



**Applicant/Program:**

Southwest Community Ministires - Walk in Cooler

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

|             |                       |             |
|-------------|-----------------------|-------------|
| District 1  | _____                 | \$ _____    |
| District 2  | _____                 | \$ _____    |
| District 3  | _____                 | \$ _____    |
| District 4  | _____                 | \$ _____    |
| District 5  | _____                 | \$ _____    |
| District 6  | _____                 | \$ _____    |
| District 7  | _____                 | \$ _____    |
| District 8  | _____                 | \$ _____    |
| District 9  | _____                 | \$ _____    |
| District 10 | _____                 | \$ _____    |
| District 11 | _____                 | \$ _____    |
| District 12 | <i>Rick Blackwell</i> | \$ 1,250.00 |
| District 13 | <i>Mark Fox</i>       | \$ 1,250.00 |
| District 14 | _____                 | \$ _____    |
| District 15 | _____                 | \$ _____    |

**Applicant/Program:**

Southwest Community Ministries - Walk in Cooler

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

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

District 25 *Amy Holmstrom* \_\_\_\_\_ \$ 1,250.00

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**Program Name and Request Amount** \$5,000.00 **SWCM Cooler Project**

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

Prepared by: *Lundy Spencer*

Date: *3-31-21*

## Thieneman, Cindy L

---

**From:** Alexander, Elizabeth  
**Sent:** Tuesday, March 23, 2021 11:45 AM  
**To:** Thieneman, Cindy L  
**Cc:** Fowler, Cindi; Fox, Mark H.; Nichols, Barbara J  
**Subject:** RE: SWCM NDF for Fridge.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

We would love to participate. 😊

**From:** Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>  
**Sent:** Tuesday, March 23, 2021 10:50 AM  
**To:** Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov>  
**Cc:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>  
**Subject:** FW: SWCM NDF for Fridge.pdf

Good Morning Elizabeth,  
CW Fowler sent this email along with an email asking for participation for the Junk Drop Off. I did receive an email stating your office's participation in the Junk Drop Off, however wasn't sure if your office would also like to contribute to SWCM.  
I was going to submit the NDF this week.  
Thank you for your help in this matter.  
Cindy

**From:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>  
**Sent:** Sunday, March 21, 2021 8:44 PM  
**To:** Blackwell, Rick <Rick.Blackwell@louisvilleky.gov>; McQuillen, Liz <Liz.McQuillen@louisvilleky.gov>; Fox, Mark H. <Mark.Fox@louisvilleky.gov>; Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov>; Stewart, Amy <Amy.Stewart@louisvilleky.gov>; Powell, Brian <Brian.Powell@louisvilleky.gov>; Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>  
**Subject:** SWCM NDF for Fridge.pdf

Dear SW Colleagues,  
I have received a grant application for \$5000 from the SWCM to help pay for a walk-in refrigerator. The rest of the cost is being covered by other grants. I hope you will be able to help D14 fund the cost. If we split it four ways, it will be \$1250 each. Of course, I would welcome any amount you can afford. The grant is attached for your convenience.  
As always, I appreciate your consideration!  
Cindi

Sent from my iPad

## Thieneman, Cindy L

---

**From:** McQuillen, Liz  
**Sent:** Tuesday, March 23, 2021 10:03 AM  
**To:** Fowler, Cindi; Amy Holton Stewart; Blackwell, Rick; Fox, Mark H.; Alexander, Elizabeth; Powell, Brian; Thieneman, Cindy L  
**Subject:** RE: SWCM NDF for Fridge.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

CM Blackwell is happy to contribute to this as well. Thank you for handling the paperwork CW Fowler!



Liz McQuillen | Legislative Aide  
Office of Councilman Rick Blackwell  
601 W. Jefferson Street | Louisville, KY 40202  
D: (502) 574-1112 F: (502) 574-3363  
[www.rickblackwell.com](http://www.rickblackwell.com)

**From:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>  
**Sent:** Monday, March 22, 2021 9:33 AM  
**To:** Stewart, Amy <Amy.Stewart@louisvilleky.gov>; Blackwell, Rick <Rick.Blackwell@louisvilleky.gov>; McQuillen, Liz <Liz.McQuillen@louisvilleky.gov>; Fox, Mark H. <Mark.Fox@louisvilleky.gov>; Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov>; Powell, Brian <Brian.Powell@louisvilleky.gov>; Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>  
**Subject:** Re: SWCM NDF for Fridge.pdf

Thank you so much!

Get [Outlook for iOS](#)

---

**From:** Stewart, Amy <Amy.Stewart@louisvilleky.gov>  
**Sent:** Monday, March 22, 2021 6:54:33 AM  
**To:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>; Blackwell, Rick <Rick.Blackwell@louisvilleky.gov>; McQuillen, Liz <Liz.McQuillen@louisvilleky.gov>; Fox, Mark H. <Mark.Fox@louisvilleky.gov>; Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov>; Powell, Brian <Brian.Powell@louisvilleky.gov>; Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>  
**Subject:** Re: SWCM NDF for Fridge.pdf

Yes D 25 will contribute

Thanks,  
Amy

Get [Outlook for iOS](#)

---

**From:** Fowler, Cindi <Cindi.Fowler@louisvilleky.gov>  
**Sent:** Sunday, March 21, 2021 8:44:24 PM  
**To:** Blackwell, Rick <Rick.Blackwell@louisvilleky.gov>; McQuillen, Liz <Liz.McQuillen@louisvilleky.gov>; Fox, Mark H. <Mark.Fox@louisvilleky.gov>; Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov>; Stewart, Amy <Amy.Stewart@louisvilleky.gov>; Powell, Brian <Brian.Powell@louisvilleky.gov>; Thieneman, Cindy L

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION   |  |  |                     |   |  |
|---|--|--|---------------------|---|--|
| <b>Legal Name of Applicant Organization:</b>  |  |  |                     |   |  |
| <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> Southwest Community Ministries   |  |  |                     |   |  |
| <b>Main Office Street &amp; Mailing Address:</b> 8504 Terry Road, Louisville, KY 40258  |  |  |                     |   |  |
| <b>Website:</b> www.swcmhelp.org  |  |  |                     |   |  |
| <b>Applicant Contact:</b>   | Sarah Langmeyer  | <b>Title:</b>  | Executive Director  |   |  |
| <b>Phone:</b>   | 502-935-0310 x 239   | <b>Email:</b>  | sarah swcm@aol.com  |   |  |
| <b>Financial Contact:</b>   | Sarah Langmeyer  | <b>Title:</b>  | Executive Director  |   |  |
| <b>Phone:</b>   | 502-935-0310 x 239   | <b>Email:</b>  | sarah swcm@aol.com  |   |  |
| <b>Organization's Representative who attended NDF Training:</b> Sarah Langmeyer   |  |  |                     |   |  |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED  |  |  |                     |   |  |
| <b>Program Facility Location(s):</b>  | 8504 Terry Road  |  |                     |   |  |
| <b>Council District(s):</b>   | 12 14 25 13  | <b>Zip Code(s):</b>  | 40258, 40272, 40177 |   |  |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION   |  |  |                     |   |  |
| <b>PROGRAM/PROJECT NAME:</b> SWCM Cooler Project  |  |  |                     |   |  |
| <b>Total Request: (\$)</b>  | 5,000.00   | <b>Total Metro Award (this program) in previous year: (\$)</b> | 0.00                |   |  |
| <b>Purpose of Request (check all that apply):</b>   |  |  |                     |   |  |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)<br><input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals<br><input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)  |  |  |                     |   |  |
| <b>The Following are Required Attachments:</b>  |  |  |                     |   |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br/> <input checked="" type="checkbox"/> Current year projected budget<br/> <input checked="" type="checkbox"/> Current financial statement<br/> <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br/> <input checked="" type="checkbox"/> Articles of Incorporation (current &amp; signed)<br/> <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense                             </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Signed lease if rent costs are being requested<br/> <input checked="" type="checkbox"/> IRS Form W9<br/> <input type="checkbox"/> Evaluation forms if used in the proposed program<br/> <input checked="" type="checkbox"/> Annual audit (if required by organization)<br/> <input type="checkbox"/> Faith Based Organization Certification Form, if applicable                             </td> </tr> </table> |  |  |                     | <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current year projected budget<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation (current & signed)<br><input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | <input type="checkbox"/> Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if applicable |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current year projected budget<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation (current & signed)<br><input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense   | <input type="checkbox"/> Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if applicable |  |                     |   |  |
| <b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>   |  |  |                     |   |  |
| <b>Source:</b>  | Formula Grant  | <b>Amount: (\$)</b>  | 91,400              |   |  |
| <b>Source:</b>  | COVID Relief Fund  | <b>Amount: (\$)</b>  | 50,000              |   |  |
| <b>Source:</b>  |  | <b>Amount: (\$)</b>  |                     |   |  |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                     |   |  |
| Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                     |   |  |

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The mission of Southwest Community Ministries is to meet our neighbors where they are and provide a hand up, not just a hand out during a time of crisis. We do this by uniting area churches, schools, businesses and individuals to minister to the needs of our neighbors who find themselves in poverty and or crisis.

Our vision is to create a more financially equitable Southwest Community by playing an integral part in alleviating the burden of crisis and poverty in the area.

We do this by providing assistance to those that live in the zip codes 40272, 40258 and Jefferson County Portion of 40177. Assistance can be in the form of food from our Dare to Care partnered food pantry or nutritious meals prepared for our home bound seniors participating in our meals on wheels program. It could also look like a child receiving gifts on Christmas morning or assistance covering rent or utility payments to keep a family in their home. We have even expanded programing to assist with back-to-school expenses, teaching budgeting and healthy eating on a budget.

Handwritten initials in black ink, appearing to be 'SC' or similar, written over the printed text 'Applicant's Initials'.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member   | Term End Date |
|----------------|---------------|
| Kim Leanhart   | 6/30/21       |
| Khalil Batshon | 6/30/22       |
| Matt Yates     | 6/30/22       |
| Bob Heuglin    | 6/30/21       |
| Wanda Trimble  | 6/30/22       |
| Sineira Carter | 6/30/22       |
| Charlotte Self | 6/30/22       |
| Larry Cooley   | 6/30/22       |
| Cindy Fowler   | 6/30/21       |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |

**Describe the Board term limit policy:**

Voting Members of the board shall be elected for two years, staggered terms. Newly elected members shall assume office on July 1 of the calendar year next following their selection. Individuals may be elected for a second consecutive two-year term. Individuals may be re-elected for a second consecutive two-year term. Individuals may be re-elected as a voting member of the board following two, two year terms in office after having been off the board for at least one two year term. All voting members of the board must be approved by a majority vote.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| Sarah Langmeyer                | 48,300        |
| Mary Wells                     | 31,000        |
| Casey Hibbs                    | 17,500        |

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Southwest Community Ministries is asking for \$5,000 to go towards the purchase and installation of a new 8' x 10' walk in cooler before the fall of 2021. Between an average of 9,000 pounds of Dare to Care donations and 7,260 pounds of retail donations each month we tend to run out of cooler space and have even turned down donations previously due to the lack of storage. Purchasing an external unit will allow us to get rid of some of the smaller units that do not provide enough space, in turn opening up the floor for more shelving and shelf stable foods. this will allow us to take on more donations, and meet the growing need of the community for years to come. We serve an average of 873 people each month and expect those numbers to be larger once some of the support being received by those impacted by the global pandemic subsides and people are still trying to play catch up.

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

The funding will be utilized in conjunction with funding we received by Kosair and donated by independent entities for the purchase and installation of the new walk in cooler.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

SWCM's Multiple programs serve our clients where they are, with services that match their needs. This funding would be supporting a program that feeds over 800 people each month. SWCM collects statistics that would show the number of people impacted daily, including how many of them are children and veterans. The impact can also be measured by showing the pounds of food that the SWCM Food pantry is able to accept.

**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.**

For food assistance we are partnered with Dare to Care as well as retail partners like Kroger and Little Caesars. As of 2020 we partnered with The Food Literacy Project for our Kids Nutrition Education program. Due to COVID19 they actually started supplying our pantry with additional fresh produce for our families to enjoy.

SWCM as a whole entity partners with various local partners including the Louisville Water Company, Louisville Gas and Electric, University of Louisville Elizabeth and Kosair Charities. Partnerships with the utility companies have been long standing, allowing us to provide direct service to our clients in need. We have had a partnership with Kosair Charities for years, but recently we received a grant for nutrition education for children in our service area via JCPS as well as a COVID grant, supplying rental / mortgage assistance and funding for overhead, technology upgrades and this much needed new walk in cooler.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

| Program/Project Expenses   | Column<br>1             | Column<br>2            | Column<br>(1+2)=3 |
|--|-------------------------|------------------------|-------------------|
|  | Proposed<br>Metro Funds | Non-<br>Metro<br>Funds | Total<br>Funds    |
| <b>A: Personnel Costs Including Benefits</b>                             |                         |                        | 0                 |
| <b>B: Rent/Utilities</b>   |                         |                        | 0                 |
| <b>C: Office Supplies</b>  |                         |                        | 0                 |
| <b>D: Telephone</b>  |                         |                        | 0                 |
| <b>E: In-town Travel</b>   |                         |                        | 0                 |
| <b>F: Client Assistance (See Detailed List on Page 8)</b>                |                         |                        | 0                 |
| <b>G: Professional Service Contracts</b>                                 |                         |                        | 0                 |
| <b>H: Program Materials</b>  |                         |                        | 0                 |
| <b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b> |                         |                        | 0                 |
| <b>J: Machinery &amp; Equipment</b>                                      |                         |                        | 0                 |
| <b>K: Capital Project</b>  | 5,000                   | 6,133                  | 11,133            |
| <b>L: Other Expenses (See Detailed List on Page 8)</b>                   |                         |                        |                   |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                                      | 5,000                   | 6,133                  | 11,133            |
| % of Program Budget  | 33 %                    | 67 %                   | 100%              |

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

|   |       |
|---|-------|
| Other State, Federal or Local Government                      |       |
| United Way  |       |
| Private Contributions (do not include individual donor names) | 1,133 |
| Fees Collected from Program Participants                      |       |
| Other (please specify) <b>Kosair Grant</b>                    | 5,000 |
| Total Revenue for Columns 2 Expenses **                       | 6,133 |

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

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





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

| Donor*/Type of Contribution   | Value of Contribution | Method of Valuation |
|---|-----------------------|---------------------|
|   |                       |                     |
|   |                       |                     |
|   |                       |                     |
|   |                       |                     |
| <p align="center"><i>Total Value of In-Kind<br/>(to match Program Budget Line Item.<br/>Volunteer Contribution &amp; Other In Kind)</i></p> | 0                     |                     |


**\* 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 2020

**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:**

Due to Special COVID Funding our budget is very different than projected, and it is ever changing due to the length of the pandemic as well as continuous new funding.

