets released from restrictions: | | | | |
| Restrictions satisfied by payments | 77,473 | (77,473) | - | - |
| Total revenue, support and reclassifications | 1,006,666 | (21,003) | 985,663 | 947,329 |
| Expenses: | | | | |
| Program services | 924,386 | - | 924,386 | 796,306 |
| Management and general | 72,110 | - | 72,110 | 77,090 |
| Fund raising | 13,910 | - | 13,910 | 18,491 |
| Total expenses | 1,010,406 | - | 1,010,406 | 891,887 |
| Increase in net assets | (3,740) | (21,003) | (24,743) | 55,442 |
| Net assets at beginning of year | 110,604 | 35,082 | 145,686 | 90,244 |
| Net assets at end of year | \$ 106,864 | \$ 14,079 | \$ 120,943 | \$ 145,686 |

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

**STATEMENTS OF FUNCTIONAL EXPENSES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013**

2014

| | Program | | | | Youth Services | Total Program | Management and General | | Fund Raising | Total |
|---|----------------|----------------------|-----------------|------|----------------|---------------|------------------------|-----------|--------------|-------|
| | Adult Day Care | Emergency Assistance | Meals on Wheels | | | | General | | | |
| Salaries and wages | \$ 161,952 | \$ 54,905 | \$ 23,737 | \$ - | \$ - | \$ 240,574 | \$ 51,820 | \$ 12,955 | \$ 305,349 | |
| Employee benefits and payroll taxes | 37,804 | 11,872 | 7,813 | - | - | 57,489 | 804 | 59 | 58,352 | |
| Assistance to individuals | - | 479,211 | - | - | - | 479,211 | - | - | 479,211 | |
| Other program expense | 20,794 | 256 | 662 | - | - | 21,712 | 9,815 | 191 | 29,135 | |
| Professional fees and contract services | 12,022 | 4,865 | 2,242 | - | - | 19,129 | 400 | 29 | 11,303 | |
| Supplies | 6,148 | 3,030 | 1,696 | - | - | 10,874 | 110 | 8 | 6,871 | |
| Telephone | 4,516 | 2,023 | 214 | - | - | 6,753 | 759 | 55 | 6,367 | |
| Utilities | 3,490 | 1,412 | 651 | - | - | 5,553 | 255 | 19 | 2,239 | |
| Postage | 1,271 | 475 | 219 | - | - | 1,965 | 4,219 | 307 | 28,349 | |
| Occupancy | 12,350 | 7,854 | 3,619 | - | - | 23,823 | 355 | 26 | 8,636 | |
| Repair and maintenance | 6,376 | 1,575 | 304 | - | - | 8,255 | 24 | 2 | 13,321 | |
| Travel, training and conferences | 12,230 | 45 | 1,020 | - | - | 13,295 | 661 | 48 | 15,263 | |
| Insurance | 10,610 | 2,104 | 1,840 | - | - | 14,554 | 70 | 5 | 592 | |
| Bank fees | 326 | 131 | 60 | - | - | 517 | 48 | 3 | 411 | |
| Dues and subscriptions | 230 | 89 | 41 | - | - | 360 | 30 | 2 | 251 | |
| Meals and entertainment | 137 | 56 | 26 | - | - | 219 | 3 | - | 26 | |
| Interest expense | 14 | 6 | 3 | - | - | 23 | 383 | 28 | 3,210 | |
| Fund raising and special event expense | 1,759 | 712 | 328 | - | - | 2,799 | 1,130 | 84 | 9,537 | |
| Miscellaneous | 5,195 | 2,101 | 1,027 | - | - | 8,323 | 70,886 | 13,821 | 1,000,135 | |
| Total expenses before depreciation | 297,204 | 572,722 | 45,502 | - | - | 915,428 | 1,224 | 89 | 10,271 | |
| Depreciation | 5,630 | 2,278 | 1,050 | - | - | 8,958 | \$ 72,110 | \$ 13,910 | \$ 1,010,406 | |
| Total expenses | \$ 302,834 | \$ 575,000 | \$ 46,552 | \$ - | \$ - | \$ 924,386 | | | | |

