

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

Applicant/Program: Southwest Community Ministries Annual Fundraiser
Applicant Requested Amount: \$2571.00
Appropriation Request Amount: 2571.00

Executive Summary of Request
Neighborhood Development Fund will be directed to the Southwest Community Ministries for Music (Monarchs) and incidentals, (Table Cloths, Decorations and totes for table cloths), for their annual fundraiser, February 24th, 2018. This is SWCM's major fundraiser. SWCM provide services to needy families in our community.

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

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

#14
District #

Lindi Fowler (cat)
Primary Sponsor Signature

2,571.00
Amount

2-13-18
Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Councilwoman Fowler is a memeber of the SWCM Board. She does not carry any direct fiduciary responsibilities in that role.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Southwest Community Ministries

Program Name and Request Amount \$2571.00

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

Prepared by: *Andy Muremax*

Date: *2-13-18*

Thieneman, Cindy L

From: Fowler, Cindi
Sent: Monday, February 5, 2018 11:48 AM
To: Thieneman, Cindy L
Cc: Ernest, Edwin; Helton, Jessamyn
Subject: SWCM NDF

All,
Cindy Thieneman has my permission to sign the NDF's for SWCMinistries in my absence. Thanks! Cindi

Sent from my iPad

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Southwest Community Ministries <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: , 8504 Terry Road Louisville, Kentucky 40258			
Website: southwestcommunityministries.org			
Applicant Contact:	Sarah Gaither	Title:	Executive Director
Phone:	502-935-0310	Email:	sarah.swcm@gmail.com
Financial Contact:	Janet McKeehan	Title:	Bookkeeper
Phone:	502-935-0310	Email:	JAMcKeehan.swcm@yahoo.com
Organization's Representative who attended NDF Training: JT Henderson			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	8504 Terry Road, Louisville, Kentucky 40258		
Council District(s):	14	Zip Code(s):	40258
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dinner with The Monarchs" Annual Fundraising Dinner			
Total Request: (\$)	2,571	Total Metro Award (this program) in previous year: (\$)	5,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Formula Grant	Amount: (\$)	90,700
Source:	Meals on Wheels	Amount: (\$)	1,182
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision: Southwest Community Area Ministries (SWCM) will help create a more financially equitable Southwest community by playing an integral part in alleviating the burden of crisis and poverty in the Southwest community.

Mission: SWCM unites area churches, businesses, community agencies, government, and individuals to minister to the needs of our 40258, 40272, and the Jefferson County portion of 40177 neighbors who find themselves in poverty and/or crisis.

Values: SWCM reaches out to those in need in a manner that maintains their personal dignity, fosters a spirit of community, encourages independence, and recognizes interdependence.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Kim Leanhart	June 30, 2019
Joy Horde	June 30, 2018
Jane Betz	June 30, 2018
Matt Yates	June 30, 2019
Cindi Fowler	June 30, 2019
Dorothy Stencavage	June 30, 2018
Jenny Eichhorn	June 30, 2018
Carol Lee Severs	June 30, 2018
Bob Heuglin	June 30, 2018
Charlie Miller	June 30, 2019
Paid Staff:	
Sarah Gaither, Executive Director	
Karen Minton, Emergency Assistance Director	
Mary Wells, Food Coordinator	
Barb Mercer and Claudia Kiper, Meals on Wheels, Co-coordinators	
Janet McKeenan, Bookkeeper	

Describe the Board term limit policy:

The board term is for a 2-year period. A board member may be voted to stay on another 2-year term after that. If a board member serves 4 years, they must step off the board for at least a year.

Three Highest Paid Staff Names	Annual Salary
Sarah Gaither, Executive Director	42,000
Mary Wells, Food Coordinator	30,645
Karen Minton, Emergency Assistance Director (part-time)	15,378

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.):

"Dinner with The Monarchs" will be an evening event held February 24, 2018 at Valley Hope Center, 10801 Deering Road in Louisville. There will be a dinner, auction, and music by The Monarchs.

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

The funding will be spent on the entertainment for the evening, as well and linens and decorations for the dinner.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The proceeds from the fundraiser will be put towards operating expenses that help our neighbors in need. We help with clients' gas and electric bills, water, rent, food, meals to the shut-ins, and other various seasonal needs. The proceeds will help with operating expenses that assure we can meet the demands of operating our agency.

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.

The requested funds will help to pay for the cost of the entertainment, linens and decorations

- 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:

Measurable Outcomes:

Our fund raiser provides funds to address the needs of our 40272, 40258, and the Jefferson County portion of 40177. The money from the fund raiser will go towards our emergency assistance programs. The fundraising success will be measured by the following:

Number of individuals attending the event and the amount of money that is raised.

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.

Southwest Community Ministries (SWCM) has a strong partnership with our area inter-faith churches, schools, businesses, and individuals. Together, they attempt to meet the needs of SWCM but the need is too great for them to do it alone. They supply food, personal care items, and sometimes help with donations that can be used in the office. However, we need extra help in these areas. We also need to be able to reach a greater audience. A few of our larger donors include: LG & E, Dare to Care, Kentucky Harvest, and Zoeller Co,



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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	2571	5,000	7571
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	2571	5,000	7571
% of Program Budget	34 %	66 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	14,000
Other (please specify)	0
Total Revenue for Columns 2 Expenses **	14,000

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Table Cloths	632		632
Totes	39		39
Decor	400		291 400
Entertainment	1,500		1,500
Dinner Expenses		5,000	5,000
Total	2,571	5,000	7,465 7,571

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.

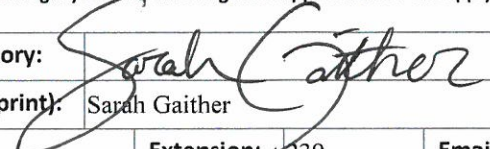
Standard Certifications

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.

SECTION 8 – CERTIFICATIONS & ASSURANCES

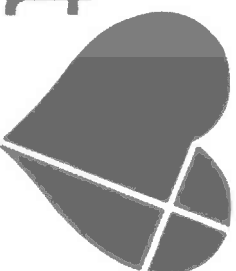
I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification 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:	2-9-18
Legal Signatory: (please print):	Sarah Gaither	Title:	Executive Director
Phone:	502-935-0310	Extension:	239
Email:	sarah.swcm@gmail.com		

♪ THE ♪

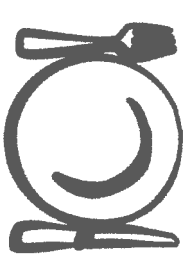
MONARCHS

Southwest
COMMUNITY MINISTRIES



Khalil's

Annual Dinner & Dancing with the Monarchs!