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

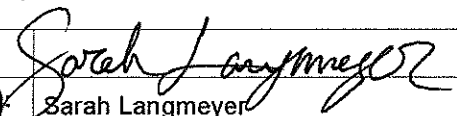
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

*Cindi Fowler sits on our board with no fiduciary responsibilities.*

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

|   |                |                             |
|---|----------------|-----------------------------|
| Signature of Legal Signatory:  | Date:          | 2/23/21                     |
| Legal Signatory: (please print) Sarah Langmeyer   | Title:         | Executive Director          |
| Phone: 502-935-0310   | Extension: 239 | Email: sarah.swcm@gmail.com |






# WebstaurantStore **PLUS** Free Shipping & Net 30!






- Restaurant Equipment
- Commercial Refrigeration
- Smallwares
- Storage & Transport
- Laptop
- Disposables
- Furniture
- Restaurant Dinnerware
- Food & Beverage

webstaurantstore.com Cart

## Cart

| ITEM   | QTY | PRICE       | TOTAL              |
|--|-----|-------------|--------------------|
|  <b>Left Hinged Door Nor-Lake KODB87810-C Kold Locker 8' x 10' x 8' 7" Outdoor Walk-In Cooler</b><br>#1061-DEPT-10-LT-810- | 1   | \$10,652.00 | <b>\$11,130.89</b> |
| #1061-DEPT-10-LT-810-  |     |             |                    |
| #1061-DEPT-10-LT-810-  |     |             |                    |
| #1061-DEPT-10-LT-810-  |     |             |                    |
| #1061-DEPT-10-LT-810-  |     |             |                    |

### Recommended Products

- 
**Choice 7" Neon Yellow Santoku Knife with Granton Edge**  
**\$11.49**
- 
**Avanti PE4B604 Mixer Dowel and Nut Set**  
**\$19.99**
- 
**3 Compartment Wire Caddy with 6 Oz. Cups and Shoppers**  
**\$15.99**
- 
**Regency 24" x 84" 14 Gauge Stainless Steel Floor Trough with**  
**\$2,968.00**
- 
**Avanti PE4B604 Mixer Dowel and Nut Set**  
**\$19.99**

Subtotal **\$11,130.89**


**Save with fast & FREE shipping on all eligible items**  
[Learn More](#)

Elite Tech LLC.  
P.O. Box 6622  
Shepherdsville, KY 40165 US  
dschmidt@elitetechky.com



**ELITE-TECH** LLC

## Estimate

### ADDRESS

Sarah S.  
Southwest Community  
Ministries  
8405 Terry Rd.  
Louisville, KY 40258

ESTIMATE # 1063

DATE 02/17/2021

EXPIRATION DATE 03/17/2021

| ACTIVITY   | QTY | RATE      | AMOUNT    |
|--|-----|-----------|-----------|
| <b>WIC</b><br>8'x10' walk in cooler. Price includes refrigeration equipment, pipe and other misc, materials to complete install.   | 1   | 13,834.00 | 13,834.00 |
| <b>Wall opening and concrete pad</b><br>Includes opening of wall, finishing opening and pouring of pad.  | 1   | 12,200.00 | 12,200.00 |
| <b>Labor</b><br>2 tech @ 40hrs ea  | 80  | 80.00     | 6,400.00T |
| Price is for complete finished install including relocation of Hvac unit behind building. 50% deposit will be required to order walk in cooler equipment as it is all special order with no cancellations. Remaining balance will be due within 15days of completion. Typical lead time is 5 weeks from order date for equipment |     |           |           |

|              |                    |
|--------------|--------------------|
| SUBTOTAL     | 32,434.00          |
| TAX (6%)     | 384.00             |
| <b>TOTAL</b> | <b>\$32,818.00</b> |



Foodservice Equipment & Smallwares  
 3110 Preston Hwy  
 Louisville, KY 40213  
 502-637-3232  
 800-467-6631  
 www.dinecompany.com  
 We Make Foodservice Easier

# Quote

11/02/2020

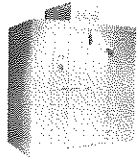
**Project:**  
 Southwest Christian Ministries-  
 Outdoor Walk In Cooler

**From:**  
 Dine Company  
 David Malthaner Jr.  
 PO Box 34038, Louisville, KY,  
 40232-4038  
 3110 Preston Highway  
 Louisville, KY 40213-1108  
 502-637-3232  
 502-637-3232 334 (Contact)

Job Reference Number: 12205

ANY PRICE CHANGES OR TARIFF CHARGES BY MFGs WILL RESULT  
 IN CHANGES TO THIS QUOTE

| Item               | Qty  | Description   | Sell        | Sell Total         |
|--------------------|------|---|-------------|--------------------|
| 1                  | 1 ea | <b>WALK IN COOLER, MODULAR, SELF-CONTAINED</b><br>Nor-Lake Model No. KODB77812-C<br>Kold Locker™, Outdoor +35°F Cooler, 8' x 12' x 7'-7" H, with floor, 26 gauge embossed coated steel interior & exterior finish, self-closing door, locking deadbolt handle, membrane roof, RCPB100JC-E-4-EV Capsule-Pak™ ceiling mount, 1 HP, 208-230v/60/1-ph | \$11,343.25 | \$11,343.25        |
|                    | 1 ea | Outdoor walk-ins shipping to the state of Florida or any other area requiring hurricane wind load ratings are NOT INCLUDED in the Kold Locker™ program, please contact factory for pricing  |             |                    |
|                    | 1 ea | Contact factory regarding lead times on walk-ins shipping to California, Washington or Oregon as these likely will require seismic restraints   |             |                    |
|                    | 1 ea | NOTE: A licensed electrician and refrigeration installer may be required to make all necessary refrigeration and electrical connections   |             |                    |
|                    | 1 ea | 18 Month Labor/Service and original equipment parts warranty  |             |                    |
|                    | 1 ea | 15 year original equipment panel warranty   |             |                    |
|                    | 1 ea | 5 year compressor warranty (net)  | \$119.84    | \$119.84           |
|                    | 1 ea | Optional 36" door width, lead time may be affected (not available on 6' and 6'7" high Kold Lockers)   | \$64.64     | \$64.64            |
|                    | 1 ea | 123113 Exterior Kick Plate, 36" wide x 30" high, stainless steel, installed   | \$99.11     | \$99.11            |
|                    | 1 ea | 123114 Interior Kick Plate, 36" wide x 30" high, stainless steel, installed   | \$90.97     | \$90.97            |
|                    | 1 ea | Door hinged on left   |             |                    |
|                    | 1 ea | 157751 24" LED light fixture (shipped loose)  | \$194.39    | \$194.39           |
|                    | 1 ea | Freight Region: Northeast (NET)   | \$560.00    | \$560.00           |
|                    | 1 ea | Freight Destination - (KY) Kentucky   |             |                    |
| <b>ITEM TOTAL:</b> |      |   |             | <b>\$12,472.20</b> |



| Item | Qty  | Description   | Sell                                 | Sell Total         |
|------|------|---|--------------------------------------|--------------------|
| 2    | 1 ea | <b>WALK IN COOLER, MODULAR, SELF-CONTAINED</b><br>Nor-Lake Model No. KODB77810-C<br>Kold Locker™, Outdoor +35°F Cooler, 8' x 10' x 7'-7" H, with floor, 26 gauge embossed coated steel interior & exterior finish, self-closing door, locking deadbolt handle, membrane roof, RCPB075JC-E-4-EV Capsule-Pak™ ceiling mount, 3/4 HP, 208-230v/60/1-ph | \$10,015.54                          | <Alternate>        |
|      | 1 ea | Outdoor walk-ins shipping to the state of Florida or any other area requiring hurricane wind load ratings are NOT INCLUDED in the Kold Locker™ program, please contact factory for pricing  |                                      | <Alternate>        |
|      | 1 ea | Contact factory regarding lead times on walk-ins shipping to California, Washington or Oregon as these likely will require seismic restraints   |                                      | <Alternate>        |
|      | 1 ea | NOTE: A licensed electrician and refrigeration installer may be required to make all necessary refrigeration and electrical connections   |                                      | <Alternate>        |
|      | 1 ea | 18 Month Labor/Service and original equipment parts warranty  |                                      | <Alternate>        |
|      | 1 ea | 15 year original equipment panel warranty   |                                      | <Alternate>        |
|      | 1 ea | 5 year compressor warranty (net)  | \$108.64                             | <Alternate>        |
|      | 1 ea | Optional 36" door width, lead time may be affected (not available on 6' and 6'7" high Kold Lockers)   | \$64.64                              | <Alternate>        |
|      | 1 ea | 123113 Exterior Kick Plate, 36" wide x 30" high, stainless steel, installed   | \$99.11                              | <Alternate>        |
|      | 1 ea | 123114 Interior Kick Plate, 36" wide x 30" high, stainless steel, installed   | \$90.97                              | <Alternate>        |
|      | 1 ea | Door hinged on left   |                                      | <Alternate>        |
|      | 1 ea | 157751 24" LED light fixture (shipped loose)  | \$194.39                             | <Alternate>        |
|      | 1 ea | Freight Region: Northeast (NET)   | \$560.00                             | <Alternate>        |
|      | 1 ea | Freight Destination - (KY) Kentucky   |                                      | <Alternate>        |
|      |      |   | <b>ITEM TOTAL: &lt;Alternate&gt;</b> | <b>\$11,133.29</b> |
| 5    | 1 ea | <b>FLASHING TO BUILDING</b><br>Custom Model No. FLASHING<br>Flash walk in opening to building opening   | \$200.00                             | \$200.00           |
|      |      |   | <b>ITEM TOTAL:</b>                   | <b>\$200.00</b>    |
| 3    |      | <b>INCLUDED ON THIS QUOTE-PROVIDED BY DINE COMPANY</b><br>Deliver and Assemble Walk In Cooler<br>Removal of Packaging and Waste Materials   |                                      |                    |
| 4    |      | <b>NOT INCLUDED ON THIS QUOTE-PROVIDED BY OTHERS</b><br>Concrete Work<br>Electrical Work-Rough Ins, wiring and connections<br>Masonry Work (opening in building will need to be 48"W and height to be determined based on concrete pad thickness)<br>Moving Gutter if Needed  |                                      |                    |

|              |             |
|--------------|-------------|
| Merchandise  | \$12,672.20 |
| Installation | \$1,800.00  |
| Subtotal     | \$14,472.20 |
| Total        | \$14,472.20 |

**TERMS AND CONDITIONS – DINE COMPANY – 3110 PRESTON HWY, LOUISVILLE, KY 40213**

- 1. PAYMENT TERMS:** Unless otherwise stated in the body of this quote, a down payment of (50%) of the quoted price ("Contract Price") of the equipment and fixtures (collectively, the "Equipment") less applicable state and local taxes is due upon signing this "Terms and Conditions of Sale" (the "Contract"). Equipment will not be ordered prior to signing of agreement and receipt of down payment. Balance of the Contract Price, including freight, applicable state and local sales tax, is due upon delivery of the Equipment. Should Dine Company be unable to deliver or install the Equipment due to the Purchaser's premises not being ready for a period of (30) days after Equipment is ready for delivery, the Purchaser agrees to pay the balance of the Contract Price, including freight charges whether the Equipment was delivered or not. Credit card payments may be accepted for payment, and a 3.25% merchant processing fee will be added to the total purchase price. Purchaser agrees to pay storage fees and re-delivery charges if the Equipment cannot be delivered on the scheduled trip. Dine Company shall retain title to the Equipment until paid in full, and Purchaser also grants Dine Company a security interest in the Equipment.
- 2. DELAYS:** Delay in Equipment delivery due to, but not limited to, factory error, shipping error (on part of factory or carrier), strikes, and acts of God shall not be the responsibility of Dine Company and in no event shall Dine Company be liable for any damages, including but not limited to special or consequential damages. Delivery delays beyond 30 days from planned date requires Dine Company to store and handle the Equipment. Purchaser will be responsible for a storage and handling fee prorated daily and based on a price not to exceed \$500.00 per month. **PROJECTED DELIVERY DATE:** \_\_\_\_\_ **Initial** \_\_\_\_\_
- 3. DAMAGE FREIGHT LIABILITY:** Dine Company shall have no liability for damaged Equipment drop shipped from the manufacturer to Purchaser. If any Equipment arrives in damaged condition, Purchaser should not accept it unless the transportation carrier acknowledges the damage on the freight bill. In the event of concealed damage, the Purchaser shall immediately call the delivering carrier for a concealed damage inspection and save the original packing box. Purchaser shall notify Dine Company the same day of any damage. Under no conditions are deductions to be made from the Dine Company's invoice for any damage, loss, breakage or shortage. Reporting damage is the responsibility of the Purchaser (customer), not Dine Company.
- 4. CANCELLATION AND RESTOCKING:** Should Purchaser elect to cancel the order after the signing of the Contract and payment of the initial down payment, the Purchaser agrees to a cancellation charge of up to (15%) of the net value of the subject order to cover Dine Company's invested cost of specifying, engineering, drawing and order processing. Should Purchaser elect to change his order after Dine Company's placement of its order to specified manufacturer(s), then Purchaser agrees to pay Dine Company the proportionate amount of fabrication completed at that time, up to (100%) of the net value of Purchaser's order, plus any freight charges that may occur due to Purchaser's cancellation. All other Equipment and supplies will be subject to a 50% restocking charge plus return freight charges. No returns accepted after 30 days from invoice date.
- 5. NEW EQUIPMENT-EXCLUSION OF WARRANTIES:** All new Equipment is sold with the manufacturer's warranty only. There are no warranties of either merchantability or fitness for a particular purpose use. In any event, Dine Company shall not be responsible for any damages, including but not limited to special, consequential, direct or indirect. The manufacturer or its authorized Representative is solely responsible for warranty work.
- 6. RECONDITIONED USED EQUIPMENT-WARRANTIES:** Unless otherwise provided on the sales invoice or a manufacturer's warranty has been transferred to Purchaser, all reconditioned used equipment is sold with a 30 days parts and labor warranty, excluding travel and overtime.
- 7. INSTALLATION SERVICE:** Installation services are to include receiving, warehousing, delivery to Purchaser's premises, uncrating, and setting-in-place ready for final connection by others. Refrigeration piping, if any, is to be the responsibility of the Purchaser unless specified above. Exhaust system duct work, material and labor, if any, is the responsibility of the Purchaser unless specified above. Purchaser shall also be responsible of the HVAC balancing after the exhaust hood is installed. Plumbing and electrical rough-ins or final connection are not provided by Dine Company and shall be the responsibility of the Purchaser, Contractor or Sub-Contractors (not Dine Company) are responsible for conforming to all prevailing codes: i.e. electrical, plumbing, health etc. and extra charges will be applied if changes are required to include local code requirements. Purchaser is responsible for delivered property and services for insuring and securing against loss due to theft, fire, damage or acts of God. **Initial** \_\_\_\_\_
- 8. INSTALLATION CHARGES:** Labor charges are based on straight time for eight (8) hours, including travel

time, in (24) hours day and time and one half for any hours incurred above (8) hours in the same (24) hour day. The Purchaser agrees to reimburse Dine Company for truck expenses, meals and lodging required to transport and install the Equipment unless otherwise specified above. Change orders will be invoiced as additional expenses.

9. **FREIGHT CHARGES:** Unless otherwise noted, freight charges are not computed in quoted Equipment prices. These shall be added on and are the responsibility of the Purchaser.

10. **TAXES:** Unless noted, State and local taxes are not in quoted Equipment prices. These shall be added on and are the responsibility of the Purchaser.

11. **FINANCE CHARGES:** Unpaid past due balances will be charged 1½% per month.

12. **LEGAL FEES:** The Purchaser is responsible for attorney's fees, and other fees or costs associated with litigation or other efforts incurred to collect any amount due under this Contract.

13. **MODIFICATION OF AGREEMENT:** No provision of this Contract may be modified in whole or part except by a written agreement executed by Purchaser and a duly authorized officer of Dine Company.

Standard Pre-payment with order is 50% for purchases from \$250-\$75,000 and 30% for purchases over \$75,000 with subsequent progress payments. Balance due at time of delivery unless otherwise stated in body of the quote.

Progress payments are due upon payment request and/or as noted below.