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

2013

| | Program | | | | Management and General | | Fund Raising | Total |
|---|----------------|----------------------|-----------------|----------------|------------------------|-----------|--------------|------------|
| | Adult Day Care | Emergency Assistance | Meals on Wheels | Youth Services | Total Program | | | |
| Salaries and wages | \$ 172,462 | \$ 48,327 | \$ 16,260 | \$ 3,700 | \$ 240,749 | \$ 49,531 | \$ 12,383 | \$ 302,663 |
| Employee benefits and payroll taxes | 52,727 | 11,314 | 2,264 | 283 | 66,588 | 1,279 | 111 | 67,978 |
| Assistance to individuals | - | 523,285 | - | - | 323,285 | - | - | 323,285 |
| Other program expense | 42,650 | 6,587 | 2,635 | 6,209 | 58,081 | 14,817 | - | 58,081 |
| Professional fees and contract services | 1,052 | - | - | - | 1,052 | 403 | 35 | 8,752 |
| Supplies | 6,963 | 1,105 | 246 | - | 8,314 | 383 | 33 | 7,153 |
| Telephone | 5,878 | 625 | 234 | - | 6,737 | 400 | 35 | 3,650 |
| Utilities | 2,320 | 652 | 243 | - | 3,215 | 228 | 20 | 2,085 |
| Postage | 1,326 | 372 | 139 | - | 1,837 | 6,450 | 561 | 41,100 |
| Occupancy | 11,100 | 9,813 | 3,924 | 9,252 | 34,089 | 136 | 12 | 7,171 |
| Repair and maintenance | 6,583 | 357 | 83 | - | 7,023 | 250 | 22 | 19,484 |
| Travel, training and conferences | 18,652 | 408 | 152 | - | 19,212 | 813 | 71 | 15,596 |
| Insurance | 12,891 | 1,326 | 495 | - | 14,712 | 58 | 5 | 527 |
| Bank fees | 335 | 94 | 35 | - | 464 | 129 | 11 | 1,175 |
| Dues and subscriptions | 747 | 210 | 78 | - | 1,035 | 47 | 4 | 425 |
| Meals and entertainment | 270 | 76 | 28 | - | 374 | 980 | - | 980 |
| Interest expense | - | - | - | - | - | - | 5,088 | 5,088 |
| Fund raising and special event expense | - | - | - | - | - | - | 8 | 1,184 |
| Miscellaneous | 755 | 212 | 79 | - | 1,046 | 130 | - | - |
| Total expenses before depreciation | 336,711 | 404,763 | 26,895 | 19,444 | 787,813 | 76,034 | 18,399 | 882,246 |
| Depreciation | 6,128 | 1,722 | 643 | - | 8,493 | 1,056 | 92 | 9,641 |
| Total expenses | \$ 342,839 | \$ 406,485 | \$ 27,538 | \$ 19,444 | \$ 796,306 | \$ 77,090 | \$ 18,491 | \$ 891,887 |

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

STATEMENTS OF CASH FLOWS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

| | <u>2014</u> | <u>2013</u> |
|---|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES: | | |
| Change in net assets | \$ (24,743) | \$ 55,442 |
| Adjustments to reconcile change in net cash from operating activities: | | |
| Depreciation | 10,271 | 9,641 |
| (Increase) decrease in operating assets: | | |
| Accounts receivable | 6,158 | (1,559) |
| Grants receivable | 15,780 | (18,047) |
| Promises to give | 10,000 | (10,000) |
| Prepaid expenses | (1,384) | - |
| Restricted cash | (9,756) | - |
| Increase (decrease) in operating liabilities: | | |
| Accounts payable | <u>(360)</u> | <u>(10,078)</u> |
| Net cash provided (used) by operating activities | <u>5,966</u> | <u>25,399</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Purchase of leasehold improvements and equipment | <u>(52,466)</u> | <u>(5,111)</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES: | | |
| Payments on line of credit | - | (5,733) |
| Payments on long term debt | <u>(1,675)</u> | <u>(8,559)</u> |
| Net cash provided (used) by financing activities | <u>(1,675)</u> | <u>(14,292)</u> |
| Net increase (decrease) in cash | (48,175) | 5,996 |
| Cash at beginning of year | <u>59,033</u> | <u>53,037</u> |
| Cash at end of year | <u>\$ 10,858</u> | <u>\$ 59,033</u> |
| SUPPLEMENTAL DISCLOSURES: | | |
| Cash paid for interest | <u>\$ 26</u> | <u>\$ 980</u> |

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

NOTES TO FINANCIAL STATEMENTS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2014 AND 2013

NOTE 1. NATURE OF THE BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

South Louisville Community Ministries, Inc. (SLCM), located in Louisville, Kentucky, is a not-for-profit organization founded in 1976. The purpose of SLCM is to be an interfaith organization of representatives of churches, established to coordinate the efforts of the various segments of the community in order to enhance the religious, educational, social, health, economic, and community development of children, youth, and adults, and thus improve their quality of life.