Food & Drinks provided by Khalil's

February 24, 2018

At Valley Hope Center

10801 Deering Road (Formerly OLC)

Doors Open at 5:30

Dinner Starts at 5:45

Seating is first come first serve

Tickets can be purchased

at Southwest Community

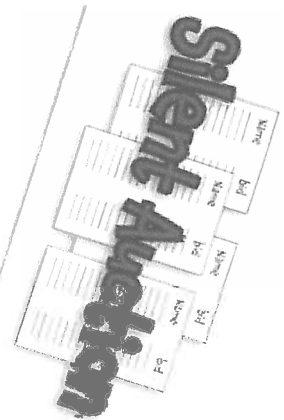
Ministries (8504 Terry Road)

for \$35.00

For more information

please contact us

at 502.935.0310



Corporate Sponsors



Live Auction



\$



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Reaching out to those in need in a manner that maintains their personal dignity.

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NEWS & EVENTS

CONTACT US

Event Dates

502.935.0310

February 24, 2018 - Dinner with the Monarchs

Valley Hope Center (Formerly OLC)
10801 Deering Road
Louisville, KY 40272

Price - \$35 - Includes dinner by Khalils and music from The Monarchs
Doors open at 5:30 - Dinner at 5:45
Live/Silent Auctions

Tickets can be purchased at: SWCM, 8504 Terry Road, Louisville, KY 40258

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 25 1987

Employer Identification Number:

Case Number:

310054838

Person to Contact:

Dale Pepper

Contact Telephone Number:

513-684-3578

Accounting Period Ending:

December 31

Form 990 Required: Yes No

Caveat Applies: No

Southwest Community Ministries, Inc.
P.O. Box 72287
5010 Valley Station Road
Louisville, KY 40272

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, 2108, 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

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

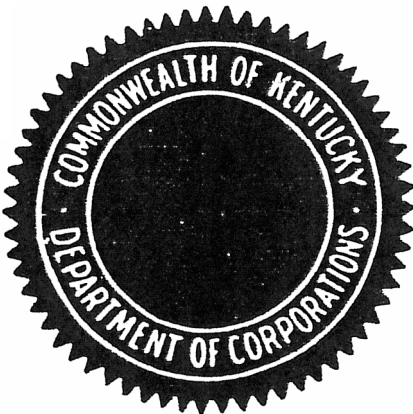
9800 Stonestreet Road

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

ASSISTANT SECRETARY OF STATE

SOUTHWEST COMMUNITY MINISTRIES, INC.

General Information

Organization Number	0196323
Name	SOUTHWEST COMMUNITY MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	12/12/1984
Organization Date	12/12/1984
Last Annual Report	5/30/2017
Principal Office	8504 TERRY ROAD LOUISVILLE, KY 40258-1752
Registered Agent	JT HENDERSON 8504 TERRY ROAD LOUISVILLE, KY 40258-1752

Current Officers

President	<u>BOB HEUGLIN</u>
Secretary	<u>Carol Lee Severs</u>
Treasurer	<u>Matt Yates</u>
Director	<u>Jane Betz</u>
Director	<u>Dorothy Stencavage</u>
Director	<u>CAROL LEE SEVERS</u>
Executive	<u>James T Henderson</u>

Individuals / Entities listed at time of formation

Director	<u>REV JOHN BOYER</u>
Director	<u>REV LINDA PENROD MILLIO</u>
Director	<u>WOODY ROBERTSON</u>
Incorporator	<u>REV JOHN BOYER</u>
Incorporator	<u>WOODY ROBERTSON</u>
Incorporator	<u>LINDA PENROD MILLION</u>

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.

<u>Registered Agent name/address change</u>	5/30/2017 1:04:12 PM	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/30/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/13/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/6/2015	1 page	<u>tiff</u>	<u>PDF</u>

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	5/30/2017	5/30/2017	

	1:09:37 PM	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

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 Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
 July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Government Grants	0.00	0.00	0.00	0.0%
Donations				
Restricted Donations				
700 · Individuals				
30400 · Individ/Busines - Other Program	0.00	0.00	0.00	0.0%
700 · Individuals - Other	20,724.74	2,493.33	18,231.41	831.2%
Total 700 · Individuals	20,724.74	2,493.33	18,231.41	831.2%
701 · Churches	4,860.00	9,444.47	-4,584.47	51.5%
702 · Government Grants	32,714.92	0.00	32,714.92	100.0%
703 · ACM	19,110.00	9,444.47	9,665.53	202.3%
704 · Business	194.20	3,777.80	-3,583.60	5.1%
705 · Catholic Health (CHI)				
Government Grants	0.00	0.00	0.00	0.0%
Ind Contributions- Restricted				
Utility Match	0.00	0.00	0.00	0.0%
Ind Contributions- Restricted - Other	0.00	0.00	0.00	0.0%
Total Ind Contributions- Restricted	0.00	0.00	0.00	0.0%
LG&E for Match	0.00	0.00	0.00	0.0%
LWC Fund	0.00	0.00	0.00	0.0%
Metro Council for UMF	0.00	0.00	0.00	0.0%
Other Awards	0.00	0.00	0.00	0.0%
Other Programs				
Special Program Donations	0.00	0.00	0.00	0.0%
Other Programs - Other	0.00	0.00	0.00	0.0%
Total Other Programs	0.00	0.00	0.00	0.0%
UPS	0.00	0.00	0.00	0.0%
Younger Womans Club	0.00	0.00	0.00	0.0%
705 · Catholic Health (CHI) - Other	3,000.00	4,533.33	-1,533.33	66.2%
Total 705 · Catholic Health (CHI)	3,000.00	4,533.33	-1,533.33	66.2%
706 · Winterhelp (CWH)	0.00	2,644.47	-2,644.47	0.0%
Restricted Donations - Other	3,000.00	0.00	3,000.00	100.0%
Total Restricted Donations	83,603.86	32,337.87	51,265.99	258.5%
Unrestricted Donation				
800 · Individuals				
Bldg reno, equip, etc	0.00	0.00	0.00	0.0%
Memorial Gifts	0.00	0.00	0.00	0.0%
Special Appeal				
Building Reno/Move	0.00	0.00	0.00	0.0%
Donation for any need	0.00	0.00	0.00	0.0%
Utility Match	0.00	0.00	0.00	0.0%
Special Appeal - Other	0.00	0.00	0.00	0.0%
Total Special Appeal	0.00	0.00	0.00	0.0%
Special Gifts	0.00	0.00	0.00	0.0%
Special Occasion Donations	0.00	0.00	0.00	0.0%
Special Projects	0.00	0.00	0.00	0.0%
800 · Individuals - Other	3,089.47	9,444.47	-6,355.00	32.7%
Total 800 · Individuals	3,089.47	9,444.47	-6,355.00	32.7%
801 · Churches				
Building Renovations/Move	0.00	0.00	0.00	0.0%
Special gifts				
Utility Match donation	0.00	0.00	0.00	0.0%
Special gifts - Other	0.00	0.00	0.00	0.0%
Total Special gifts	0.00	0.00	0.00	0.0%
801 · Churches - Other	8,441.40	7,555.57	885.83	111.7%
Total 801 · Churches	8,441.40	7,555.57	885.83	111.7%