I have read item #2 and agree: PROJECTED DELIVERY DATE: \_\_\_\_\_ Initial \_\_\_\_\_

I have read item #7 and agree: Initial \_\_\_\_\_

Project Total: \$ \_\_\_\_\_

Payment Terms: \$ \_\_\_\_\_ (deposit) - Paid on \_\_\_\_\_; Check # \_\_\_\_\_

\$ \_\_\_\_\_ Due on \_\_\_\_\_

\$ \_\_\_\_\_ Due on \_\_\_\_\_

\$ \_\_\_\_\_ Due upon completion

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted and approved by (Signature): \_\_\_\_\_

Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Project Grand Total: \$14,472.20

Internal Revenue Service  
District Director

Department of the Treasury

Date: AUG 25 1987

Southwest Community Ministries  
8504 Terry Road  
Louisville, KY 40258  
502-935-0310

Employer Identification Number:  
62-1257195  
Case Number:  
310054838  
Person to Contact:  
Dale Pepper  
Contact Telephone Number:  
513-684-3578  
Accounting Period Ending:  
December 31  
Form 990 Required:  Yes  No

Exempt Applee: No

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

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

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

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

(over)

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below is an integral part of the letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

  
District Director



# Southwest Community Ministries

Budget vs. Actuals: FY\_2020\_2021 - FY21 P&L

July 2020 - June 2021

|                                      | TOTAL               |                     |
|--------------------------------------|---------------------|---------------------|
|                                      | ACTUAL              | BUDGET              |
| <b>Revenue</b>                       |                     |                     |
| Donations                            |                     |                     |
| Restricted Donations                 |                     |                     |
| 700 Individuals                      | 7,970.00            | 5,000.00            |
| 701 Churches                         | 11,420.00           | 10,000.00           |
| 703 Business                         |                     | 15,000.00           |
| 705 Winterhelp (CWH)                 | 8,048.00            | 15,000.00           |
| 706 LG&E Pilot Program               |                     | 12,000.00           |
| 707 NonCash (Gift Cards)             | 2,500.00            | 5,000.00            |
| 709 Non-Profit Organizations         | 314,368.06          | 75,000.00           |
| <b>Total Restricted Donations</b>    | <b>344,306.06</b>   | <b>137,000.00</b>   |
| Unrestricted Donation                |                     |                     |
| 800 Individuals                      | 10,387.00           | 15,000.00           |
| 801 Churches                         | 9,339.34            | 10,000.00           |
| 803 Business                         | 1,234.54            | 8,000.00            |
| 804 Catholic Health (CHI)            | 2,000.00            | 12,000.00           |
| 806 LG&E Pilot Program - Admin       |                     | 1,266.00            |
| 809 Non-Profit Organizations - Admin | 11,028.59           | 8,000.00            |
| <b>Total Unrestricted Donation</b>   | <b>33,989.47</b>    | <b>54,266.00</b>    |
| <b>Total Donations</b>               | <b>378,295.53</b>   | <b>191,266.00</b>   |
| Fundraising Income                   |                     |                     |
| 2 Lenten Services                    |                     | 1,000.00            |
| 3 Other Fundraising Events           | 17,701.88           | 48,334.00           |
| 4 Outsourced Fundraising             | 18,813.04           | 15,000.00           |
| <b>Total Fundraising Income</b>      | <b>36,514.92</b>    | <b>64,334.00</b>    |
| Metro - MOW Service Contract         | 1,531.45            | 10,000.00           |
| Metro Grants                         |                     |                     |
| 708 Metro Grant                      | 45,700.00           | 23,000.00           |
| 808 Metro Grant - Admin              |                     | 67,700.00           |
| <b>Total Metro Grants</b>            | <b>45,700.00</b>    | <b>90,700.00</b>    |
| <b>Total Revenue</b>                 | <b>\$462,041.90</b> | <b>\$356,300.00</b> |
| <b>GROSS PROFIT</b>                  | <b>\$462,041.90</b> | <b>\$356,300.00</b> |
| <b>Expenditures</b>                  |                     |                     |
| Administrative Expenses              |                     |                     |
| Audit & Accounting                   | 8,872.07            | 6,000.00            |
| Business Insurance - All             | 8,905.42            | 11,000.00           |
| Depreciation Expense                 |                     | 10,000.00           |
| Fundraising Expenses                 | 45.00               |                     |
| Fundraising Events & Fees            | 2,064.49            | 7,000.00            |
| <b>Total Fundraising Expenses</b>    | <b>2,109.49</b>     | <b>7,000.00</b>     |
| Marketing - ads, brochure, etc       |                     | 2,500.00            |

# Southwest Community Ministries

Budget vs. Actuals: FY\_2020\_2021 - FY21 P&L

July 2020 - June 2021

|  | TOTAL             |                   |
|--|-------------------|-------------------|
|  | ACTUAL            | BUDGET            |
| Membership Fees/Dues/Classes                   | 496.00            | 2,500.00          |
| Mileage  | 163.42            | 1,500.00          |
| Networking - help, advice, etc.                |                   | 500.00            |
| Occupancy Costs                                |                   |                   |
| Hosting/Maintenance of Website                 | 769.17            | 1,000.00          |
| Internet - Phones (TW Spectrum)                | 2,231.73          | 4,000.00          |
| LG&E (Both Buildings)                          | 5,046.66          | 10,000.00         |
| Misc. Occupancy Expense                        | 1,802.29          | 500.00            |
| Trash & Recycling Pickup                       | 592.60            | 1,000.00          |
| Water (Both Buildings)                         | 1,814.00          | 5,000.00          |
| <b>Total Occupancy Costs</b>                   | <b>12,256.45</b>  | <b>21,500.00</b>  |
| Office Expenses                                | 67.26             |                   |
| Bank Fees                                      | 91.07             | 150.00            |
| Furniture, computer, etc                       | 4,080.96          | 2,500.00          |
| Office Supplies                                | 1,603.16          | 1,500.00          |
| Postage  | 190.59            | 1,000.00          |
| <b>Total Office Expenses</b>                   | <b>6,033.04</b>   | <b>5,150.00</b>   |
| Personnel Costs                                |                   |                   |
| Insurances (Aflac)                             | 426.20            | 2,100.00          |
| Payroll - Salaries                             | 52,525.16         | 110,000.00        |
| Payroll Service Fee                            | 17.50             | 1,300.00          |
| Payroll Taxes                                  | 3,968.91          | 30,000.00         |
| <b>Total Personnel Costs</b>                   | <b>56,937.77</b>  | <b>143,400.00</b> |
| Repairs & Maintenance                          |                   |                   |
| Contractor Charges                             | 282.00            | 1,500.00          |
| Misc. Repairs                                  |                   | 5,550.00          |
| Repair Parts or supplies, etc.                 | 37.49             | 2,000.00          |
| Van Maintenance & Repairs                      | 1,605.02          |                   |
| Fuel for Van                                   | 117.21            | 300.00            |
| <b>Total Van Maintenance &amp; Repairs</b>     | <b>1,722.23</b>   | <b>300.00</b>     |
| <b>Total Repairs &amp; Maintenance</b>         | <b>2,041.72</b>   | <b>9,350.00</b>   |
| <b>Total Administrative Expenses</b>           | <b>97,815.38</b>  | <b>220,400.00</b> |
| Payroll Expenses                               | 32,246.61         |                   |
| Program Expenses                               | 63.59             |                   |
| 60100 Direct Financial Assistance              | 1,170.00          |                   |
| LGE  | 17,882.00         | 60,000.00         |
| Rent   | 255,061.41        | 23,000.00         |
| Water Company                                  | 28,779.00         | 25,000.00         |
| <b>Total 60100 Direct Financial Assistance</b> | <b>302,892.41</b> | <b>108,000.00</b> |
| 60200 Direct Non-cash Assistance               | 259.07            |                   |
| Background Checks                              | 160.00            |                   |

# Southwest Community Ministries

Budget vs. Actuals: FY\_2020\_2021 - FY21 P&L

July 2020 - June 2021

|                               | TOTAL               |                     |
|-------------------------------|---------------------|---------------------|
|                               | ACTUAL              | BUDGET              |
| Client Gifts                  | 9.52                | 5,000.00            |
| Food                          | 2,962.19            | 7,000.00            |
| MOW - Mileage                 | 164.58              | 600.00              |
| MOW Specific Purchases        |                     | 500.00              |
| Other Programs (W4W, Kosair)  |                     | 5,000.00            |
| Pilot Program                 | 3,461.00            | 200.00              |
| Program Supplies              |                     | 2,000.00            |
| Volunteer Appreciation        | 20.00               | 500.00              |
| <b>Total Program Expenses</b> | <b>309,992.36</b>   | <b>128,800.00</b>   |
| Reimbursements                | 390.00              |                     |
| <b>Total Expenditures</b>     | <b>\$440,444.35</b> | <b>\$349,200.00</b> |
| <b>NET OPERATING REVENUE</b>  | <b>\$21,597.55</b>  | <b>\$7,100.00</b>   |
| <i>Other Revenue</i>          |                     |                     |
| Bank Interest Earned          | 17.49               |                     |
| <b>Total Other Revenue</b>    | <b>\$17.49</b>      | <b>\$0.00</b>       |
| <b>NET OTHER REVENUE</b>      | <b>\$17.49</b>      | <b>\$0.00</b>       |
| <b>NET REVENUE</b>            | <b>\$21,615.04</b>  | <b>\$7,100.00</b>   |

Southwest Community Ministries Inc.  
**Profit & Loss Budget Performance**  
 20/21 Budget

3:26 PM  
 05/15/2020  
 Accrual Basis

|                                     | <u>Annual Budget</u> | <u>Proposed Budget</u> |
|-------------------------------------|----------------------|------------------------|
| <b>Ordinary Income/Expense</b>      |                      |                        |
| <b>Income</b>                       |                      |                        |
| <b>Donations</b>                    |                      |                        |
| <b>Restricted Donations</b>         |                      |                        |
| 700 · Individuals                   | 11,000.00            | 5,000                  |
| 701 · Churches                      | 8,000.00             | 10,000                 |
| 703 · ACM                           | 45,000.00            | 55,000                 |
| 704 · Business                      | 24,000.00            | 15,000                 |
| 705 · Catholic Health (CHI)         | 0.00                 | 0                      |
| 706 · Winterhelp (CWH)              | 15,000.00            | 15,000                 |
| 708 · LG&E Pilot Program            | 12,000.00            | 12,000                 |
| 709 · NonCash (Gift Cards)          | 3,500.00             | 5,000                  |
| 710 · Metro Grant - EA Distribution | 23,000.00            | 23,000                 |
| 712 · Other Grants                  | 5,000.00             | 20,000                 |
| <b>Restricted Donations - Other</b> | 0.00                 | 0                      |
| <b>Total Restricted Donations</b>   | <u>146,500.00</u>    | <u>160,000</u>         |
| <b>Unrestricted Donation</b>        |                      |                        |
| 800 · Individuals                   | 10,000.00            | 15,000                 |
| 801 · Churches                      | 5,000.00             | 10,000                 |
| 803 · ACM - Admin                   | 5,000.00             | 6,500                  |
| 804 · Business                      | 5,000.00             | 8,000.00               |
| 805 · Catholic Health (CHI)         | 12,000.00            | 12,000.00              |
| 806 · Winterhelp - Admin            | 0.00                 | 0                      |
| 808 · LG&E Pilot Program - Admin    | 1,266.00             | 1,266.00               |
| 809 · NonCash (Gift Cards)          | 0.00                 | 0                      |
| 810 · Metro Grant - Admin           | 67,700.00            | 67,700.00              |
| 812 · Other Grants                  | 2,500.00             | 8,000.00               |
| <b>Total Unrestricted Donation</b>  | <u>108,466.00</u>    | <u>128,466</u>         |
| <b>Total Donations</b>              | <u>254,966.00</u>    | <u>288,466</u>         |
| <b>Fundraising Income</b>           |                      |                        |
| 1 · Annual Dinner                   |                      |                        |
| Dinner Sponsor                      | 40,000.00            | 0                      |
| 1 · Annual Dinner - Other           | 20,000.00            | 0                      |
| <b>Total 1 · Annual Dinner</b>      | <u>60,000.00</u>     | <u>0</u>               |
| 3 · Lenten Services                 | 1,000.00             | 1,000.00               |
| 4 · Other Fundraising Events        | 36,834.00            | 48,334.00              |
| 6 · Outsourced Fundraising          |                      | 15,000.00              |
| <b>Total Fundraising Income</b>     | <u>97,834.00</u>     | <u>64,334</u>          |
| Metro - MOW Service Contract        | 10,000.00            | 10,000.00              |

|              |            |         |
|--------------|------------|---------|
| Total Income | 362,800.00 | 362,800 |
| Gross Profit | 362,800.00 | 362,800 |

## Expense

|   |                   |                   |
|---|-------------------|-------------------|
| <b>Administrative Expenses</b>            |                   |                   |
| Audit & Accounting                        | 6,000.00          | 6,000             |
| Business Insurance - All                  | 10,500.00         | 11,000            |
| Depreciation Expense                      | 13,205.00         | 10,000            |
| Fundraising Expenses                      |                   |                   |
| Annual Dinner                             | 7,000.00          | 0                 |
| Fundraising Events & Fees                 | 2,000.00          | 7,000             |
| Lenten Lunches                            | 0.00              | 0                 |
| Fundraising Expenses - Other              | 0.00              | 0                 |
| <b>Total Fundraising Expenses</b>         | <b>9,000.00</b>   | <b>34,000</b>     |
| Marketing - ads, brochure, etc            | 2,500.00          | 2,500             |
| Membership Fees/Dues/Classes              | 2,500.00          | 2,500             |
| Mileage                                   | 1,500.00          | 1,500             |
| Misc/Other General                        | 500.00            | 500               |
| Networking - help, advice, etc.           | 200.00            | 500               |
| Occupancy Costs                           |                   |                   |
| Hosting/Maintenance of Website            | 900.00            | 1,000             |
| Internet - Phones (TW Spectrum)           | 4,000.00          | 4,000             |
| LG&E (Both Buildings)                     | 10,000.00         | 10,000            |
| Misc. Occupancy Expense                   | 700.00            | 500               |
| Trash Pickup                              | 600.00            | 1,000.00          |
| Water (Both Buildings)                    | 5,000.00          | 5,000.00          |
| Occupancy Costs - Other                   | 0.00              | 0                 |
| <b>Total Occupancy Costs</b>              | <b>21,200.00</b>  | <b>21,500</b>     |
| Office Expenses                           |                   |                   |
| Bank Fees                                 | 144.00            | 150               |
| Furniture, computer, etc                  | 5,000.00          | 2,500.00          |
| Office Supplies                           | 1,500.00          | 1,500.00          |
| Postage                                   | 1,000.00          | 1,000.00          |
| <b>Total Office Expenses</b>              | <b>7,644.00</b>   | <b>5150</b>       |
| Personnel Costs                           |                   |                   |
| Insurances (Aflac-staff paid)             | 2,000.00          | 1,100.00          |
| Payroll - Salaries                        | 108,932.00        | 110,000.00        |
| Payroll Service Fee                       | 1,200.00          | 1,300.00          |
| Payroll Taxes                             | 37,200.00         | 30,000.00         |
| Special / Incentives                      | 0.00              | 0                 |
| Personnel Costs - Other (Aflac SWCM Pays) |                   | 1,000             |
| <b>Total Personnel Costs</b>              | <b>149,332.00</b> | <b>143,400.00</b> |
| Repairs & Maintenance                     |                   |                   |

|   |            |            |
|---|------------|------------|
| Contractor Charges                        | 2,000.00   | 1,500.00   |
| Misc. Repairs                             | 36,834.00  | 5,550.00   |
| Repair Parts or supplies, etc.            | 5,000.00   | 2,000.00   |
| Repairs & Maintenance - Other             | 0.00       | 0          |
| Total Repairs & Maintenance               | 43,834.00  | 9,050.00   |
| Total Administrative Expenses             | 267,915.00 | 179,100    |
| Allocated Costs                           | 0.00       |            |
| OLD Winterhelp (CWH) entries              | 0.00       |            |
| Program Expenses                          |            |            |
| Back To School Supplies                   | 2,225.00   | 2,000.00   |
| Food Pantry                               | 300.00     | 7,000.00   |
| Kids Christmas                            | 2,500.00   | 5,000.00   |
| Mileage - MOW                             | 600.00     | 600        |
| Misc Expenses                             | 0.00       | 0          |
| MOW Specific                              |            | 500        |
| Other Programs (W4W, Kosair)              | 0.00       | 5,000.00   |
| Pilot Program                             |            | 200        |
| 60100 - Direct Financial Assistance       |            |            |
| Misc. Client Expenses                     | 0.00       | 0          |
| Rent                                      | 11,500.00  | 23,000.00  |
| Utilities                                 |            |            |
| Utilities - LGE                           | 56,500.00  | 60,000.00  |
| Utilities - Water Company                 | 20,000.00  | 25,000.00  |
| Utilities - Other                         | 0.00       | 0          |
| Total Utilities                           | 76,500.00  | 85,000.00  |
| 60100 - Direct Financial Assistance - Of  | 0.00       | 0          |
| Total 60100 - Direct Financial Assistance | 88,000.00  | 108,000.00 |
| 60200 - Direct Non-cash Assistance        | 0.00       | 0          |
| Total Program Expenses                    | 93,625.00  | 128,300.00 |
| Van Maintenance & Repairs                 |            |            |
| Fuel for Van                              | 300.00     | 300        |
| Van Maintenance & Repairs - Other         | 300.00     | 300        |
| Total Van Maintenance & Repairs           | 600.00     | 600        |
| Volunteer Appreciation                    | 300.00     | 500        |
| Total Expense                             | 362,440.00 | 362,800    |
| Net Ordinary Income                       | 360.00     | 0          |