SLCM's program services include:

Services for the Elderly: These services include an adult day care center, and various recreational, wellness, meals, and social activities for senior citizens in the areas served by the organization. Also, over 75 homebound seniors are provided one hot meal per day, five days per week, delivered by the Meals on Wheels Program operated by SLCM.

Assistance: These emergency assistance services include payments for rent, utilities, and prescriptions, and managing a Dare to Care Food Pantry for qualified low-income residents in the areas served by the organization.

Estimates

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

Basis of Accounting

The financial statements of SLCM have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Basis of Presentation

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

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor imposed restrictions have not been met.

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

Cash

Cash consists solely of cash on deposit. Cash received with donor-imposed restrictions limiting its use to long-term purposes is not considered cash for purposes of the statements of cash flows.

Accounts Receivable

Accounts receivable consists primarily of amounts billed for services performed. It is SLCM's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. All accounts are deemed to be fully collectible.

Grants Receivable

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Promises to Give

Unconditional promises to give are recognized when the donor makes a promise to give to SLCM that is, in substance, unconditional. Unconditional pledges receivable becoming due in the next year are recorded at net realizable value. Unconditional pledges receivable due in subsequent years are reported at the present value of their net realizable value, using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Leasehold Improvements and Equipment

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

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

SLCM treats temporarily donor restricted contributions whose restrictions are met in the same reporting period as unrestricted support. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

In-kind Materials, Equipment, Services and Space

No amounts have been reflected in the financial statements for donated services. SLCM pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist SLCM with programs, solicitations and various committee assignments.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

In-kind materials, equipment and space are reflected as contributions and assets or expense in the accompanying statements at their estimated fair values on the date of contribution. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used for a specific purpose are reported as temporarily restricted contributions.

Expense Allocation

Expenses are allocated based on estimated time spent devoted to programs and supporting services.

Income Tax Status

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

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.

Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 26, 2015, which was the date at which the financial statements were available to be issued.

NOTE 2. CONCENTRATIONS OF CREDIT RISK

Concentration of Revenue – SLCM receives thirteen percent of its revenue from the Commonwealth of Kentucky, Cabinet for Health Services through KIPDA for its Adult Day Care program. This funding source is subject to periodic budget approvals and is subject to change.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE 3. PROMISES TO GIVE

Unconditional promises to give are all current and consist of the following:

| | <u>2014</u> | <u>2013</u> |
|-------------|-------------|------------------|
| Renovations | <u>\$ -</u> | <u>\$ 10,000</u> |

NOTE 4. LEASEHOLD IMPROVEMENTS AND EQUIPMENT

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. At June 30, 2014 and 2013 the cost and accumulated depreciation of such assets were as follows:

| | <u>2014</u> | <u>2013</u> |
|--|------------------|------------------|
| Vehicles | \$ 21,960 | \$ 21,960 |
| Equipment | 4,654 | 4,654 |
| Furniture & fixtures | 19,317 | 19,317 |
| Leasehold improvements | <u>101,763</u> | <u>49,297</u> |
| | 147,694 | 95,228 |
| Less accumulated depreciation | <u>(81,724)</u> | <u>(71,453)</u> |
| Leasehold improvements and equipment, net | <u>\$ 65,970</u> | <u>\$ 23,775</u> |
| Depreciation expense | <u>\$ 10,271</u> | <u>\$ 9,641</u> |

NOTE 5. LINE OF CREDIT

SLCM has a \$35,000 bank line of credit available that expires in February 2015, secured by general business assets. The line of credit bears interest at prime plus 1.0%, minimum of 4.5% (the prime rate was 3.25% at June 30, 2014). At June 30, 2014, SLCM had no outstanding balance against the line.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE 6. NOTE PAYABLE

Note payable consists of a vehicle loan, originally due February 13, 2016. SLCM has been making additional principal payments and the loan has been paid off as of June 30, 2014.