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Accrual Basis

Southwest Community Ministries Inc. Profit & Loss Budget vs. Actual To Date July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
802 - Government Grants	25,960.00	0.00	25,960.00	100.0%
803 - ACM	1,890.00	793.33	1,096.67	238.2%
804 - Business				
Combined Fed Campaign	0.00	0.00	0.00	0.0%
Org Contributions Special				
Org donations for Utility Match	0.00	0.00	0.00	0.0%
Special Appeal for any need	0.00	0.00	0.00	0.0%
Org Contributions Special - Other	0.00	0.00	0.00	0.0%
Total Org Contributions Special	0.00	0.00	0.00	0.0%
Partner Orgs Rent	0.00	0.00	0.00	0.0%
Property Donations				
Property acquisition	0.00	0.00	0.00	0.0%
Property Renovations	0.00	0.00	0.00	0.0%
Property Donations - Other	0.00	0.00	0.00	0.0%
Total Property Donations	0.00	0.00	0.00	0.0%
804 - Business - Other	6,659.17	9,066.67	-2,407.50	73.4%
Total 804 - Business	6,659.17	9,066.67	-2,407.50	73.4%
Unrestricted Donation - Other	0.00	0.00	0.00	0.0%
Total Unrestricted Donation	46,040.04	26,860.04	19,180.00	171.4%
Donations - Other	0.00	0.00	0.00	0.0%
Total Donations	129,643.90	59,197.91	70,445.99	219.0%
Fee for Service	0.00	0.00	0.00	0.0%
Fundraising Income				
1 - Annual Dinner	0.00	30,222.20	-30,222.20	0.0%
Breakfast odds & ins	0.00	0.00	0.00	0.0%
Breakfast Specials	0.00	0.00	0.00	0.0%
Cha Cha for Charity	0.00	3,777.65	-3,777.65	0.0%
2 - Cruise				
River Ramble other	0.00	0.00	0.00	0.0%
RR Event Donations	0.00	0.00	0.00	0.0%
RR Event Sponsors	0.00	0.00	0.00	0.0%
RR Reg & Walker Sponsors	0.00	0.00	0.00	0.0%
2 - Cruise - Other	2,505.00	0.00	2,505.00	100.0%
Total 2 - Cruise	2,505.00	0.00	2,505.00	100.0%
Dinner Tickets	0.00	0.00	0.00	0.0%
Drawings	0.00	0.00	0.00	0.0%
3 - Ecumenical Services				
Lent donation-special project	0.00	0.00	0.00	0.0%
3 - Ecumenical Services - Other	0.00	1,888.86	-1,888.86	0.0%
Total 3 - Ecumenical Services	0.00	1,888.86	-1,888.86	0.0%
4 - Other Fundraising Event	700.00	0.00	700.00	100.0%
6 - Special Events				
Fun Fest				
Auction	0.00	0.00	0.00	0.0%
Cake Walk Cake Sales	0.00	0.00	0.00	0.0%
Event Donations	0.00	0.00	0.00	0.0%
Fun Fest Other	0.00	0.00	0.00	0.0%
Spaghetti Dinner	0.00	0.00	0.00	0.0%
Sponsor Donation	0.00	0.00	0.00	0.0%
Yard Sale	0.00	0.00	0.00	0.0%
Fun Fest - Other	0.00	0.00	0.00	0.0%
Total Fun Fest	0.00	0.00	0.00	0.0%
6 - Special Events - Other	0.00	0.00	0.00	0.0%
Total 6 - Special Events	0.00	0.00	0.00	0.0%

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Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
 July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
7 - Pancake Breakfast-Sausage Club	0.00	0.00	0.00	0.0%
Event Sponsor	0.00	0.00	0.00	0.0%
Event Support Donation	0.00	0.00	0.00	0.0%
Farmers Market Donations	0.00	0.00	0.00	0.0%
Fundraisers	0.00	0.00	0.00	0.0%
Fundraising by others	0.00	0.00	0.00	0.0%
Fundraising Other (3)	0.00	0.00	0.00	0.0%
8 - Gift Cards				
Other Gift Cards	0.00	0.00	0.00	0.0%
8 - Gift Cards - Other	0.00	0.00	0.00	0.0%
Total 8 - Gift Cards	0.00	0.00	0.00	0.0%
Live &/or Silent Auction	0.00	0.00	0.00	0.0%
Live Auction	0.00	0.00	0.00	0.0%
Live Auction-Plea Item	0.00	0.00	0.00	0.0%
Other raffles at Pnck Brkfst	0.00	0.00	0.00	0.0%
Other types of events	0.00	0.00	0.00	0.0%
Pancake Breakfast	0.00	0.00	0.00	0.0%
Pancake Breakfast proceeds	0.00	0.00	0.00	0.0%
Pancake Brkfst donations	0.00	0.00	0.00	0.0%
Program Ad Sales	0.00	0.00	0.00	0.0%
Raffle Donations	0.00	0.00	0.00	0.0%
Raffles	0.00	0.00	0.00	0.0%
Raffles at Festival	0.00	0.00	0.00	0.0%
Sausage Club	0.00	0.00	0.00	0.0%
Silent Auction	0.00	0.00	0.00	0.0%
Yard Sales, Etc	0.00	0.00	0.00	0.0%
Fundraising Income - Other	0.00	0.00	0.00	0.0%
Total Fundraising Income	3,205.00	35,888.71	-32,683.71	8.9%
Governmental Funding -				
Louisville Metro Grants				
Meals on Wheels	0.00	1,888.87	-1,888.87	0.0%
Neighborhood Dev 2				
ND	0.00	0.00	0.00	0.0%
Operation Brightside	0.00	0.00	0.00	0.0%
Neighborhood Dev 2 - Other	0.00	0.00	0.00	0.0%
Total Neighborhood Dev 2	0.00	0.00	0.00	0.0%
Neighborhood Development	0.00	1,888.94	-1,888.94	0.0%
Louisville Metro Grants - Other	0.00	34,264.43	-34,264.43	0.0%
Total Louisville Metro Grants	0.00	38,042.24	-38,042.24	0.0%
Governmental Funding -- Other	0.00	0.00	0.00	0.0%
Total Governmental Funding -	0.00	38,042.24	-38,042.24	0.0%
Insurance Settlement	0.00	0.00	0.00	0.0%
Org. Contributions- Restricted				
Corp or Fdn Grants				
Catholic Charities	0.00	0.00	0.00	0.0%
Kosair Charities	0.00	0.00	0.00	0.0%
YUM Rebate				
YUM Rebate FC	0.00	0.00	0.00	0.0%
YUM Rebate Sr Food	0.00	0.00	0.00	0.0%
YUM Rebate - Other	0.00	0.00	0.00	0.0%
Total YUM Rebate	0.00	0.00	0.00	0.0%
Corp or Fdn Grants - Other	0.00	0.00	0.00	0.0%
Total Corp or Fdn Grants	0.00	0.00	0.00	0.0%
Other programs	0.00	0.00	0.00	0.0%
Org. Contributions- Restricted - Other	0.00	0.00	0.00	0.0%
Total Org. Contributions- Restricted	0.00	0.00	0.00	0.0%