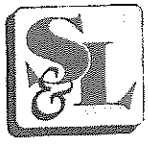
362,800 is the magic number we have to hit

**SOUTHWEST COMMUNITY MINISTRIES  
AUDITED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2020**

## TABLE OF CONTENTS

|  | <b>Page</b> |
|--|-------------|
| Independent Auditor's Report                     | 1           |
| Statement of Financial Position                  | 2           |
| Statement of Activities                          | 3           |
| Statement of Cash Flows                          | 4           |
| Statement of Functional Activities by Department | 5           |
| Notes to the Financial Statements                | 6           |





**STEPHENS  
& LAWSON**  
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Southwest Community Ministries

We have audited the accompanying financial statements of Southwest Community Ministries (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities cash flows and statement of functional activities by department for the year 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 Southwest Community Ministries as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Stephens & Lawson CPAs

Louisville, Kentucky  
December 15, 2020

**SOUTHWEST COMMUNITY MINISTRIES**  
**STATEMENT OF FINANCIAL POSITION**  
**June 30, 2020**

**ASSETS**

**CURRENT ASSETS**

|   |    |               |            |
|---|----|---------------|------------|
|   | \$ | 163,043       |            |
| Cash - Without Donor Restrictions                                 |    | 38,245        |            |
| Cash - With Donor Restrictions for Assistance to Specified Groups |    | 137,787       |            |
| Money Market Accounts   |    | 1,531         |            |
| Accounts Receivable   |    | <u>11,271</u> |            |
| Gift Card Inventory   |    |               | \$ 351,877 |
| <b>Total Current Assets</b>                                       |    |               |            |

**PROPERTY AND EQUIPMENT**

|                                   |    |                  |                   |
|-----------------------------------|----|------------------|-------------------|
|                                   | \$ | 30,674           |                   |
| Land                              |    | 381,003          |                   |
| Depreciable Fixed Assets          |    | <u>(101,139)</u> |                   |
| Accumulated Depreciation          |    |                  | <u>310,538</u>    |
| <b>Net Property and Equipment</b> |    |                  | <u>\$ 662,415</u> |

**TOTAL ASSETS**

**LIABILITIES AND NET ASSETS**

**CURRENT LIABILITIES**

|                                  |    |               |           |
|----------------------------------|----|---------------|-----------|
|                                  | \$ | 7,658         |           |
| Payroll Related Liabilities      |    | <u>27,200</u> |           |
| COVID Program Liabilities        |    |               | \$ 34,858 |
| <b>Total Current Liabilities</b> |    |               |           |

**NET ASSETS**

|                                       |  |               |                   |
|---------------------------------------|--|---------------|-------------------|
|                                       |  | 589,312       |                   |
| Net Assets Without Donor Restrictions |  | <u>38,245</u> |                   |
| Net Assets With Donor Restrictions    |  |               | <u>627,557</u>    |
| <b>Total Net Assets</b>               |  |               | <u>\$ 662,415</u> |

**TOTAL LIABILITIES AND NET ASSETS**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS  
 -2-

**SOUTHWEST COMMUNITY MINISTRIES**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

|                                       | <u>Without Donor</u><br><u>Restrictions</u> | <u>With Donor</u><br><u>Restrictions</u> | <u>Total</u>      |
|---------------------------------------|---|--|-------------------|
| <b>SUPPORT AND REVENUE</b>            |   |  |                   |
| Donations:                            |   |  |                   |
| Churches                              | \$ 13,633                                   | \$ 16,370                                | \$ 30,003         |
| Individuals                           | 32,094                                      | 5,526                                    | 37,620            |
| Non Cash Donations                    | 27,228                                      | -  | 27,228            |
| Other Organizations                   | 29,275                                      | 222,495                                  | 251,770           |
| Special Events                        | 52,623                                      | -  | 52,623            |
| Outsourced Fundraising                | 3,471                                       | -  | 3,471             |
| Fee for Service                       | 12,872                                      | -  | 12,872            |
| Governmental Funding                  | 86,450                                      | 30,000                                   | 116,450           |
| Interest                              | 159   | -  | 159               |
| Net Assets Released from Restrictions |   |  |                   |
| By Satisfaction of Donor Imposed      |   |  |                   |
| Restrictions                          | 244,677                                     | (244,677)                                | -                 |
| Total Support and Revenue             | <u>502,482</u>                              | <u>29,714</u>                            | <u>532,196</u>    |
| <b>FUNCTIONAL EXPENSES</b>            |   |  |                   |
| Program Services                      |   |  |                   |
| Children's Programs                   | 23,215                                      | -  | 23,215            |
| Emergency Assistance                  | 105,374                                     | -  | 105,374           |
| Metro Formula Grant                   | 91,290                                      | -  | 91,290            |
| Meals on Wheels                       | 21,907                                      | -  | 21,907            |
| Food Programs                         | 23,267                                      | -  | 23,267            |
| W4W Grant                             | 2,084                                       | -  | 2,084             |
| Utility Assistance Programs           | 134,240                                     | -  | 134,240           |
| General and Supporting Services       | 37,224                                      | -  | 37,224            |
| Fundraising                           | 31,213                                      | -  | 31,213            |
| Total functional Expenses             | <u>469,814</u>                              | <u>-</u>                                 | <u>469,814</u>    |
| CHANGE IN NET ASSETS                  | 32,668                                      | 29,714                                   | 62,382            |
| NET ASSETS BEGINNING OF YEAR          | <u>556,644</u>                              | <u>8,531</u>                             | <u>565,175</u>    |
| NET ASSETS AT END OF YEAR             | <u>\$ 589,312</u>                           | <u>\$ 38,245</u>                         | <u>\$ 627,557</u> |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

**SOUTHWEST COMMUNITY MINISTRIES  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2020**

**CASH FLOWS FROM OPERATING ACTIVITIES:**

|   |               |
|---|---------------|
|   | \$ 62,382     |
| Change in Net Assets  |               |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: |               |
| Depreciation  | 17,643        |
| (Increase) Decrease in:   | 5,969         |
| Accounts Receivable   | (4,078)       |
| Gift Card Inventory   |               |
| Increase (Decrease) in:   | (12,500)      |
| Accounts Payable  | (2,441)       |
| Accrued Payroll Costs   | <u>66,975</u> |
| <b>NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</b>                                     |               |

**CASH FLOWS FROM INVESTING ACTIVITIES:**

|   |                |
|---|----------------|
| Fixed Asset Purchases                                   | <u>(8,381)</u> |
| <b>NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES</b> | <u>(8,381)</u> |

**CASH FLOWS FROM FINANCING ACTIVITIES:**

|   |               |
|---|---------------|
| Proceeds from COVID Programs                            | <u>27,200</u> |
| <b>NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES</b> | <u>27,200</u> |

**INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS**

85,794

**CASH & CASH EQUIVALENTS AT BEGINNING OF YEAR**

\$ 253,281

**CASH & CASH EQUIVALENTS AT END OF YEAR**

\$ 339,075

|   |             |
|---|-------------|
| Non-Cash Contribution of Gift Cards       | \$ 13,450   |
| Other Non Cash Donations                  | \$ 13,778   |
| Non-Cash Expenditures (Use of Gift Cards) | \$ (9,373)  |
| Use of Other Non-cash Donations           | \$ (13,778) |
| Interest Paid                             | \$ -        |
| Income Taxes Paid                         | \$ -        |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

**SOUTHWEST COMMUNITY MINISTRIES  
STATEMENT OF FUNCTIONAL ACTIVITIES BY DEPARTMENT  
FOR THE YEAR ENDED JUNE 30, 2020**

|                                | Program Activities  |                  |                      |                     |                 |               |            |                             |                   |           | Supporting Activities           |                     |           |        |
|--------------------------------|---------------------|------------------|----------------------|---------------------|-----------------|---------------|------------|-----------------------------|-------------------|-----------|---------------------------------|---------------------|-----------|--------|
|                                | Children's Programs | Capital Campaign | Emergency Assistance | Memo. Formula Grant | Meals on Wheels | Food Programs | WAW Grant  | Utility Assistance Programs | Program Subtotals | Furniture | General and Supporting Services | Supporting Services | Supplies  | Tenets |
| <b>SUPPORT AND REVENUE</b>     |                     |                  |                      |                     |                 |               |            |                             |                   |           |                                 |                     |           |        |
| Donations:                     | \$ 25               | \$ -             | \$ 16,345            | \$ -                | \$ 1,480        | \$ -          | \$ -       | \$ -                        | \$ 17,850         | \$ -      | \$ 12,153                       | \$ 12,153           | \$ 30,003 |        |
| Churches                       | 875                 | -                | 1,750                | -                   | -               | 401           | -          | -                           | 3,026             | -         | 34,594                          | 34,594              | 37,620    |        |
| Individuals                    | 32,900              | -                | 52,415               | -                   | -               | 10,047        | 104,336    | -                           | 199,698           | -         | 52,072                          | 52,072              | 251,770   |        |
| Other Organizations            | 8,496               | -                | 1,062                | -                   | -               | 9,200         | -          | -                           | 18,758            | 5,498     | 2,972                           | 8,470               | 27,228    |        |
| Non Cash Donations             | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 12,872                          | 12,872              | 12,872    |        |
| Fee for Service                | -                   | -                | 25,750               | 23,000              | -               | -             | -          | -                           | 48,750            | -         | 67,700                          | 67,700              | 116,450   |        |
| Governmental Funding           | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 159                             | 159                 | 159       |        |
| Interest                       | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | 3,471     | -                               | 3,471               | 3,471     |        |
| Outsourced Fundraising         | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | 52,623    | -                               | 52,623              | 52,623    |        |
| Special Events                 | -                   | -                | 97,372               | 23,000              | 1,480           | 19,648        | -          | 104,336                     | 288,082           | 61,592    | 182,522                         | 244,114             | 532,196   |        |
| Total Support and Revenue      | 42,296              | -                | 97,372               | 23,000              | 1,480           | 19,648        | -          | 104,336                     | 288,082           | 61,592    | 182,522                         | 244,114             | 532,196   |        |
| <b>FUNCTIONAL EXPENSES</b>     |                     |                  |                      |                     |                 |               |            |                             |                   |           |                                 |                     |           |        |
| Accounting & Auditing          | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 5,650                           | 5,650               | 5,650     |        |
| Advertising & Public Relations | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 2,396                           | 2,396               | 2,396     |        |
| Depreciation                   | -                   | -                | 81,853               | 36,908              | -               | -             | -          | 110,664                     | 231,495           | -         | 17,643                          | 17,643              | 17,643    |        |
| Direct Cash Assistance         | -                   | -                | 1,162                | -                   | 84              | 5,123         | 14         | 2,070                       | 19,673            | -         | -                               | -                   | 231,495   |        |
| Direct Non Cash Assistance     | 13,290              | -                | -                    | -                   | -               | -             | -          | -                           | -                 | 17,270    | -                               | 17,270              | 17,270    |        |
| Direct Special Event Costs     | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 1,689                           | 1,689               | 1,689     |        |
| Dues & Fees                    | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 10,885                          | 10,885              | 10,885    |        |
| Insurance                      | -                   | -                | -                    | -                   | -               | -             | -          | -                           | -                 | -         | 1,070                           | 1,070               | 1,665     |        |
| Mileage Allowances             | -                   | -                | -                    | -                   | 595             | -             | -          | -                           | 595               | -         | 7,976                           | 10,263              | 20,101    |        |
| Occupancy Costs                | 1,570               | -                | 3,613                | -                   | 55              | 776           | -          | 3,874                       | 9,838             | 2,287     | 7,862                           | 7,888               | 8,874     |        |
| Office Expense                 | 2,977               | -                | 6,371                | -                   | 31              | 955           | -          | 6,435                       | 105,041           | 3,798     | 20,224                          | 24,022              | 129,063   |        |
| Personnel Costs                | -                   | -                | -                    | 54,382              | 20,899          | 13,977        | -          | -                           | 105,041           | -         | 3,335                           | 3,335               | 3,335     |        |
| Repairs & Maintenance          | -                   | -                | -                    | -                   | 55              | -             | -          | -                           | 55                | -         | 19                              | 19                  | 74        |        |
| Volunteer Appreciation         | -                   | -                | 12,375               | -                   | 188             | 2,486         | -          | 13,267                      | 33,694            | 7,832     | (41,525)                        | (33,694)            | -         |        |
| Allocated Expenses             | 5,378               | -                | 105,374              | 91,290              | 21,907          | 23,267        | 2,084      | 134,240                     | 401,377           | 31,215    | 37,224                          | 68,437              | 469,814   |        |
| TOTAL EXPENSES                 | 23,215              | -                | 105,374              | 91,290              | 21,907          | 23,267        | 2,084      | 134,240                     | 401,377           | 31,215    | 37,224                          | 68,437              | 469,814   |        |
| CHANGE IN NET ASSETS           | \$ 19,081           | \$ -             | \$ (8,052)           | \$ (68,290)         | \$ (20,427)     | \$ (3,619)    | \$ (2,084) | \$ (29,904)                 | \$ (113,295)      | \$ 30,379 | \$ 145,298                      | \$ 175,677          | \$ 62,382 |        |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

**SOUTHWEST COMMUNITY MINISTRIES**  
**NOTES TO THE FINANCIAL STATEMENTS**  
June 30, 2020

**NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of Southwest Community Ministries is presented to assist in understanding the Ministry's financial statements.

*Nature of Activities*

Southwest Community Ministries (the Ministry) is a private non-profit Ministry organized in 1984 under IRS section 501 (c)(3). The purpose of the Ministry is to provide assistance to individuals facing financial hardship. Its primary sources of revenue are governmental funding and voluntary donations from individuals and organizations within the Metro Louisville Kentucky area.

*Basis of Accounting*

The financial statements of Southwest Community Ministries have been prepared on the accrual basis. To ensure observance of limitations and restrictions placed on the use of resources available to the Ministry, the accounts are maintained by categorizing all transactions based on the program service for which the transactions have been initiated and according to the restrictions of current accounting standards.

*Basis of Presentation*

The Ministry reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets with donor restrictions and net assets without donor restrictions.

Net assets without donor restrictions are resources available to support operations. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Ministry, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations.

Net assets with donor restriction are resources that are restricted by a donor for use for a particular purpose or in a particular future period. The Ministry's unspent contributions are reported in this class if the donor limited their use, as are promised contributions that are not yet due.

Contributions of property and equipment or cash restricted to acquisition of property and equipment are reported as net assets with donor restriction if the donor has restricted the use of the property or equipment to a particular program. If donors specify a length of time over which the property or equipment must be used, the restrictions expire evenly over the required period. Absent that type of restriction for use, the Ministry considers the restriction met when the assets are placed in service.

When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

**SOUTHWEST COMMUNITY MINISTRIES**  
**NOTES TO THE FINANCIAL STATEMENTS**  
June 30, 2020

**NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED**

*Compensated Absences*

Employees of the Ministry are entitled to paid vacation, paid sick days, and personal days off, depending on job classification, length of service, and other factors. It is impracticable to accurately estimate the amount of compensation for future absences particularly since compensated absences are not paid upon termination of employment. Accordingly, no liability has been recorded in the accompanying financial statements. The Ministry's policy is to recognize the costs of compensated absences when actually paid to employees.

*Use of Estimates*

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

*Income Taxes*

The Ministry is exempt from federal income taxes under Section 501 of the Internal Revenue Code, as described in Section 501 (c)(3). In addition, the Ministry qualifies for the charitable contribution under Section 170 (b)(1)(A) and has been classified as an other than a private foundation under Section 509 (a)(2).

The Ministry's Forms 990, Return of Organization Exempt from Income Tax for the years ending June 30, 2017, 2018, 2019 and 2020 are subject to examination by the IRS, generally for three years after they were filed.

*Cash and Cash Equivalents*

For purposes of the statement of financial position and the statement of cash flows, cash and cash equivalents consist of cash and other highly liquid resources, such as investments in certificates of deposit and money market funds, with an original maturity of three months or less when purchased. Restricted cash and cash equivalents are limited in use to the provision of specified types of client assistance by the donors.

*Source of Revenues*

The Ministry's primary sources of revenue are private donations and governmental grants.