NOTE 7. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets are available for the following purposes:

| | <u>2014</u> | <u>2013</u> |
|-----------------------------|------------------|------------------|
| Renovations | \$ 9,756 | \$ 10,000 |
| Programs | <u>4,323</u> | <u>25,082</u> |
| Total restricted net assets | <u>\$ 14,079</u> | <u>\$ 35,082</u> |

NOTE 8. LEASES

SLCM leases the facility used by the Adult Day Care Center. The term of the lease is for four years at \$950 per month and expires June 2017. SLCM has also signed a new office lease beginning August 1, 2013 through July 31, 2020 for \$500 per month. Future minimum payments under the leases are as follows:

| | |
|------------|------------------|
| 6/30/15 | \$ 17,400 |
| 6/30/16 | 18,000 |
| 6/30/17 | 18,330 |
| 6/30/18 | 6,360 |
| 6/30/19 | 6,360 |
| Thereafter | <u>7,010</u> |
| Total | <u>\$ 73,460</u> |

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Rent expense was \$18,350 and \$11,100 for the years ended June 30, 2014 and 2013, respectively. Prior to signing the new lease, SLCM also leased office space located at 4803 Southside Drive from Americana Community Center, Inc. for \$1 per year. The fair market value of the lease is \$10,000 and \$30,000 for the years ended June 30, 2014 and 2013, respectively, and is recorded as contributions and occupancy expense in the statements of activities.

NOTE 9. IN-KIND DONATIONS

SLCM records various types of in-kind support, including food, materials and other tangible assets. Contributed in-kind support is recognized in accordance with the Statement of Financial Accounting Standards in its Accounting Standards Codification 958-605-25, which governs the presentation of financial statements of not-for-profit organizations. This pronouncement requires recognition of professional services received if those services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

Most of the services received by SLCM do not meet these criteria. In 2014, no amounts were recognized, although volunteers provided countless hours of assistance.

Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind support are offset by like amounts included in expenses or assets. Food donations of \$224,050 and \$189,844 and rent of \$10,000 and \$30,000 were recognized for the years ended June 30, 2014 and 2013, respectively.

**SCHEDULE OF CONTRACT ACTIVITY – ADULT DAY CARE
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEAR ENDED JUNE 30, 2014**

State Grantor: Commonwealth of Kentucky, Cabinet for Health Services
 Pass-through Grantor: KIPDA
 Program Title: Adult Day Care
 Pass-through Contract Number: M-06156729-(SOU)
 Period of Contract: July 1, 2013 to June 30, 2014

| | | | | <u>Actual</u> |
|---|---------------|---------------------|-------------|-------------------|
| REVENUES | | | | |
| State funds | | | | \$ 129,482 |
| Fees/donations | | | | <u>3,610</u> |
| Total revenues | | | | <u>\$ 133,092</u> |
| | | <u>Actual Units</u> | | <u>Amount</u> |
| | | <u>Provided</u> | <u>Rate</u> | <u>Provided</u> |
| UNITS OF SERVICE | | | | |
| Adult Day Health Care | 29,531 | \$ | 4.00 | \$ 118,124 |
| Adult Day Health Care | 3,628 | | 4.00 | 14,512 |
| Alzheimer's Respite in Day Care | | | | |
| Case Management | 90 | | 4.00 | 360 |
| Adult Day Health Care | 24 | | 4.00 | <u>96</u> |
| Alzheimer's Respite | | | | |
| Total Day Care | <u>33,273</u> | | | 133,092 |
| Less: | | | | 3,610 |
| Fees | | | | <u>118,989</u> |
| Payments from KIPDA as of June 30, 2014 | | | | <u>\$ 10,493</u> |
| Due from KIPDA at June 30, 2014 | | | | |

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

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

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

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

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

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

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

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

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

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

SIGNATURE

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

Signature of Legal Signatory

Yvette Livers

Date:

7-1-2015

Legal Signatory (please print):

YVETTE LIVERS

Title:

Executive Director

Phone:

(502) 361-7763

Extension:

Email:

YVETTELIVERS@SLCM.ORG

Louisville Metro Council Neighborhood Development Fund Application

Required Attachment:

**South Louisville Community Ministries
Staff including the 3 highest paid staff**

July 1, 2015

Yvette Livers*

Kate Husk*

Dana Whalin, Adult Day Center*

Mima Beams

Adam Walker

Sarah Ryan

Margaret Senn

Tia Wilson

Denise Thruston

Richard Daugherty

Laura Callender

Rhonda Dupin

***-Asterisk denotes three highest paid staff**