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Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
 July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
Program Revenue				
Frwd to JHSMH MoW	0.00	0.00	0.00	0.0%
Program Revenue - Other	0.00	0.00	0.00	0.0%
Total Program Revenue	0.00	0.00	0.00	0.0%
Uncategorized Income	0.00	0.00	0.00	0.0%
20000 · Unrestricted Revenues	0.00	0.00	0.00	0.0%
30000 · Restricted Revenues				
Clients-EA	0.00	0.00	0.00	0.0%
Indiv/org-EA	0.00	0.00	0.00	0.0%
36000 · Misc Restricted	0.00	0.00	0.00	0.0%
30000 · Restricted Revenues - Other	0.00	0.00	0.00	0.0%
Total 30000 · Restricted Revenues	0.00	0.00	0.00	0.0%
Total Income	132,848.90	133,128.86	-279.96	99.8%
Cost of Goods Sold				
Cost of Goods Sold	0.00	0.00	0.00	0.0%
Total COGS	0.00	0.00	0.00	0.0%
Gross Profit	132,848.90	133,128.86	-279.96	99.8%
Expense				
Advertising	0.00	0.00	0.00	0.0%
Accrued Expenses 2009-10				
Mileage 2009-10	0.00	0.00	0.00	0.0%
Accrued Expenses 2009-10 - Other	0.00	0.00	0.00	0.0%
Total Accrued Expenses 2009-10	0.00	0.00	0.00	0.0%
Administrative Expenses				
Networking/Marketing Expenses	312.44	0.00	312.44	100.0%
Fundraising Supplies				
Cost of Fund Raising				
Fund Raising Exp	0.00	0.00	0.00	0.0%
Cost of Fund Raising - Other	0.00	0.00	0.00	0.0%
Total Cost of Fund Raising	0.00	0.00	0.00	0.0%
Fundraising Supplies - Other	0.00	0.00	0.00	0.0%
Total Fundraising Supplies	0.00	0.00	0.00	0.0%
Fax service	0.00	0.00	0.00	0.0%
Fundraising Expenses				
Mass Mailings	0.00	3,777.80	-3,777.80	0.0%
Fundraising Expenses - Other	0.00	3,777.80	-3,777.80	0.0%
Total Fundraising Expenses	0.00	7,555.60	-7,555.60	0.0%
Loss on Dispositions	0.00	0.00	0.00	0.0%
Telephone Service	0.00	0.00	0.00	0.0%
Personnel Costs				
Special / Incentives	25.00	0.00	25.00	100.0%
Wages	33,632.69	48,733.33	-15,100.64	69.0%
Payroll Taxes	13,071.51	3,777.78	9,293.73	346.0%
Payroll Service	387.64	566.67	-179.03	68.4%
Health Insurance				
AFLAC	678.60	4,533.33	-3,854.73	15.0%
Health Insurance - Other	0.00	0.00	0.00	0.0%
Total Health Insurance	678.60	4,533.33	-3,854.73	15.0%
Workers Comp	0.00	453.33	-453.33	0.0%
5450-01 · Officer Wages	0.00	0.00	0.00	0.0%
Personnel Costs - Other	0.00	0.00	0.00	0.0%
Total Personnel Costs	47,795.44	58,064.44	-10,269.00	82.3%

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Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
 July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
Occupancy Costs				
IT Services	997.78	1,888.90	-891.12	52.8%
PIT - internet	84.00	0.00	84.00	100.0%
Google Domains	15.00	0.00	15.00	100.0%
Hosting/Maintenance of Website	835.00	755.60	79.40	110.5%
Gas & Electric	3,136.66	0.00	3,136.66	100.0%
Water	724.99	0.00	724.99	100.0%
Garbage	667.46	0.00	667.46	100.0%
Pest Control	0.00	0.00	0.00	0.0%
Repair & Maintenance				
Shredding	0.00	0.00	0.00	0.0%
Terry Road Property Repairs	0.00	0.00	0.00	0.0%
Repair & Maintenance - Other	223.87	453.33	-229.46	49.4%
Total Repair & Maintenance	223.87	453.33	-229.46	49.4%
Internet - Phones (Time Warner)	1,529.89	2,266.67	-736.78	67.5%
Occupancy Costs - Other	0.00	4,850.67	-4,850.67	0.0%
Total Occupancy Costs	8,214.65	10,215.17	-2,000.52	80.4%
Insurance				
Brotherhood Mutual	922.23	0.00	922.23	100.0%
Selective	1,206.00	0.00	1,206.00	100.0%
Insurance - Other	0.00	2,266.67	-2,266.67	0.0%
Total Insurance	2,128.23	2,266.67	-138.44	93.9%
Office Expenses				
Furniture, Computer, Printers.				
ISET, LLC	0.00	0.00	0.00	0.0%
Duplicator Copy Machines	423.86	0.00	423.86	100.0%
Shelves & storage equipment	0.00	0.00	0.00	0.0%
Furniture/Equipment	140.00	0.00	140.00	100.0%
Furniture, Computer, Printers. - Other	49.99	944.47	-894.48	5.3%
Total Furniture, Computer, Printers.	613.85	944.47	-330.62	65.0%
Office Supplies	854.43	1,511.14	-656.71	56.5%
Postage				
Permit Imprint Acct	0.00	0.00	0.00	0.0%
Postal meter	0.00	0.00	0.00	0.0%
Stamps	0.00	0.00	0.00	0.0%
Postage - Other	145.45	906.67	-761.22	16.0%
Total Postage	145.45	906.67	-761.22	16.0%
Print -Programs, Handouts, etc.	0.00	0.00	0.00	0.0%
Bank Fees	0.00	0.00	0.00	0.0%
Office Expenses - Other	0.00	0.00	0.00	0.0%
Total Office Expenses	1,613.73	3,362.28	-1,748.55	48.0%
Equipment Repairs & Maintenance				
Building Repair & Maintenance	3,671.00	4,533.33	-862.33	81.0%
SWCM Box Truck	0.00	0.00	0.00	0.0%
Equipment Repairs & Maintenance - Other	0.00	453.33	-453.33	0.0%
Total Equipment Repairs & Maintenance	3,671.00	4,986.66	-1,315.66	73.6%
Special Projects	0.00	377.80	-377.80	0.0%
Membership Fees/Dues	305.00	755.61	-450.61	40.4%
Audit & Accounting	0.00	1,888.94	-1,888.94	0.0%
Misc/Other General				
Misc-Other	0.00	0.00	0.00	0.0%
Public Relations	53.93	1,133.33	-1,079.40	4.8%
Special Projects				
Terry Road Improvements	0.00	0.00	0.00	0.0%
Special Projects - Other	0.00	0.00	0.00	0.0%
Total Special Projects	0.00	0.00	0.00	0.0%
Staff	0.00	0.00	0.00	0.0%