*Accounts Receivable*

The Ministry routinely does not have outstanding receivables. However any such receivables generally consist primarily of amounts pledged by donors to the Emergency Assistance Programs and are non-interest bearing. Donations receivable are stated at unpaid balances. In the rare event a receivable has been recorded and subsequently becomes uncollectible, the Ministry uses the direct write off method to account for bad debts. It is the Ministry's policy to charge off uncollectible donations receivables against the associated revenue account when management determines the receivable will not be collected.

**SOUTHWEST COMMUNITY MINISTRIES**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**June 30, 2020**

**NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED**

*Property and Equipment*

The Ministry capitalizes all expenditures in excess of \$3,000 for property and equipment at cost except for contributed property. Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as support with donor restrictions. In the absence of such stipulations, contributions of property and equipment are recorded as support without donor restrictions. Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis. Routine repairs and maintenance are expensed as incurred.

*Revenue with Donor Restrictions*

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

*Expense Allocation*

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Ministry.

**NOTE B—UNCONDITIONAL PROMISES TO GIVE**

Unconditional promises to give are expected to be realized in one year or less and are classified as assets with donor restrictions in the statement of activities. There were no unconditional promises to give at year end.

**NOTE C – FAIR VALUE OF FINANCIAL INSTRUMENTS**

Current accounting standards require disclosure of an estimate of fair value of certain financial instruments. The Ministry's significant financial instruments are cash and cash equivalents, certificates of deposit, and accounts receivable. For these financial instruments, carrying values approximate fair value.

**NOTE D— CONCENTRATIONS**

The Ministry is heavily dependent on funding through Louisville Jefferson County Kentucky Metro Government. For the year ended June 30, 2020 the Ministry received in excess of 20% of its support through Metro Government programs. The continued participation in these programs is wholly dependent on the administration of these programs to the satisfaction of the Louisville Jefferson County Kentucky Metro Government and that entity's continued funding of such programs.



**SOUTHWEST COMMUNITY MINISTRIES**  
**NOTES TO THE FINANCIAL STATEMENTS**  
 June 30, 2020

**NOTE E – PROPERTY AND EQUIPMENT**

Property and equipment balances for the year ended June 30, 2020 were as follows:

|                               | <u>Beginning of Year</u> | <u>Additions</u> | <u>Deletions</u> | <u>End of Year</u> |
|-------------------------------|--------------------------|------------------|------------------|--------------------|
| <u>Non-depreciable Assets</u> |                          |                  |                  |                    |
| Land                          | \$ 30,674                | \$ -             | \$ -             | \$ 30,674          |
| Total Non Depreciable         | 30,674                   | -                | -                | 30,674             |

**NOTE E – PROPERTY AND EQUIPMENT - CONTINUED**

|                                | <u>Beginning of Year</u> | <u>Additions</u> | <u>Reassignments</u> | <u>Deletions</u> | <u>End of Year</u> |
|--------------------------------|--------------------------|------------------|----------------------|------------------|--------------------|
| <u>Depreciable Assets</u>      |                          |                  |                      |                  |                    |
| Buildings                      | \$ 281,941               | \$ -             |                      | \$ -             | \$ 281,941         |
| Land and Building Improvements | 22,644                   | -                | 23,954               | -                | 46,598             |
| Transportation Equipment       | 21,536                   | -                | -                    | -                | 21,536             |
| Equipment                      | 58,766                   | 8,381            | (23,954)             | 12,265           | 50,928             |
| Total Depreciable              | 384,887                  | 8,381            | -                    | 12,265           | \$ 381,003         |
| Total Fixed Assets             | \$ 415,561               | \$ 8,381         | \$ -                 | \$ 12,265        | \$ 411,677         |

|                                 | <u>End of Year</u> | <u>Additions</u> | <u>Reassignments</u> | <u>Deletions</u> | <u>End of Year</u> |
|---------------------------------|--------------------|------------------|----------------------|------------------|--------------------|
| <u>Accumulated Depreciation</u> |                    |                  |                      |                  |                    |
| Buildings                       | \$ 55,804          | \$ 7,049         | \$ -                 | \$ -             | \$ 62,853          |
| Land and Building Improvements  | 13,080             | 4,082            | 5,782                |                  | 22,944             |
| Transportation Equipment        | 2,871              | 4,307            | -                    | -                | 7,178              |
| Equipment                       | 24,006             | 2,205            | (5,782)              | 12,265           | 8,164              |
| Total Accumulated Depreciation  | \$ 95,761          | \$ 17,643        | \$ -                 | \$ 12,265        | \$ 101,139         |

Depreciation, on a straight line basis, for the current year is \$17,643. Lives essentially mirror those recommended in the Internal Revenue Service standards. Certain assets attached to real estate were determined to be better described as building improvements rather than equipment.

**SOUTHWEST COMMUNITY MINISTRIES  
NOTES TO THE FINANCIAL STATEMENTS**

**June 30, 2020**

**NOTE F- PROMOTION EXPENSES**

The Ministry from time to time uses advertising to promote its programs among the audiences it serves. Advertising costs are expensed as incurred. Advertising and public relation expense of \$ 2,396 was recorded for the year ended June 30, 2020.

**NOTE G - SUBSEQUENT EVENTS**

Subsequent events were evaluated through December 15, 2020, which is the date the financial statements were available to be issued.

**NOTE H - NON-CASH DONATIONS**

The Ministry benefits from the volunteer services of a large number of individuals who assist in its program operation, office administration and fundraising activities. The value of these services are not reflected in the financial statements because they do not meet the criteria for recognition but is estimated to exceed \$65,000 based upon approximate hourly rate for the type of service performed. The Ministry received in excess of \$290,000 in food and in excess of \$11,000 in non-food items which were either distributed to disadvantaged individuals or used in ministry operations which are not recorded in these financial statements.

**NOTE I - CASH, CASH EQUIVALENTS, RESTRICTED CASH, AND RESTRICTED CASH EQUIVALENTS**

Restricted cash on the statements of financial position includes restricted cash received with restrictions imposed by donors (but not yet spent) for direct assistance to disadvantaged individuals. The following table provides a reconciliation of cash, cash equivalents, restricted cash, and restricted cash equivalents reported within the statements of financial position that sum to the totals of the same such amounts in the statements of cash flows.

|                 |        |                |
|-----------------|--------|----------------|
| Cash            | \$     | 163,043        |
| Restricted cash |        | 38,245         |
| Money           | Market |                |
| Accounts        |        | <u>137,787</u> |
| Total           | \$     | <u>339,075</u> |

As of June 30, 2020, all cash on deposit with local financial institutions were fully insured by FDIC insurance.

**NOTE J— COST ALLOCATION**

Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are compensation which are allocated on the basis of estimates of time and effort. Occupancy costs, depreciation, supplies and utility and other costs, are allocated based on percentage of revenue earned by department.

**SOUTHWEST COMMUNITY MINISTRIES**  
**NOTES TO THE FINANCIAL STATEMENTS**  
June 30, 2020

**NOTE K — COVID PROGRAM PROCEEDS**

On May 4, 2020, the Ministry received a loan advance in the amount of \$5,000 under the Economic Injury Disaster Loan Program (EIDL). The EIDL, expanded as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to \$ 150,000 dollars. The advances are forgivable as long as the borrower uses the loan proceeds for payroll, and maintains its payroll levels.

The unforgiven portion of the EIDL loan is payable over a period of up to thirty years at an interest rate of 2.75%, with a deferral of payments for the first year. The Ministry currently believes that its use of the loan advance meets the conditions for full forgiveness of the loan.

On April 23, 2020, the Ministry received loan proceeds in the amount of approximately \$22,200 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after eight or twenty four weeks as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the eight-week period.

The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1%, with a deferral of payments for the first six months. The Ministry currently believes that its use of the loan proceeds meets the conditions for full forgiveness of the loan. It is anticipated that the combined receipt of these amounts (EIDL & PPP) may result in the required repayment of an amount equal to \$5,000 dollars.

Potential accrued interest on these loans was less than one hundred dollars. This amount has not been accrued in these financial statements pending final decisions by the SBA on future forgiveness of these loans.

**NOTE L — ADOPTION OF NEW ACCOUNTING STANDARDS**

Effective July 1, 2019, the Ministry adopted FASB Accounting Standards Update (ASU) 2016-15 Statement of Cash Flows — Classification of Certain Cash Receipts and Cash Payments. This ASU seeks provide clarity to specific cash flow issues with the objective of reducing the existing diversity of presentation that is currently in practice.

Implementation of ASU 2016-15 did not require reclassification or restatement of any opening balances related to the period presented.

Effective July 1, 2019, the Ministry adopted FASB Accounting Standards Update (ASU) 2018-08 Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. This ASU seeks to clarify and improve the scope and the accounting guidance for contributions received and contributions made. This guidance is intended to assist entities with the following:

evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and

determining whether a contribution is conditional

SOUTHWEST COMMUNITY MINISTRIES  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2020

**NOTE L -- ADOPTION OF NEW ACCOUNTING STANDARDS - Continued**

Implementation of ASU 2018-08 did not require reclassification or restatement of any opening balances related to the period presented.

Effective July 1, 2019, the Ministry adopted FASB Accounting Standards Update (ASU) 2018-18 Statement of Cash Flows – Restricted Cash. This ASU seeks address the diversity in the classification and presentation of changes in restricted cash on the statement of cash flows. The amendments in this update require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The amendments in this update do not provide a definition of restricted cash or restricted cash equivalents.

Implementation of ASU 2018-18 did not require reclassification or restatement of any opening balances related to the period presented.



STEPHENS  
& LAWSON

Certified Public Accountants

Board of Directors and Executive Director  
Southwest Community Ministries  
8504 Terry Road  
Louisville KY 40272

In planning and performing our audit of the financial statements of Southwest Community Ministries as of and for the year ended June 30, 2020, in accordance with auditing standards generally accepted in the United States of America, we considered Southwest Community Ministries' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified a certain deficiency in internal control that we consider to be a material weakness.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the following deficiency in Southwest Community Ministries' internal control to be a material weakness:


The Organization lacks personnel with sufficient expertise to apply generally accepted accounting principles to preparing its financial statements including note disclosures and thus, does not have internal control procedures required to format the financial statements in conformity with U.S. general accepted accounting principles.

This communication is intended solely for the information and use of management, the Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Stephens & Lawson CPAs

Louisville, Kentucky

December 15, 2020



**STEPHENS  
& LAWSON**  
Certified Public Accountants

December 15, 2020

Board of Directors and Executive Director  
Southwest Community Ministries  
8504 Terry Road  
Louisville KY 40272

We have audited the financial statements of Southwest Community Ministries for the year ended June 30, 2020, and we will issue our report thereon dated December 1, 2020. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated December 15, 2020. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

*Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Southwest Community Ministries are described in Note A to the financial statements. As further described in Note Q to the financial statements, the Church adopted three new accounting standards this year ASU 2016-15 *Statement of Cash Flows – Classification of Certain Cash Receipts and Cash Payments*; ASU 2018-08 *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*; and ASU 2018-18 *Statement of Cash Flows – Restricted Cash*. No other accounting policies were adopted and the application of existing policies was not changed during the year ending December 31, 2019. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

Management's estimate of the depreciable lives of capital assets which are based on prior years' experience.

Management's estimate of the valuation of noncash supply and food which are based on prior years' experience and published standard valuation.

We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

*Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. Misstatements detected as a result of audit procedures and corrected by management were material, individually and in the aggregate, to the financial statements taken as a whole. A copy of all misstatements

detected and corrected, along with a copy of your updated depreciation schedules accompanies this correspondence.

*Disagreements with Management*

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated December 15, 2020.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and the Executive Director of Southwest Community Ministries and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Stephens & Lawson CPAs

9:37 AM  
11/20/20

## SWCM QB Audit File Transaction Journal All Transactions

| Date       | Account                     | Debit      | Credit     | Memo                | Class                                   |
|------------|-----------------------------|------------|------------|---------------------|---|
| 06/30/2020 | Personnel Costs             | 54,382.07  |            | Correct Payroll ... | Program:Metro Emergency Assistance      |
|            | Personnel Costs             |            | 56,048.22  | Correct Payroll ... | Support Services:Allocable              |
|            | Personnel Costs             | 2,977.17   |            | Correct Payroll ... | Program:Childrens Programs              |
|            | Personnel Costs             | 6,370.88   |            | Correct Payroll ... | Program:EA                              |
|            | Personnel Costs             | 13,121.58  |            | Correct Payroll ... | Program:Meals on Wheels                 |
|            | Personnel Costs             |            | 1,807.44   | Correct Payroll ... | Program:Food Pantry                     |
|            | Personnel Costs             | 5,857.46   |            | Correct Payroll ... | Program:Utility Programs                |
|            | Personnel Costs             | 3,798.44   |            | Correct Payroll ... | Support Services:Fundraising            |
|            | Personnel Costs             | 11,256.31  |            | Correct Payroll ... | Support Services:Allocable              |
|            | Personnel Costs             |            | 40,485.07  | Correct Payroll ... | Support Services:Allocable              |
|            | 3 - Other Fundraising Event | 3.72       |            | CCorrect Codin...   | Support Services:Allocable              |
|            | 3 - Other Fundraising Event |            | 3.72       | CCorrect Codin...   | Support Services:Fundraising            |
|            | Occupancy Costs             | 1,570.29   |            | Allocations per ... | Program:Childrens Programs              |
|            | Occupancy Costs             | 3,613.19   |            | Allocations per ... | Program:EA                              |
|            | Occupancy Costs             | 54.95      |            | Allocations per ... | Program:Meals on Wheels                 |
|            | Occupancy Costs             | 725.74     |            | Allocations per ... | Program:Food Pantry                     |
|            | Occupancy Costs             | 3,405.81   |            | Allocations per ... | Program:Utility Programs                |
|            | Occupancy Costs             | 2,288.67   |            | Allocations per ... | Support Services:Fundraising            |
|            | Occupancy Costs             | 6,778.34   |            | Allocations per ... | Support Services:Allocable              |
|            | Occupancy Costs             |            | 18,900.78  | Allocations per ... | Support Services:Allocable              |
|            | Allocated Costs             | 5,378.14   |            | Allocations per ... | Program:Childrens Programs              |
|            | Allocated Costs             | 12,374.88  |            | Allocations per ... | Program:EA                              |
|            | Allocated Costs             | 188.19     |            | Allocations per ... | Program:Meals on Wheels                 |
|            | Allocated Costs             | 2,485.62   |            | Allocations per ... | Program:Food Pantry                     |
|            | Allocated Costs             | 11,864.67  |            | Allocations per ... | Program:Utility Programs                |
|            | Allocated Costs             | 7,831.72   |            | Allocations per ... | Support Services:Fundraising            |
|            | Allocated Costs             | 23,208.55  |            | Allocations per ... | Support Services:Allocable              |
|            | Allocated Costs             |            | 64,734.00  | Allocations per ... | Support Services:Allocable              |
|            | Fundraising Events & Fees   | 50.00      |            | CCorrect Codin...   | Support Services:Fundraising            |
|            | Fundraising Events & Fees   |            | 50.00      | CCorrect Codin...   | Support Services:Allocable              |
|            | Lenten Lunches              | 100.00     |            | CCorrect Codin...   | Support Services:Fundraising            |
|            | Lenten Lunches              |            | 100.00     | CCorrect Codin...   | Support Services:Allocable              |
|            | Depreciation Expense        | 17,643.00  |            | record deprecia...  | Support Services:Allocable              |
|            | Accumulated Depreciation    |            | 17,643.00  | record deprecia...  | Support Services:Allocable              |
|            | Personnel Costs             | 777.05     |            | Correct Payroll ... | Program:Utility Programs:LGE Pilot      |
|            | Allocated Costs             | 1,802.15   |            | allocations         | Program:Utility Programs:LGE Pilot      |
|            | Occupancy Costs             | 487.79     |            | allocations         | Program:Utility Programs:LGE Pilot      |
|            | Metro Grants                |            | 5,750.00   | Second Journa...    | Program:EA                              |
|            | Metro Grants                | 5,750.00   |            | Second Journa...    | Support Services:Allocable              |
|            | MDW Fee for service         |            | 1,531.45   | Record unpaid ...   | Support Services:Allocable              |
|            | Accrued Receivables         | 1,531.45   |            | Record unpaid ...   | Support Services:Allocable              |
|            | 707 - NonCash               |            | 3,367.25   | Record in kind ...  | Program:Childrens Programs:Back to S... |
|            | Back To School Supplies     | 3,367.25   |            | Record in kind ...  | Program:Childrens Programs:Back to S... |
|            | 707 - NonCash               |            | 990.00     | Record in kind ...  | Program:Childrens Programs              |
|            | Kids Christmas              | 990.00     |            | Record in kind ...  | Program:Childrens Programs              |
|            | 809 - NonCash               |            | 2,271.81   | Record in kind ...  | Support Services:Allocable              |
|            | Repairs & Maintenance       | 1,071.81   |            | Record in kind ...  | Support Services:Allocable              |
|            | Occupancy Costs             | 1,200.00   |            | Record in kind ...  | Support Services:Allocable              |
|            | 809 - NonCash               |            | 1,051.50   | Record in kind ...  | Program:EA                              |
|            | Supplies & Materials        | 1,061.50   |            | Record in kind ...  | Program:EA                              |
|            | 809 - NonCash               |            | 5,498.08   | Record in kind ...  | Support Services:Fundraising            |
|            | Other Fundraising Events    | 5,498.08   |            | Record in kind ...  | Support Services:Fundraising            |
|            | Equipment                   |            | 15,881.90  | reclass assets      | Support Services                        |
|            | Accumulated Depreciation    | 12,265.00  |            | reclass assets      | Support Services                        |
|            | 8504-08 Terry Road          | 3,616.90   |            | reclass assets      | Support Services                        |
|            | 809 - NonCash               | 701.27     |            | Correct Gift Ca...  | Program:Food Pantry                     |
|            | Gifts Cards on Hand         | 4,077.20   |            | Correct Gift Ca...  | Program:Food Pantry                     |
|            | Food Pantry                 |            | 120.94     | Correct Gift Ca...  | Program:Food Pantry                     |
|            | Food Pantry                 |            | 4,657.83   | Correct Gift Ca...  | Program:Food Pantry                     |
|            |                             | 240,802.67 | 240,902.67 |                     |   |
|            |                             | 240,902.67 | 240,902.67 |                     |   |