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Accrual Basis

Southwest Community Ministries Inc. Profit & Loss Budget vs. Actual To Date July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
Supplies				
Non-perishable event supplies	0.00	0.00	0.00	0.0%
Printing/Copying	0.00	0.00	0.00	0.0%
Renovation Supplies				
Construction Supplies	0.00	0.00	0.00	0.0%
Items for installation	0.00	0.00	0.00	0.0%
Items for use	0.00	0.00	0.00	0.0%
Rental Equipment	0.00	0.00	0.00	0.0%
Renovation Supplies - Other	0.00	0.00	0.00	0.0%
Total Renovation Supplies	0.00	0.00	0.00	0.0%
Shred, recycling services	0.00	0.00	0.00	0.0%
Supplies - Other	0.00	0.00	0.00	0.0%
Total Supplies	0.00	0.00	0.00	0.0%
Volunteers	0.00	0.00	0.00	0.0%
Misc/Other General - Other	1.94	377.80	-375.86	0.5%
Total Misc/Other General	55.87	1,511.13	-1,455.26	3.7%
Depreciation Expense	0.00	0.00	0.00	0.0%
Administrative Expenses - Other	0.00	0.00	0.00	0.0%
Total Administrative Expenses	64,096.36	90,984.30	-26,887.94	70.4%
Insurance				
Health Savings Account deposits	0.00	0.00	0.00	0.0%
Medicare Supplement Pmt	0.00	0.00	0.00	0.0%
Insurance - Other	0.00	0.00	0.00	0.0%
Total Insurance	0.00	0.00	0.00	0.0%
Miscellaneous	0.00	0.00	0.00	0.0%
Rent/Occupancy				
In-Kind donaton	0.00	0.00	0.00	0.0%
Janitorial	0.00	0.00	0.00	0.0%
Mod Bldg	0.00	0.00	0.00	0.0%
Rent/Occupancy - Other	0.00	0.00	0.00	0.0%
Total Rent/Occupancy	0.00	0.00	0.00	0.0%
Supplies	0.00	0.00	0.00	0.0%
Support Services				
Mileage & Travel Reimbursements				
JHSMH MoW Mileage	0.00	0.00	0.00	0.0%
Meals on Wheels	0.00	0.00	0.00	0.0%
Metro MoW Mileage	0.00	0.00	0.00	0.0%
Mileage & Travel Reimbursements - Other	0.00	0.00	0.00	0.0%
Total Mileage & Travel Reimbursements	0.00	0.00	0.00	0.0%
Support Services - Other	0.00	0.00	0.00	0.0%
Total Support Services	0.00	0.00	0.00	0.0%
Website Maintenance	0.00	0.00	0.00	0.0%
51000 - Facility				
Computer or Equipment Mntn	0.00	0.00	0.00	0.0%
Mod Bldg Mntn	0.00	0.00	0.00	0.0%
Routine mntn	0.00	0.00	0.00	0.0%
Special Mntn	0.00	0.00	0.00	0.0%
51000 - Facility - Other	0.00	0.00	0.00	0.0%
Total 51000 - Facility	0.00	0.00	0.00	0.0%
Other Unrestricted	0.00	0.00	0.00	0.0%
53501 - Audit & Acctg	0.00	0.00	0.00	0.0%
Reserve Account	0.00	0.00	0.00	0.0%
Program Expenses				
Allocated Costs	0.00	0.00	0.00	0.0%
Farmers Market	0.00	0.00	0.00	0.0%
Fun Fest	0.00	0.00	0.00	0.0%

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11/16/17

Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
 July 1 through November 16, 2017

	Jul 1 - Nov 16, 17	Budget	\$ Over Budget	% of Budget
Other Programs				
Mileage				
Other Mileage	0.00	0.00	0.00	0.0%
Program Mileage				
JHSMH MoW	0.00	0.00	0.00	0.0%
Metro MoW	0.00	0.00	0.00	0.0%
Other	0.00	0.00	0.00	0.0%
Program Mileage - Other	0.00	0.00	0.00	0.0%
Total Program Mileage	0.00	0.00	0.00	0.0%
Mileage - Other	475.12	1,511.14	-1,036.02	31.4%
Total Mileage	475.12	1,511.14	-1,036.02	31.4%
Food Purchases	111.00	188.93	-77.93	58.8%
Meals on Wheels Reimbursements	0.00	0.00	0.00	0.0%
61000 - Other Programs.	0.00	0.00	0.00	0.0%
Volunteer Appreciation	0.00	0.00	0.00	0.0%
Other Programs - Other	0.00	5,288.91	-5,288.91	0.0%
Total Other Programs	586.12	6,988.98	-6,402.86	8.4%
60100 - Direct Financial Assistance				
Utilities				
Utilities - Water Company	1,554.00	0.00	1,554.00	100.0%
Utilities - LGE	9,378.00	0.00	9,378.00	100.0%
Utilities - Other	0.00	0.00	0.00	0.0%
Total Utilities	10,932.00	0.00	10,932.00	100.0%
Rent	895.00	0.00	895.00	100.0%
Medical Program	567.18	2,266.67	-1,699.49	25.0%
Back To School Supplies	1,638.74	566.67	1,072.07	289.2%
Direct Emergency Assistance	0.00	0.00	0.00	0.0%
Direct Medical Assistance	0.00	0.00	0.00	0.0%
Emer Assist-Other	0.00	0.00	0.00	0.0%
Emer Assistance	0.00	0.00	0.00	0.0%
Kids Christmas	0.00	566.67	-566.67	0.0%
Senior Comm	0.00	0.00	0.00	0.0%
Winterhelp (CWH)	0.00	2,644.47	-2,644.47	0.0%
60100 - Direct Financial Assistance - Other	35,398.70	34,000.00	1,398.70	104.1%
Total 60100 - Direct Financial Assistance	49,431.62	40,044.48	9,387.14	123.4%
Program Expenses - Other	0.00	0.00	0.00	0.0%
Total Program Expenses	50,017.74	47,033.46	2,984.28	106.3%
Educational	0.00	1,511.14	-1,511.14	0.0%
Reconciliation Discrepancies	0.00	0.00	0.00	0.0%
Total Expense	114,114.10	139,528.90	-25,414.80	81.8%
Net Ordinary Income	18,734.80	-6,400.04	25,134.84	-292.7%
Other Income/Expense				
Other Income				
Gain (Loss) on Dispositions	0.00	0.00	0.00	0.0%
Bank Interest Earned	11.15	0.00	11.15	100.0%
Interest Income	0.00	0.00	0.00	0.0%
Needing Additional Review	0.00	0.00	0.00	0.0%
PayPal	0.00	0.00	0.00	0.0%
Total Other Income	11.15	0.00	11.15	100.0%