TOTAL



6/30/20

## 2019 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT SOU04

SOUTHWEST COMMUNITY MINISTRIES INC

62-1257195

11/19/20

01:40PM

| NO.                               | DESCRIPTION                | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT | CUR<br>179/<br>SDA | PRIOR<br>179/<br>SDA/<br>DEPR | METHOD | LIFE | CURRENT<br>DEPR |
|-----------------------------------|----------------------------|---------------|-----------|----------------|-------------|--------------------|-------------------------------|--------|------|-----------------|
| FORM 990/990-PF                   |                            |               |           |                |             |                    |                               |        |      |                 |
| <u>AUTO / TRANSPORT EQUIPMENT</u> |                            |               |           |                |             |                    |                               |        |      |                 |
| 9                                 | VAN 2019                   | 11/13/18      |           | 21,536         |             |                    | 2,871                         | S/L    | 5    | 4,307           |
| TOTAL AUTO / TRANSPORT EQUI       |                            |               |           | 21,536         |             | 0                  | 2,871                         |        |      | 4,307           |
| <u>BUILDINGS</u>                  |                            |               |           |                |             |                    |                               |        |      |                 |
| 2                                 | 8504 TERRY ROAD            | 7/26/11       |           | 281,941        |             |                    | 55,804                        | S/L    | 40   | 7,049           |
| TOTAL BUILDINGS                   |                            |               |           | 281,941        |             | 0                  | 55,804                        |        |      | 7,049           |
| <u>IMPROVEMENTS</u>               |                            |               |           |                |             |                    |                               |        |      |                 |
| 4                                 | HVAC SYSTEM                | 12/30/11      |           | 5,782          |             |                    | 5,782                         | S/L    | 7    | 0               |
| 5                                 | WALK IN FREEZER            | 10/01/15      |           | 18,172         |             |                    | 6,814                         | S/L    | 10   | 1,817           |
| 6                                 | SIGNAGE                    | 9/01/15       |           | 5,587          |             |                    | 2,143                         | S/L    | 10   | 559             |
| 8                                 | ROOF 2017                  | 2/13/17       |           | 17,057         |             |                    | 4,123                         | S/L    | 10   | 1,706           |
| TOTAL IMPROVEMENTS                |                            |               |           | 46,598         |             | 0                  | 18,862                        |        |      | 4,082           |
| <u>LAND</u>                       |                            |               |           |                |             |                    |                               |        |      |                 |
| 1                                 | LAND                       | 7/26/11       |           | 30,674         |             |                    |                               |        |      | 0               |
| TOTAL LAND                        |                            |               |           | 30,674         |             | 0                  | 0                             |        |      | 0               |
| <u>MACHINERY AND EQUIPMENT</u>    |                            |               |           |                |             |                    |                               |        |      |                 |
| 3                                 | COMPUTER EQUIPMENT 2014    | 6/30/14       |           | 4,484          |             |                    | 4,484                         | S/L    | 5    | 0               |
| 7                                 | PHONE SYSTEM               | 4/25/16       |           | 3,508          |             |                    | 1,111                         | S/L    | 10   | 351             |
| 10                                | GENERATOR                  | 4/08/19       |           | 14,555         |             |                    | 364                           | S/L    | 10   | 1,456           |
| 11                                | BATTERY POWERD SCISSOR LIF | 12/02/19      |           | 3,881          |             |                    |                               | S/L    | 7    | 323             |
| 12                                | COPIER 06-15-20            | 6/15/20       |           | 4,500          |             |                    |                               | S/L    | 5    | 75              |
| TOTAL MACHINERY AND EQUIPME       |                            |               |           | 30,928         |             | 0                  | 5,959                         |        |      | 2,205           |
| TOTAL DEPRECIATION                |                            |               |           | 411,677        |             | 0                  | 83,496                        |        |      | 17,643          |
| GRAND TOTAL DEPRECIATION          |                            |               |           | 411,677        |             | 0                  | 83,496                        |        |      | 17,643          |

2019 Exempt Org. Return  
prepared for:

**SOUTHWEST COMMUNITY MINISTRIES INC**  
8504 TERRY ROAD  
Louisville, KY 40272

Stephens & Lawson CPA's, Inc.  
5203 Dixie Hwy  
Louisville, KY 40216

- ✓ ① OFFICER LIST w/ MOVS
- ② REVIEW ALL O's
- ③ RITA MARTIN ADDRESS
- ④ KIM NEEDS SIGNER

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SOUTHWEST COMMUNITY MINISTRIES INC, 8504 TERRY ROAD, LOUISVILLE, KY 40272. D Employer identification number 62-1257195. E Telephone number 502-935-0310. G Gross receipts \$ 532,194.

F Name and address of principal officer: 8504 TERRY ROAD LOUISVILLE, KY 40272. H(a) Is this a group return for subsidiaries? Yes No. H(b) Are all subsidiaries included? Yes No. H(c) Group exemption number

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

J Website: N/A

K Form of organization: Corporation, Trust, Association, Other. L Year of formation. M State of legal domicile.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ASSISTANCE TO DISADVANTAGED INDIVIDUALS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5. 6 Total number of volunteers (estimate if necessary) 6. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a. 7b Net unrelated business taxable income from Form 990-T, line 39 7b.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: Revenue (Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue) and Expenses (Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: Net Assets or Fund Balances (Total assets, Total liabilities, Net assets or fund balances).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer KIM LEANHARDT, PRESIDENT. Date.

Paid Preparer Use Only: Print/Type preparer's name ROGER BLOYD, CPA. Preparer's signature. Date 11/20/20. Check self-employed. PTIN P00234428. Firm's name STEPHENS & LAWSON CPA'S, INC. Firm's address 5203 DIXIE HWY, LOUISVILLE, KY 40216. Firm's EIN 843130843. Phone no. 502-448-4376.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ASSISTANCE TO DISADVANTAGED INDIVIDUALS

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 [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 401,354. Including grants of \$ ) (Revenue \$ )

ASSISTANCE TO DISADVANTAGED INDIVIDUALS

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

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

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

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

4e Total program service expenses ▶ 401,354.

**Part IV Checklist of Required Schedules**

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

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

|  | Yes | No |
|--|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....  | X   |    |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....   |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....   |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....  |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> ..... |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....  |     | X  |
| <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

|  |  | Yes        | No |
|--|--|------------|----|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....  |            |    |
|  | <b>2a</b> 5  |            |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....   |            | X  |
|  | <b>2b</b>  |            | X  |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) |  |            |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  |            | X  |
|  | <b>3a</b>  |            | X  |
| b  | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. ....  |            |    |
|  | <b>3b</b>  |            |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... |            | X  |
|  | <b>4a</b>  |            | X  |
| b  | If 'Yes,' enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  |            | X  |
|  | <b>5a</b>  |            | X  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....   |            | X  |
|  | <b>5b</b>  |            | X  |
| c  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .....   |            |    |
|  | <b>5c</b>  |            |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    |            | X  |
|  | <b>6a</b>  |            | X  |
| b  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....  |            |    |
|  | <b>6b</b>  |            |    |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....  |            | X  |
|  | <b>7a</b>  |            | X  |
| b  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....  |            |    |
|  | <b>7b</b>  |            |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....   |            | X  |
|  | <b>7c</b>  |            | X  |
| d  | If 'Yes,' indicate the number of Forms 8282 filed during the year. ....  |            |    |
|  | <b>7d</b>  |            |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  |            | X  |
|  | <b>7e</b>  |            | X  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....   |            | X  |
|  | <b>7f</b>  |            | X  |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....   |            |    |
|  | <b>7g</b>  |            |    |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....   |            |    |
|  | <b>7h</b>  |            |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....   |            |    |
|  | <b>8</b>   |            |    |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? .....   |            |    |
|  | <b>9a</b>  |            |    |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....  |            |    |
|  | <b>9b</b>  |            |    |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12. ....   | <b>10a</b> |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....  | <b>10b</b> |    |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| a  | Gross income from members or shareholders. ....  | <b>11a</b> |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....   | <b>11b</b> |    |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  | <b>12a</b> |    |
| b  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....  | <b>12b</b> |    |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state? .....   | <b>13a</b> |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |  |            |    |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. ....  | <b>13b</b> |    |
| c  | Enter the amount of reserves on hand. ....   | <b>13c</b> |    |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year? .....   | <b>14a</b> | X  |
| b  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. ....  | <b>14b</b> |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | <b>15</b>  | X  |
| If 'Yes,' see instructions and file Form 4720, Schedule N.   |  |            |    |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.  | <b>16</b>  | X  |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. . . . . | 9   |    |
| <b>1 b</b> Enter the number of voting members included on line 1a, above, who are Independent . . . . .   | 12  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  | 2   | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  | 3   | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   | 5   | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .   | 6   | X  |
| <b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   | 7 a | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  | 7 b | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b> The governing body? . . . . .  | 8 a | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .  | 8 b | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O . . . . .   | 9   | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
BOOKKEEPER SAME LOUISVILLE KY 40272 502-935-0310



**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**

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

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

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SEE ATTACHED LIST<br>SEE LIST | 0  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2)                               |  |   |                       |         |              |                              |        |  |   |   |
| (3)                               |  |   |                       |         |              |                              |        |  |   |   |
| (4)                               |  |   |                       |         |              |                              |        |  |   |   |
| (5)                               |  |   |                       |         |              |                              |        |  |   |   |
| (6)                               |  |   |                       |         |              |                              |        |  |   |   |
| (7)                               |  |   |                       |         |              |                              |        |  |   |   |
| (8)                               |  |   |                       |         |              |                              |        |  |   |   |
| (9)                               |  |   |                       |         |              |                              |        |  |   |   |
| (10)                              |  |   |                       |         |              |                              |        |  |   |   |
| (11)                              |  |   |                       |         |              |                              |        |  |   |   |
| (12)                              |  |   |                       |         |              |                              |        |  |   |   |
| (13)                              |  |   |                       |         |              |                              |        |  |   |   |
| (14)                              |  |   |                       |         |              |                              |        |  |   |   |

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

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

|   |    |    |    |
|---|----|----|----|
| <b>1 b Subtotal</b> .....   | 0. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A.</b> ..... | 0. | 0. | 0. |
| <b>d Total (add lines 1b and 1c).</b> .....                           | 0. | 0. | 0. |