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11/16/17

Accrual Basis

Southwest Community Ministries Inc.
Profit & Loss Budget vs. Actual To Date
July 1 through November 16, 2017

	<u>Jul 1 - Nov 16, 17</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Other Expense				
ASK MY ACCOUNTANT	0.00	0.00	0.00	0.0%
penalty	0.00	0.00	0.00	0.0%
9999-00 - Unassigned Items	0.00	0.00	0.00	0.0%
Uncategorized Expense	0.00	0.00	0.00	0.0%
Total Other Expense	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.0%</u>
Net Other Income	<u>11.15</u>	<u>0.00</u>	<u>11.15</u>	<u>100.0%</u>
Net Income	<u><u>18,745.95</u></u>	<u><u>-6,400.04</u></u>	<u><u>25,145.99</u></u>	<u><u>-292.9%</u></u>

SOUTHWEST COMMUNITY MINISTRIES INC

AUDITED FINANCIAL STATEMENTS

JUNE 30, 2017

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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, 2017, and the related statements of activities, functional activities by department and cash flows 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, 2017, 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

Stephens & Lawson CPAs

Louisville Kentucky

November 2, 2017

**SOUTHWEST COMMUNITY MINISTRIES
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2017**

ASSETS

CURRENT ASSETS

Cash - Unrestricted	\$	187,498	
Cash - Restricted		11,677	
Grants Receivable		6,000	
Gift Card Inventory		<u>79</u>	
Total Current Assets			\$ 205,254

PROPERTY AND EQUIPMENT

Fixed Assets		379,470	
Accumulated Depreciation		<u>(66,530)</u>	
Net Property and Equipment			<u>312,940</u>

TOTAL ASSETS **\$ 518,194**

LIABILITIES AND NET ASSETS

TOTAL LIABILITIES **\$ -**

NET ASSETS

Unrestricted Net Assets	\$	506,517	
Temporarily Restricted Net Assets		<u>11,677</u>	
Total Net Assets			<u>518,194</u>

TOTAL LIABILITIES AND NET ASSETS **\$ 518,194**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

SOUTHWEST COMMUNITY MINISTRIES
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2017

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
SUPPORT AND REVENUE				
Donations:				
Churches	\$ 23,412	\$ 19,975	\$ -	\$ 43,387
Individuals	63,981	6,799	-	70,780
Other Organizations	16,565	111,873	-	128,438
Fundraising:				
Special Events	65,364	-	-	65,364
Gift Card Revenue	-	2,736	-	2,736
Governmental Funding	-	102,723	-	102,723
Interest	7	-	-	7
Net Assets Released from Restrictions	<u>232,429</u>	<u>(232,429)</u>	<u>-</u>	<u>-</u>
Total Support and Revenue	401,758	11,677	-	413,435
FUNCTIONAL EXPENSES				
Program Services				
Allocated Overhead Costs	90,576	-	-	90,576
Back to School Supply	300	-	-	300
Christmas Party Costs	3,530	-	-	3,530
Direct Financial Assistance	117,063	-	-	117,063
Food Costs	4,039	-	-	4,039
Medical Costs	5,897	-	-	5,897
Mileage & Fuel Costs	<u>2,013</u>	<u>-</u>	<u>-</u>	<u>2,013</u>
Total Program Services	223,418	-	-	223,418
Management and General				
Allocated Overhead Costs	(90,576)	-	-	(90,576)
Advertising	485	-	-	485
Insurance	6,013	-	-	6,013
Depreciation	12,690	-	-	12,690
Fund Raising	7,141	-	-	7,141
Occupancy Costs	21,725	-	-	21,725
Office Expenses	5,400	-	-	5,400
Personnel Costs	140,098	-	-	140,098
Professional Fees	4,650	-	-	4,650
Loss on Disposition of Assets	6,104	-	-	6,104
Other	<u>8,292</u>	<u>-</u>	<u>-</u>	<u>8,292</u>
Total Management and General	<u>122,022</u>	<u>-</u>	<u>-</u>	<u>122,022</u>
 TOTAL FUNCTIONAL EXPENSES	 <u>345,440</u>	 <u>-</u>	 <u>-</u>	 <u>345,440</u>
CHANGE IN NET ASSETS	56,318	11,677	-	67,995
NET ASSETS BEGINNING OF YEAR	<u>450,199</u>	<u>-</u>	<u>-</u>	<u>450,199</u>
NET ASSETS AT END OF YEAR	<u>\$ 506,517</u>	<u>\$ 11,677</u>	<u>\$ -</u>	<u>\$ 518,194</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, 2017**

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in Net Assets	\$ 67,995
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	12,690
Non Cash Donation	(35,000)
(Increase) Decrease in:	
Accounts Receivable	(5,151)
Gift Card Inventory	2,701
Basis of Asset Dispositions	6,104
Increase (Decrease) in:	
Accounts Payable	<u>(680)</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	48,659

CASH FLOWS FROM INVESTING ACTIVITIES:

Fixed Asset Purchases	(17,057)
Proceeds from Asset Sales	<u>35,000</u>
NET CASH PROVIDED BY INVESTING ACTIVITIES	<u>17,943</u>