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

|  |   |  | (A)<br>Total revenue                                     | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |  |
|--|---|--|--|--|---|--|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>            | <b>1 a</b> Federated campaigns.....   | <b>1 a</b>   |  |  |   |  |  |  |
|  | <b>b</b> Membership dues.....   | <b>1 b</b>   |  |  |   |  |  |  |
|  | <b>c</b> Fundraising events.....  | <b>1 c</b>   |  |  |   |  |  |  |
|  | <b>d</b> Related organizations.....   | <b>1 d</b>   |  |  |   |  |  |  |
|  | <b>e</b> Government grants (contributions)....  | <b>1 e</b>   | 116,450.   |  |   |  |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above...   | <b>1 f</b>   | 346,620.   |  |   |  |  |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f.....  | <b>1 g</b>   |  |  |   |  |  |  |
|  | <b>h Total.</b> Add lines 1a-1f.....  |  | 463,070.   |  |   |  |  |  |
| <b>Program Service Revenue</b>   | <b>2 a</b> Business Code  |  |  |  |   |  |  |  |
|  | <b>b</b> -----  |  |  |  |   |  |  |  |
|  | <b>c</b> -----  |  |  |  |   |  |  |  |
|  | <b>d</b> -----  |  |  |  |   |  |  |  |
|  | <b>e</b> -----  |  |  |  |   |  |  |  |
|  | <b>f</b> All other program service revenue...   |  |  |  |   |  |  |  |
|  | <b>g Total.</b> Add lines 2a-2f.....  |  |  |  |   |  |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts).....   |  | 159.   | 159.   |   |  |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds.  |  |  |  |   |  |  |  |
|  | <b>5</b> Royalties.....   |  |  |  |   |  |  |  |
|  | <b>6 a</b> Gross rents.....   | <b>6 a</b>   | (i) Real   |  |   |  |  |  |
|  |   |  | (ii) Personal  |  |   |  |  |  |
|  |   |  | <b>b</b> Less: rental expenses                           | <b>6 b</b>   |   |  |  |  |
|  |   |  | <b>c</b> Rental income or (loss)                         | <b>6 c</b>   |   |  |  |  |
|  | <b>d</b> Net rental income or (loss).....   |  |  |  |   |  |  |  |
|  | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory   | <b>7 a</b>   | (i) Securities   |  |   |  |  |  |
|  |   |  | (ii) Other   |  |   |  |  |  |
|  |   |  | <b>b</b> Less: cost or other basis<br>and sales expenses | <b>7 b</b>   |   |  |  |  |
|  |   |  | <b>c</b> Gain or (loss).....                             | <b>7 c</b>   |   |  |  |  |
|  | <b>d</b> Net gain or (loss).....  |  |  |  |   |  |  |  |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18..... | <b>8 a</b>   |  | 56,094.  |   |  |  |  |
| <b>b</b> Less: direct expenses.....  |   |  | <b>8 b</b>   | 17,270.  |   |  |  |  |
| <b>c</b> Net income or (loss) from fundraising events.....                   |   |  |  | 38,824.  |   | 38,824.  |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19..... | <b>9 a</b>  |  |  |  |   |  |  |  |
|  |   | <b>b</b> Less: direct expenses.....                        | <b>9 b</b>   |  |   |  |  |  |
|  |   | <b>c</b> Net income or (loss) from gaming activities.....  |  |  |   |  |  |  |
| <b>10 a</b> Gross sales of inventory, less.....<br>returns and allowances    | <b>10 a</b>   |  |  |  |   |  |  |  |
|  |   | <b>b</b> Less: cost of goods sold....                      | <b>10 b</b>  |  |   |  |  |  |
|  |   | <b>c</b> Net income or (loss) from sales of inventory..... |  |  |   |  |  |  |
| <b>Miscellaneous<br/>Revenue</b>   | <b>11 a</b> Business Code   |  |  |  |   |  |  |  |
|  | <b>MEALS ON WHEELS REIMBURSE</b>  | 812900   | 12,871.  |  |   | 12,871.  |  |  |
|  | <b>b</b> -----  |  |  |  |   |  |  |  |
|  | <b>c</b> -----  |  |  |  |   |  |  |  |
|  | <b>d</b> All other revenue.....   |  |  |  |   |  |  |  |
| <b>e Total.</b> Add lines 11a-11d.....                                       |   | 12,871.  |  |  |   |  |  |  |
| <b>12 Total revenue.</b> See instructions.....                               |   | 514,924.   | 159.   | 0.   | 51,695.                                 |  |  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 251,168.              | 251,168.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22.   | 251,167.              | 251,167.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                       |                                 |  |                             |
| 4 Benefits paid to or for members.   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.  | 0.                    | 0.                              | 0.                                     | 0.                          |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.  | 118,327.              | 96,282.                         | 18,557.                                | 3,488.                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                       |                                 |  |                             |
| 9 Other employee benefits.   | 1,937.                | 1,576.                          | 304.                                   | 57.                         |
| 10 Payroll taxes.  | 8,799.                | 7,160.                          | 1,380.                                 | 259.                        |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management.  |                       |                                 |  |                             |
| b Legal.   |                       |                                 |  |                             |
| c Accounting.  | 5,650.                |                                 | 5,650.                                 |                             |
| d Lobbying.  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| f Investment management fees.  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion.  | 2,396.                |                                 | 2,396.                                 |                             |
| 13 Office expenses.  | 8,874.                | 986.                            | 7,862.                                 | 26.                         |
| 14 Information technology.   |                       |                                 |  |                             |
| 15 Royalties.  |                       |                                 |  |                             |
| 16 Occupancy.  | 20,100.               | 9,838.                          | 7,976.                                 | 2,286.                      |
| 17 Travel.   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings.   |                       |                                 |  |                             |
| 20 Interest.   |                       |                                 |  |                             |
| 21 Payments to affiliates.   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization.  | 17,643.               |                                 | 17,643.                                |                             |
| 23 Insurance.  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| a <u>INSURANCE</u>   | 10,885.               |                                 | 10,885.                                |                             |
| b <u>REPAIRS &amp; MAINTENANCE</u>   | 3,335.                |                                 | 3,335.                                 |                             |
| c <u>DUES &amp; SUBSCRIPTIONS</u>  | 1,689.                |                                 | 1,689.                                 |                             |
| d <u>MILEAGE REIMBURSEMENT</u>   | 1,665.                | 595.                            | 1,070.                                 |                             |
| e All other expenses.  | 74.                   | 33,749.                         | -41,507.                               | 7,832.                      |
| 25 Total functional expenses. Add lines 1 through 24e.   | 703,709.              | 652,521.                        | 37,240.                                | 13,948.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |          | (B)<br>End of year |          |          |
|------------------------------------|---|---|----------|--------------------|----------|----------|
| <b>Assets</b>                      | 1   | Cash — non-interest-bearing .....   | 241,674. | 1                  | 201,288. |          |
|                                    | 2   | Savings and temporary cash investments .....  | 11,606.  | 2                  | 137,787. |          |
|                                    | 3   | Pledges and grants receivable, net .....  |          | 3                  |          |          |
|                                    | 4   | Accounts receivable, net .....  | 7,500.   | 4                  | 1,531.   |          |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |          | 5                  |          |          |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |          | 6                  |          |          |
|                                    | 7   | Notes and loans receivable, net .....   |          | 7                  |          |          |
|                                    | 8   | Inventories for sale or use .....   |          | 8                  |          |          |
|                                    | 9   | Prepaid expenses and deferred charges .....   |          | 9                  |          |          |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a      | 423,942.           |          |          |
|                                    | b   | Less: accumulated depreciation .....  | 10b      | 113,404.           | 10c      | 310,538. |
|                                    | 11  | Investments — publicly traded securities .....  |          |                    | 11       |          |
|                                    | 12  | Investments — other securities. See Part IV, line 11 .....  |          |                    | 12       |          |
|                                    | 13  | Investments — program-related. See Part IV, line 11 .....   |          |                    | 13       |          |
|                                    | 14  | Intangible assets .....   |          |                    | 14       |          |
|                                    | 15  | Other assets. See Part IV, line 11 .....  | 7,194.   | 15                 | 149,058. |          |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....  | 587,774.  | 16       | 800,202.           |          |          |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses .....   | 22,599.  | 17                 |          |          |
|                                    | 18  | Grants payable .....  |          | 18                 |          |          |
|                                    | 19  | Deferred revenue .....  |          | 19                 |          |          |
|                                    | 20  | Tax-exempt bond liabilities .....   |          | 20                 |          |          |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |          | 21                 |          |          |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....      |          | 22                 |          |          |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties .....  |          | 23                 |          |          |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties .....  |          | 24                 |          |          |
| 25                                 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..... |   | 25       | 34,858.            |          |          |
| 26                                 | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 22,599.   | 26       | 34,858.            |          |          |
| <b>Net Assets or Fund Balances</b> | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.   |   |          |                    |          |          |
|                                    | 27  | Net assets without donor restrictions .....   | 8,531.   | 27                 | 38,245.  |          |
|                                    | 28  | Net assets with donor restrictions .....  | 556,644. | 28                 | 589,312. |          |
|                                    | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.  |   |          |                    |          |          |
|                                    | 29  | Capital stock or trust principal, or current funds .....  |          | 29                 |          |          |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund .....  |          | 30                 |          |          |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds .....  |          | 31                 |          |          |
| 32                                 | <b>Total net assets or fund balances.</b> .....   | 565,175.  | 32       | 627,557.           |          |          |
| 33                                 | <b>Total liabilities and net assets/fund balances.</b> .....  | 587,774.  | 33       | 662,415.           |          |          |

**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  | 514,924.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 703,709.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -188,785. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 565,175.  |
| 5  | Net unrealized gains (losses) on investments   | 5  |           |
| 6  | Donated services and use of facilities   | 6  |           |
| 7  | Investment expenses  | 7  |           |
| 8  | Prior period adjustments   | 8  |           |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.        |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 376,390.  |

**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?  | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <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? |     | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| 3b  | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization: **SOUTHWEST COMMUNITY MINISTRIES INC** Employer identification number: **62-1257195**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part I 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 357,439. | 391,637. | 364,737. | 317,358. | 463,070. | 1,894,241. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge...   |          |          |          |          |          | 0.         |
| 4 Total. Add lines 1 through 3.  | 357,439. | 391,637. | 364,737. | 317,358. | 463,070. | 1,894,241. |
| 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). |          |          |          |          |          | 44,503.    |
| 6 Public support. Subtract line 5 from line 4.   |          |          |          |          |          | 1,849,738. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4.   | 357,439. | 391,637. | 364,737. | 317,358. | 463,070. | 1,894,241. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |          |          | 33.      | 21.      | 159.     | 213.       |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          | 0.         |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.   | 898.     | 2,736.   |          | 12,250.  | 38,824.  | 54,708.    |
| 11 Total support. Add lines 7 through 10.  |          |          |          |          |          | 1,949,162. |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 10,032.    |
| 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 2019 (line 6, column (f) divided by line 11, column (f)).   | 14 | 94.90 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14.   | 15 | 97.67 % |
| 16a 33-1/3% support test—2019. 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—2018. 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—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>    |    |         |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> |    |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>  |    |         |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.  |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |    |   |
|--|----|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                        | 16 | % |

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

|  |    |   |
|--|----|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17                         | 18 | % |

- 19a 33-1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b A family member of a person described in (a) above?   | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.   | 11c |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**2 Activities Test. Answer (a) and (b) below.**

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

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

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

1  Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

| Section D – Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4                         | Amounts paid to acquire exempt-use assets  |              |
| 5                         | Qualified set-aside amounts (prior IRS approval required)  |              |
| 6                         | Other distributions (describe in Part VI). See instructions.   |              |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9                         | Distributable amount for 2019 from Section C, line 6   |              |
| 10                        | Line 8 amount divided by line 9 amount   |              |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions  | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|---|----------------------------------|-------------------------------------|
| 1   | Distributable amount for 2019 from Section C, line 6  |                                  |                                     |
| 2   | Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.   |                                  |                                     |
| 3   | Excess distributions carryover, if any, to 2019   |                                  |                                     |
| a   | From 2014   |                                  |                                     |
| b   | From 2015   |                                  |                                     |
| c   | From 2016   |                                  |                                     |
| d   | From 2017   |                                  |                                     |
| e   | From 2018   |                                  |                                     |
| f   | <b>Total</b> of lines 3a through e  |                                  |                                     |
| g   | Applied to underdistributions of prior years  |                                  |                                     |
| h   | Applied to 2019 distributable amount  |                                  |                                     |
| i   | Carryover from 2014 not applied (see instructions)  |                                  |                                     |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                  |                                     |
| 4   | Distributions for 2019 from Section D, line 7: \$   |                                  |                                     |
| a   | Applied to underdistributions of prior years  |                                  |                                     |
| b   | Applied to 2019 distributable amount  |                                  |                                     |
| c   | Remainder. Subtract lines 4a and 4b from 4.   |                                  |                                     |
| 5   | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                                  |                                     |
| 6   | Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                  |                                     |
| 7   | <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                                  |                                     |
| 8   | Breakdown of line 7:  |                                  |                                     |
| a   | Excess from 2015  |                                  |                                     |
| b   | Excess from 2016  |                                  |                                     |
| c   | Excess from 2017  |                                  |                                     |
| d   | Excess from 2018  |                                  |                                     |
| e   | Excess from 2019  |                                  |                                     |

BAA

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

**PART II, LINE 10 - OTHER INCOME**

| NATURE AND SOURCE  | 2019              | 2018              | 2017         | 2016             | 2015           |
|--------------------|-------------------|-------------------|--------------|------------------|----------------|
| FOOD CARD PROGRAMS |                   |                   |              | \$ 2,736.        | \$ 898.        |
| PROMOTIONAL EVENTS | \$ 38,824.        | \$ 12,250.        |              |                  |                |
| <b>TOTAL</b>       | <b>\$ 38,824.</b> | <b>\$ 12,250.</b> | <b>\$ 0.</b> | <b>\$ 2,736.</b> | <b>\$ 898.</b> |

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

62-1257195

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 527 political organization

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . \$

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

|   |   |
|---|---|
| Name of organization<br><b>SOUTHWEST COMMUNITY MINISTRIES INC</b> | Employer identification number<br><b>62-1257195</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 1          | COMMUNITY FOUNDATION OF LOUISVILLE<br>325 WEST MAIN STREET<br>LOUISVILLE, KY 40202 | \$ 53,486.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | ASSOCIATION OF COMMUNITY MINISTRIES<br>PO BOX 99545<br>LOUISVILLE, KY 40269        | \$ 101,250.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | LGE<br>P.O. BOX 32010<br>LOUISVILLE, KY 40232                                      | \$ 10,426.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | CATHOLIC HEALTH INITIATIVES<br>VARIOUS<br>LOUISVILLE, KY 40202                     | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | AMERIGOUP CORP ANTHEM<br>P.O. BOX 61010.<br>VIRGINIA BEACH, VA 23466               | \$ 13,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | COMMUNITY WINTERHELP<br>1535 W BROADWAY<br>LOUISVILLE, KY 40203                    | \$ 14,048.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

62-1257195

**Part I Contributors** (see Instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 7          | CORNERSTONE COMMUNITY CHURCH<br>10803 DEERING RD, LOUISVILLE<br>LOUISVILLE, KY 40272 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | KOSAIR CHARITIES<br>982 EASTERN PKWY<br>LOUISVILLE, KY 40217                         | \$ 30,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | RITA MARTIN<br>LOUISVILLE, KY  | \$ 19,053.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

62-1257195

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

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (a).

Table with 2 columns: (e) Transfer of gift, (f) Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, (f) Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, (f) Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, (f) Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Employer identification number

**SOUTHWEST COMMUNITY MINISTRIES INC**

**62-1257195**

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

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

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

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

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

|   | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements.....   | 2 a                             |
| b Total acreage restricted by conservation easements .....  | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a).....   | 2 c                             |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... | 2 d                             |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

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

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

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

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

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

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

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

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

|  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      | 30,674.                         |                              | 30,674.        |
| b Buildings  |                                      | 281,941.                        | 62,853.                      | 219,088.       |
| c Leasehold improvements   |                                      | 40,816.                         | 17,162.                      | 23,654.        |
| d Equipment  |                                      | 70,511.                         | 33,389.                      | 37,122.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 310,538.       |

BAA

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) GIFT CARDS  | 11,271.        |
| (2) TRUIST MONEY MARKET   | 137,787.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) | 149,058.       |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) COVID LOANS   | 27,200.        |
| (3) PAYROLL LIABILITIES   | 7,658.         |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 34,858.        |

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

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

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

|   |  |    |    |          |
|---|--|----|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements.....        |    | 1  | 514,924. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                  |    |    |          |
|   | a Net unrealized gains (losses) on investments.....                                  | 2a |    |          |
|   | b Donated services and use of facilities.....  | 2b |    |          |
|   | c Recoveries of prior year grants.....   | 2c |    |          |
|   | d Other (Describe in Part XIII.).....  | 2d |    |          |
|   | e Add lines 2a through 2d.....   |    | 2e |          |
| 3 | Subtract line 2e from line 1.....  |    | 3  | 514,924. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                 |    |    |          |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b.....              | 4a |    |          |
|   | b Other (Describe in Part XIII.).....  | 4b |    |          |
|   | c Add lines 4a and 4b.....   |    | 4c |          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... |    | 5  | 514,924. |

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

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

|   |   |    |    |          |
|---|---|----|----|----------|
| 1 | Total expenses and losses per audited financial statements.....                       |    | 1  | 703,709. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                     |    |    |          |
|   | a Donated services and use of facilities.....   | 2a |    |          |
|   | b Prior year adjustments.....   | 2b |    |          |
|   | c Other losses.....   | 2c |    |          |
|   | d Other (Describe in Part XIII.).....   | 2d |    |          |
|   | e Add lines 2a through 2d.....  |    | 2e |          |
| 3 | Subtract line 2e from line 1.....   |    | 3  | 703,709. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                    |    |    |          |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b.....               | 4a |    |          |
|   | b Other (Describe in Part XIII.).....   | 4b |    |          |
|   | c Add lines 4a and 4b.....  |    | 4c |          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... |    | 5  | 703,709. |

**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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**SOUTHWEST COMMUNITY MINISTRIES INC**

Employer identification number

**62-1257195**

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | <b>0.</b>   |

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

-----  
-----  
-----  
-----



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

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events                    |
|-----------------|----|--|--------------|------------------------|-------------------------------------|
|                 |    | PROMOTIONAL EV<br>(event type)                               | (event type) | NONE<br>(total number) | (add column (a) through column (c)) |
| REVENUE         | 1  | Gross receipts   | 56,094.      |                        | 56,094.                             |
|                 | 2  | Less: Contributions  |              |                        |                                     |
|                 | 3  | Gross Income (line 1 minus line 2)                           | 56,094.      |                        | 56,094.                             |
| DIRECT EXPENSES | 4  | Cash prizes  |              |                        |                                     |
|                 | 5  | Noncash prizes   |              |                        |                                     |
|                 | 6  | Rent/facility costs  |              |                        |                                     |
|                 | 7  | Food and beverages   |              |                        |                                     |
|                 | 8  | Entertainment  |              |                        |                                     |
|                 | 9  | Other direct expenses  | 17,270.      |                        | 17,270.                             |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        | 17,270.                             |
|                 | 11 | Net Income summary. Subtract line 10 from line 3, column (d) |              |                        | 38,824.                             |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a 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 conduct 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 conducted in:

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

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 provide any additional information. See instructions.

**SCHEDULE I**  
(Form 990)

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**SOUTHWEST COMMUNITY MINISTRIES INC**

Employer identification number

**62-1257195**

**Part I General Information on Grants and Assistance**

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) -----  |         |                                 |                          |                                   |   |  |                                    |
| (2) -----  |         |                                 |                          |                                   |   |  |                                    |
| (3) -----  |         |                                 |                          |                                   |   |  |                                    |
| (4) -----  |         |                                 |                          |                                   |   |  |                                    |
| (5) -----  |         |                                 |                          |                                   |   |  |                                    |
| (6) -----  |         |                                 |                          |                                   |   |  |                                    |
| (7) -----  |         |                                 |                          |                                   |   |  |                                    |
| (8) -----  |         |                                 |                          |                                   |   |  |                                    |

**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

0 0

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

TEEA3901L 07/10/19

Schedule I (Form 990) (2019)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 DIRECT ASSISTANCE             |                          | 231,495.                 | 19,672.                           | COST&CASH PAID ON BEHALF                              | SEE LIST                               |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

Employer identification number

**SOUTHWEST COMMUNITY MINISTRIES INC**

**62-1257195**

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

AFTER COMPLETION OF THE RETURN BY THE AUDITOR, A DRAFT IS PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW WHO CONSULTS WITH THE PRESIDENT & TREASURER. ONCE ALL REVIEWS ARE COMPLETED THE ACCOUNTING FIRM MAKES ANY REQUESTED CHANGES TO THE FINAL COPY PRIOR TO SUBMISSION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

2019

FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT SOU04

SOUTHWEST COMMUNITY MINISTRIES INC

62-1257195

11/20/20

02:29PM

CONTRIBUTIONS, GIFTS, AND GRANTS  
GOVERNMENT GRANTS

|                |    |                 |
|----------------|----|-----------------|
| LOU METRO..... | \$ | 116,450.        |
| TOTAL          | \$ | <u>116,450.</u> |

FUNDRAISING AND GAMING  
GROSS RECEIPTS  
PROMOTIONAL EVENTS

|                     |    |                |
|---------------------|----|----------------|
| SPECIAL EVENTS..... | \$ | 55,674.        |
| MISCELLANEOUS.....  |    | 420.           |
| TOTAL               | \$ | <u>56,094.</u> |

DEC 12 1984

ARTICLES OF INCORPORATION

OF

*Dwight R. Davis*

SOUTHWEST COMMUNITY MINISTRIES, INC.

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

ARTICLE I

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

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The registered office of the Corporation is to be located at:  
9800 Stonestreet Road  
Louisville, KY 40272

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

The name and address of the registered agent for service of process is:

Rev. John Boyer - 9800 Stonestreet Road - Louisville, KY 40272

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of 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:

To provide a community effort for assisting persons facing personal, social, and economic crises.

ARTICLE V

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

ARTICLE VI

In carrying out the corporation pruposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Statutes, ex-



cept 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 propoganda, 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.

#### ARTICLE VII

The names and addresses of the incorporators are:

| <u>INCORPORATOR</u>       | <u>MAILING ADDRESS</u>              |
|---------------------------|-------------------------------------|
| Rev. John Boyer           | 9800 Stonestreet Rd. Lou., Ky 40272 |
| Rev. Linda Penrod Million | 8002 Terry Rd., Lou., KY 40258      |
| Woody Robertson           | 7900 Poinsetta Dr., Lou., KY 40258  |

#### ARTICLE VIII

The initial Board of Directors shall consist of 3 Directors. The names and addresses of the members of the initial Board of Directors are:

|                           |                                     |
|---------------------------|-------------------------------------|
| Rev. John Boyer           | 9800 Stonestreet Rd. Lou., KY 40272 |
| Rev. Linda Penrod Millidn | 8002 Terry Rd., Lou., KY 40258      |
| Woody Robertson           | 7900 Poinsetta Dr., Lou., KY 40258  |

#### ARTICLE IX

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

1

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

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 XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of this Corporation on this \_\_\_\_ day of \_\_\_\_\_,  
19\_\_\_\_.

Rev. John Boyer  
Woody Robertson  
Linda Pearson Miller

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared  
Rev. John Boyer, Woody Robertson, Linda Pearson Miller and being first duly sworn,  
acknowledged that she/he was an incorporator of the aforementioned  
Corporation, and that she/he signed the foregoing Articles of  
Incorporation as her/his free act and deed.

Witness my signature and seal of office this 10 day of

December, 1984.

Notary Public, Jefferson County, KY  
My commission expires Aug. 4, 1986

MY COMMISSION EXPIRES: \_\_\_\_\_

Carl Smith  
NOTARY PUBLIC, ~~JEFFERSON COUNTY~~, KENTUCKY

Prepared By:  
Kathleen M. Guinane, Attorney  
Community Development Law Project, Legal Aid Society  
425 W. Muhammad Ali Blvd.  
Louisville, Kentucky 40202

Kathleen M Guinane

vice

8539-1-1-76

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
Secretary



FRANKFORT,  
KENTUCKY

## CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky, certify that there has been delivered to my office articles of incorporation of

Southwest Community Ministries, Inc.

The name and address of the registered agent of this corporation is

Rev. John Boyer

NAME

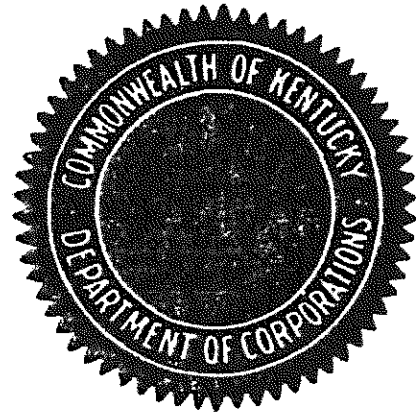
9800 Stonestreet Road

STREET ADDRESS

Louisville, Ky.

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, DREXELL R. DAVIS, Secretary of State, issue this Certificate of Incorporation.



Issued this 12th day of December, 19 84,  
at Frankfort, Kentucky.

*Drexell R. Davis*

SECRETARY OF STATE

SECRETARY OF STATE

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Southwest Community Ministries**

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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

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

Other (see instructions) ▶ **Non-Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) 1  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

| Social security number |  |  |  |   |  |  |  |  |
|------------------------|--|--|--|---|--|--|--|--|
|                        |  |  |  | - |  |  |  |  |

OR

| Employer identification number |   |  |   |   |   |   |   |       |
|--------------------------------|---|--|---|---|---|---|---|-------|
| 6                              | 2 |  | - | 1 | 2 | 5 | 7 | 1 9 5 |

**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 for Part II, later.

Signature of U.S. person ▶ Sarah J. Langmeyer Date ▶ 2/23/21

**General Instructions**

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

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

**Purpose of Form**

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

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

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

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



# Kentucky Secretary of State

## Michael G. Adams

### SOUTHWEST COMMUNITY MINISTRIES, INC.

[File Annual Report](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Additional Services](#)[Certificates](#)

#### General Information

|                             |   |
|-----------------------------|---|
| <b>Organization Number</b>  | 0196323   |
| <b>Name</b>                 | SOUTHWEST COMMUNITY MINISTRIES, INC.                          |
| <b>Profit or Non-Profit</b> | N - Non-profit  |
| <b>Company Type</b>         | KCO - Kentucky Corporation                                    |
| <b>Status</b>               | A - Active  |
| <b>Standing</b>             | G - Good  |
| <b>State</b>                | KY  |
| <b>File Date</b>            | 12/12/1984  |
| <b>Organization Date</b>    | 12/12/1984  |
| <b>Last Annual Report</b>   | 3/3/2021  |
| <b>Principal Office</b>     | 8504 TERRY ROAD<br>LOUISVILLE, KY 40258-1752                  |
| <b>Registered Agent</b>     | SARAH GAITHER<br>8504 TERRY ROAD<br>LOUISVILLE, KY 40258-1752 |

#### Current Officers

|                       |                |
|-----------------------|----------------|
| <b>President</b>      | Kim Leanhart   |
| <b>Vice President</b> | Khalil Batshon |
| <b>Secretary</b>      | Wanda Trimble  |
| <b>Treasurer</b>      | Matthew Yates  |
| <b>Director</b>       | Bob Heuglin    |
| <b>Director</b>       | Larry Cooley   |
| <b>Director</b>       | Cindi Flower   |

**Director** Charlotte Self  
**Director** Sheila Carter

## Individuals / Entities listed at time of formation

**Director** REV JOHN BOYER  
**Director** REV LINDA PENROD MILLIO  
**Director** WOODY ROBERTSON  
**Incorporator** REV JOHN BOYER  
**Incorporator** WOODY ROBERTSON  
**Incorporator** LINDA PENROD MILLION

## Images available online

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

|                                      |                      |         |      |     |
|--------------------------------------|----------------------|---------|------|-----|
| Annual Report                        | 3/3/2021             | 1 page  | PDF  |     |
| Annual Report                        | 2/24/2020            | 1 page  | PDF  |     |
| Annual Report                        | 7/3/2019             | 1 page  | PDF  |     |
| Registered Agent name/address change | 8/6/2018 4:59:53 PM  | 1 page  | PDF  |     |
| Annual Report                        | 8/6/2018             | 1 page  | PDF  |     |
| Registered Agent name/address change | 5/30/2017 1:04:12 PM | 1 page  | PDF  |     |
| Annual Report                        | 5/30/2017            | 1 page  | PDF  |     |
| Annual Report                        | 6/13/2016            | 1 page  | tiff | PDF |
| Annual Report                        | 4/6/2015             | 1 page  | tiff | PDF |
| Registered Agent name/address change | 3/31/2015 1:28:32 PM | 1 page  | PDF  |     |
| Annual Report                        | 5/30/2014            | 1 page  | tiff | PDF |
| Principal Office Address Change      | 5/30/2014            | 1 page  | tiff | PDF |
| Registered Agent name/address change | 5/30/2014            | 1 page  | tiff | PDF |
| Annual Report                        | 7/3/2013             | 1 page  | PDF  |     |
| Annual Report                        | 6/29/2012            | 1 page  | PDF  |     |
| Annual Report                        | 6/27/2011            | 1 page  | PDF  |     |
| Annual Report                        | 7/2/2010             | 1 page  | PDF  |     |
| Principal Office Address Change      | 8/28/2009            | 1 page  | tiff | PDF |
| Registered Agent name/address change | 7/28/2009            | 1 page  | tiff | PDF |
| Annual Report                        | 7/14/2009            | 1 page  | PDF  |     |
| Annual Report                        | 7/10/2008            | 1 page  | PDF  |     |
| Annual Report                        | 7/25/2007            | 1 page  | PDF  |     |
| Annual Report                        | 7/10/2006            | 1 page  | PDF  |     |
| Annual Report                        | 3/18/2005            | 1 page  | tiff | PDF |
| Annual Report                        | 9/24/2002            | 1 page  | tiff | PDF |
| Statement of Change                  | 7/3/2002             | 1 page  | tiff | PDF |
| Annual Report                        | 8/15/2001            | 2 pages | tiff | PDF |
| Annual Report                        | 4/10/2000            | 2 pages | tiff | PDF |
| Annual Report                        | 6/11/1999            | 2 pages | tiff | PDF |
| Annual Report                        | 6/25/1998            | 1 page  | tiff | PDF |
| Annual Report                        | 7/1/1997             | 2 pages | tiff | PDF |

|                           |            |         |      |     |
|---------------------------|------------|---------|------|-----|
| Annual Report             | 7/1/1996   | 1 page  | tiff | PDF |
| Statement of Change       | 7/25/1995  | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1995   | 2 pages | tiff | PDF |
| Annual Report             | 7/1/1994   | 1 page  | tiff | PDF |
| Statement of Change       | 11/16/1993 | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1993   | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1992   | 1 page  | tiff | PDF |
| Statement of Change       | 4/13/1992  | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1991   | 1 page  | tiff | PDF |
| Statement of Change       | 7/17/1990  | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1990   | 2 pages | tiff | PDF |
| Sixty Day Notice          | 9/1/1989   | 1 page  | tiff | PDF |
| Annual Report             | 7/1/1989   | 1 page  | tiff | PDF |
| Statement of Change       | 9/11/1986  | 1 page  | tiff | PDF |
| Annual Report             | 9/1/1986   | 1 page  | tiff | PDF |
| Articles of Incorporation | 12/12/1984 | 6 pages | tiff | PDF |

## Assumed Names

## Activity History

| Filing                          | File Date             | Effective Date        | Org. Referenced |
|---------------------------------|-----------------------|-----------------------|-----------------|
| Annual report                   | 3/3/2021 12:05:59 PM  | 3/3/2021 12:05:59 PM  |                 |
| Annual report                   | 2/24/2020 1:43:06 PM  | 2/24/2020 1:43:06 PM  |                 |
| Annual report                   | 7/3/2019 2:44:20 PM   | 7/3/2019 2:44:20 PM   |                 |
| Registered agent address change | 8/6/2018 4:59:53 PM   | 8/6/2018 4:59:53 PM   |                 |
| Annual report                   | 8/6/2018 4:54:53 PM   | 8/6/2018 4:54:53 PM   |                 |
| Annual report                   | 5/30/2017 1:09:37 PM  | 5/30/2017 1:09:37 PM  |                 |
| Registered agent address change | 5/30/2017 1:04:12 PM  | 5/30/2017 1:04:12 PM  |                 |
| Annual report                   | 6/13/2016 3:29:34 PM  | 6/13/2016             |                 |
| Annual report                   | 4/6/2015 8:56:57 AM   | 4/6/2015              |                 |
| Registered agent address change | 3/31/2015 1:28:32 PM  | 3/31/2015 1:28:32 PM  |                 |
| Registered agent address change | 5/30/2014 8:16:28 AM  | 5/30/2014             |                 |
| Principal office change         | 5/30/2014 8:15:53 AM  | 5/30/2014             |                 |
| Annual report                   | 5/30/2014 8:14:46 AM  | 5/30/2014             |                 |
| Annual report                   | 7/3/2013 3:57:16 PM   | 7/3/2013 3:57:16 PM   |                 |
| Annual report                   | 6/29/2012 11:37:56 AM | 6/29/2012 11:37:56 AM |                 |
| Annual report                   | 6/27/2011 3:00:00 PM  | 6/27/2011 3:00:00 PM  |                 |
| Annual report                   | 7/2/2010 6:15:09 PM   | 7/2/2010 6:15:09 PM   |                 |
| Principal office change         | 8/28/2009 3:20:09 PM  | 8/28/2009             |                 |



|                                 |                       |                       |
|---------------------------------|-----------------------|-----------------------|
| Registered agent address change | 7/28/2009 8:11:48 AM  | 7/28/2009             |
| Annual report                   | 7/14/2009 2:12:58 PM  | 7/14/2009 2:12:58 PM  |
| Annual report                   | 7/10/2008 5:06:49 PM  | 7/10/2008 5:06:49 PM  |
| Annual report                   | 7/25/2007 9:57:28 AM  | 7/25/2007 9:57:28 AM  |
| Annual report                   | 7/10/2006 11:34:57 AM | 7/10/2006 11:34:57 AM |
| Registered agent address change | 7/3/2002 8:35:34 AM   | 7/3/2002              |
| Principal office change         | 6/10/1996             | 6/10/1996             |
| Registered agent address change | 7/25/1995             | 7/25/1995             |

## Microfilmed Images

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

|                           |            |         |
|---------------------------|------------|---------|
| Annual Report             | 3/24/2004  | 1 page  |
| Annual Report             | 3/7/2004   | 1 page  |
| Annual Report             | 9/24/2002  | 1 page  |
| Statement of Change       | 7/3/2002   | 1 page  |
| Annual Report             | 8/15/2001  | 2 pages |
| Annual Report             | 4/10/2000  | 2 pages |
| Annual Report             | 6/11/1999  | 2 pages |
| Annual Report             | 6/25/1998  | 1 page  |
| Annual Report             | 7/1/1997   | 2 pages |
| Annual Report             | 7/1/1996   | 1 page  |
| Statement of Change       | 7/25/1995  | 1 page  |
| Annual Report             | 7/1/1995   | 2 pages |
| Annual Report             | 7/1/1994   | 1 page  |
| Statement of Change       | 11/16/1993 | 1 page  |
| Annual Report             | 7/1/1993   | 1 page  |
| Annual Report             | 7/1/1992   | 1 page  |
| Statement of Change       | 4/13/1992  | 1 page  |
| Annual Report             | 7/1/1991   | 1 page  |
| Statement of Change       | 7/17/1990  | 1 page  |
| Annual Report             | 7/1/1990   | 2 pages |
| Sixty Day Notice Return   | 9/1/1989   | 2 pages |
| Sixty Day Notice          | 9/1/1989   | 1 page  |
| Annual Report             | 7/1/1989   | 1 page  |
| Statement of Change       | 9/11/1986  | 1 page  |
| Annual Report             | 9/1/1986   | 1 page  |
| Articles of Incorporation | 12/12/1984 | 6 pages |

[Contact](#) [Site Map](#)

[Privacy](#) [Security](#) [Disclaimer](#) [Accessibility](#)

Kentucky Unbridled Spirit