INCREASE IN CASH AND CASH EQUIVALENTS	66,602
CASH & CASH EQUIVALENTS AT BEGINNING OF YEAR	<u>132,573</u>
CASH & CASH EQUIVALENTS AT END OF YEAR	<u>\$ 199,175</u>

Non-Cash Contribution of Real Estate	\$	35,000
Non-Cash Contribution of Gift Card Inventory	\$	2,736
Non-Cash Expenditures (Use of Gift Cards)	\$	5,437
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, 2017**

	<u>Back to School</u>	<u>Children's Christmas Programs</u>	<u>Capital Campaign</u>	<u>Emergency Assistance</u>	<u>Fundraising</u>
SUPPORT AND REVENUE					
Donations:					
Churches	\$ -	\$ 115	\$ -	\$ 16,015	\$ -
Individuals	630	1,100	-	3,532	-
Other Organizations	-	-	-	15,050	-
Fundraising:					
Special Events	-	-	-	-	61,447
Gift Card Revenue	-	-	-	-	2,736
Governmental Funding	-	-	-	-	-
Interest	-	-	-	-	-
Gain on Sale of Assets					
Total Support and Revenue	<u>630</u>	<u>1,215</u>	<u>-</u>	<u>34,597</u>	<u>64,183</u>
FUNCTIONAL EXPENSES					
Program Services					
Allocated Overhead Costs	651	920	-	22,421	-
Back to School Supply	300	-	-	-	-
Christmas Party Costs	-	3,530	-	-	-
Direct Financial Assistance	-	-	-	30,470	-
Food Costs	-	-	-	-	-
Medical Costs	-	-	-	-	-
Mileage & Fuel Costs	-	-	-	100	-
Personnel Costs	-	-	-	-	-
Total Program Services	<u>951</u>	<u>4,450</u>	<u>-</u>	<u>52,991</u>	<u>-</u>
Management and General					
Allocated Overhead Costs	-	-	-	-	-
Advertising	-	-	-	-	-
Insurance	-	-	-	-	-
Depreciation	-	-	-	-	-
Fund Raising	-	-	-	-	-
Occupancy Costs	-	-	-	-	-
Office Expenses	-	-	-	-	-
Personnel Costs	-	-	-	-	-
Professional Fees	-	-	-	-	-
Loss on Disposition of Assets	-	-	-	-	-
Other	-	-	-	-	-
Total Management and General	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL FUNCTIONAL EXPENSES	<u>951</u>	<u>4,450</u>	<u>-</u>	<u>52,991</u>	<u>-</u>
CHANGE IN NET ASSETS	<u>\$ (321)</u>	<u>\$ (3,235)</u>	<u>\$ -</u>	<u>\$ (18,394)</u>	<u>\$ 64,183</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

<u>Food Programs</u>	<u>General</u>	<u>CHI Medical</u>	<u>CHI Meals on Wheels</u>	<u>Metro Emergency Assistance</u>	<u>Metro Nutrition Meals On Wheels</u>	<u>Metro Neighborhood Development</u>	<u>Total</u>
\$ -	\$ 23,857	\$ -	\$ -	\$ 3,400	\$ -	\$ -	\$ 43,387
140	64,541	-	787	-	50	-	70,780
50	20,218	32,249	13,741	47,060	70	-	128,438
	3,917	-	-	-	-	-	65,364
-	-	-	-	-	-	-	2,736
-	-	-	-	90,700	7,023	5,000	102,723
-	7	-	-	-	-	-	7
	-	-	-	-	-	-	-
190	112,540	32,249	14,528	141,160	7,143	5,000	413,435
12,947	-	14,847	21,095	-	17,695	-	90,576
-	-	-	-	-	-	-	300
-	-	-	-	-	-	-	3,530
-	-	50	-	86,543	-	-	117,063
4,039	-	-	-	-	-	-	4,039
-	-	5,897	-	-	-	-	5,897
-	1,913	-	-	-	-	-	2,013
-	-	-	-	-	-	-	-
16,986	1,913	20,794	21,095	86,543	17,695	-	223,418
-	(90,576)	-	-	-	-	-	(90,576)
-	485	-	-	-	-	-	485
-	6,013	-	-	-	-	-	6,013
-	12,690	-	-	-	-	-	12,690
-	2,141	-	-	-	-	5,000	7,141
-	21,725	-	-	-	-	-	21,725
61	5,339	-	-	-	-	-	5,400
-	73,694	-	-	66,404	-	-	140,098
-	4,650	-	-	-	-	-	4,650
-	6,104	-	-	-	-	-	6,104
-	8,292	-	-	-	-	-	8,292
61	50,557	-	-	66,404	-	5,000	122,022
	-	-	-	-	-	-	-
17,047	52,470	20,794	21,095	152,947	17,695	5,000	345,440
\$ (16,857)	\$ 60,070	\$ 11,455	\$ (6,567)	\$ (11,787)	\$ (10,552)	\$ -	\$ 67,995

SOUTHWEST COMMUNITY MINISTRIES
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2017

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 three classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets are resources available to support operations. The only limits on the use of unrestricted net assets 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.

Temporarily restricted net assets 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 temporarily restricted net assets 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 Organization 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 temporarily restricted to unrestricted net assets.

Permanently restricted net assets are resources whose use is limited by donor-imposed restrictions that neither expire by being used in accordance with a donor's restriction nor by the passage of time.

SOUTHWEST COMMUNITY MINISTRIES
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2017

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

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 an Ministry 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, 2015, 2016 and 2017 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

Receivables consist primarily of amounts pledged by donors to the Emergency Assistance Programs and are non-interest bearing. Donations receivable are stated at unpaid balances. The Ministry uses the direct write off method to account for bad debts. It is the Ministry's policy to charge off uncollectible donations receivable against the allowance when management determines the receivable will not be collected.

Inventories

Inventories consist of gift cards derived from fundraising campaigns and are presented at face value.

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 restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. 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.

**SOUTHWEST COMMUNITY MINISTRIES
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2017**

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Restricted and Unrestricted Revenue

Contributions that are restricted by the donor are reported as increases in unrestricted net assets 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 restricted net assets, 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 temporarily restricted net assets 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, 2017 the Ministry received in excess of 25% 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.

NOTE E – PROPERTY AND EQUIPMENT

Property and equipment balances for the year ended June 30, 2017 were as follows:

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

SOUTHWEST COMMUNITY MINISTRIES
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2017

NOTE E – PROPERTY AND EQUIPMENT - CONTINUED

	<u>Beginning of Year</u>	<u>Additions</u>	<u>Deletions</u>	<u>End of Year</u>
<u>Depreciable Assets</u>				
Buildings	281,941	-	-	281,941
Land and Building Improvements	13,817	17,057	8,230	22,644
Equipment	44,211	-	-	44,211
Total Depreciable	<u>339,969</u>	<u>17,057</u>	<u>8,230</u>	<u>348,796</u>
 Total Fixed Assets	 <u>\$ 370,643</u>	 <u>\$ 17,057</u>	 <u>\$ 8,230</u>	 <u>\$ 379,470</u>

	<u>Beginning of Year</u>	<u>Additions</u>	<u>Deletions</u>	<u>End of Year</u>
<u>Accumulated Depreciation</u>				
Buildings	\$ 34,657	\$ 7,049	\$ -	\$ 41,706
Land and Building Improvements	3,475	3,567	2,126	4,916
Equipment	17,834	2,074	-	19,908
Total Accumulated Depreciation	<u>\$ 55,966</u>	<u>\$ 12,690</u>	<u>\$ 2,126</u>	<u>\$ 66,530</u>

Depreciation, on a straight line basis, for the current year is \$12,690. Lives essentially mirror those recommended in the Internal Revenue Service standards.

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. \$485 in advertising expense was recorded for the year ended June 30, 2017.

NOTE G - SUBSEQUENT EVENTS

Subsequent events were evaluated through November 2, 2017, which is the date the financial statements were available to be issued.

NOTE H - DEPOSITS

As of June 30, 2017, all cash on deposit with local financial institutions were fully insured by FDIC insurance.

Cash on Deposit with Local Institutions	\$ 199,175
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NOTE I – MAINTENANCE OBLIGATIONS

The Ministry is obligated to make payments in the amount of \$ 100.16 per month, (\$1,202 annually) on agreements with Duplicator Sales and Service for the maintenance of three copiers. These agreements renew automatically at prevailing rates.

Copies in excess of 5,000 per month are billed at 1.5 cents each.

SOUTHWEST COMMUNITY MINISTRIES
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2017

NOTE J - 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 \$83,500 based upon approximate hourly rate for the type of service performed. The Ministry received in excess of \$920,000 in food and personal care items which were distributed to disadvantaged individuals which are not recorded in these financial statements.

NOTE K - CASH, CASH EQUIVALENTS, RESTRICTED CASH, AND RESTRICTED 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 on the statements of financial position includes restricted cash received with restrictions imposed by donors (but not yet spent) for 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	\$ 187,498
Restricted cash	<u>11,677</u>
Total	<u>\$ 199,175</u>

NOTE L - ACCOUNTING CHANGE

During the year ended June 30, 2017, the Ministry early adopted *ASU 2016-18, Statement of Cash Flows (Topic 230): Restricted Cash*. Management believes that the adoption of the new accounting standard provides a better presentation of cash flows to the users of its financial statements. Before the change, restricted cash and restricted cash equivalents were not included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts reported on the statement of cash flows

The adoption of this change did not necessitate any changes to prior year financial statements.

DEC 12 1984

ARTICLES OF INCORPORATION

Duffell R. Davis
cy

OF

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 purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in 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 Million	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.

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 Pearl Million

STATE OF KENTUCKY
COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared Rev. JOHN Boyer, Woody Robertson, Linda Pearl Million 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, 1985

MY COMMISSION EXPIRES:

Carol J. Paul
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

LODGED BY Boyer 413251
AND RECORDED
1985 MAR - 1 PM 1:25
PAID \$ 8.50
JIM "POP" MALONE D.C.C.
Million

Request for Taxpayer Identification Number and Certification

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

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

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) ► _____

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) _____

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.
8504 Terry Road

6 City, state, and ZIP code
Louisville, Ky 40258

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.

Social security number

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

OR

Employer identification number

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.

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.

Sign Here Signature of U.S. person *Brenda S. Matteringly* Date *11-29-17*

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No: 1545-0047
2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 header section including: A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017; B Check 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; F Name and address of principal officer: Same As C Above; G Gross receipts \$ 411,516; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: 501(c)(3); J Website: N/A; K Form of organization: Corporation; L Year of formation; M State of legal domicile.

Part I Summary table with columns for line numbers, descriptions, Prior Year, and Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: ASSISTANCE TO INDIGENT INDIVIDUALS; 2-7 Governance and Activities; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block section including: Signature of officer (Kim Leahart), Date (2/21/18), Title (President & CEO); Preparer's name (Roger Bloyd, CPA), Firm's name (Stephens & Lawson), Firm's address (5203 Dixie Hwy, Louisville, KY 40216), Firm's EIN (502-448-4376).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 11/16/16 Form 990 (2016)

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

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: [REDACTED]
E Telephone number: **502-935-0310**
G Gross receipts \$ **358,337.**

F Name and address of principal officer:
Same As C Above

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No

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

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____ **M** State of legal domicile: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ASSISTANCE TO INDIGENT 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) **17**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **17**

6 Total number of volunteers (estimate if necessary) **4**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	302,558.	294,705.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,331.	55,964.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	356,889.	350,669.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	132,629.	133,213.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	107,565.	117,239.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,910.	66,384.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	295,104.	316,836.
19 Revenue less expenses. Subtract line 18 from line 12	61,785.	33,833.
20 Total assets (Part X, line 16)	Beginning of Current Year 418,122.	End of Year 450,879.
21 Total liabilities (Part X, line 26)	1,756.	680.
22 Net assets or fund balances. Subtract line 21 from line 20	416,366.	450,199.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: **President & CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Roger Bloyd, CPA** Preparer's signature: _____ Date: _____

Firm's name: ▶ **Stephens & Lawson** Check if self-employed PTIN: [REDACTED]

Firm's address: ▶ **5203 Dixie Hwy** Firm's EIN: [REDACTED]

Louisville, KY 40216 Phone no. **502-448-4376**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ASSISTANCE TO INDIGENT 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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4 a (Code:) (Expenses \$ 204,682 including grants of \$) (Revenue \$)

ASSISTANCE TO DISADVANTAGED INDIVIDUALS

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

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

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

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

4 e Total program service expenses 204,682

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		
2 a	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. <input type="text" value="4"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>		
4 a	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)? b If 'Yes,' enter the name of the foreign country: <input type="text" value="See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)"/>		X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6 a	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? <input type="checkbox"/>		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text" value="7d"/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <input type="checkbox"/>		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value="10a"/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value="10b"/>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. <input type="text" value="11a"/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text" value="11b"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text" value="12b"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. <input type="checkbox"/>		
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. <input type="text" value="13b"/>		
c	Enter the amount of reserves on hand. <input type="text" value="13c"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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

Section A. Governing Body and Management

	1 a	1 b	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	17			
b Enter the number of voting members included in line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?				X
b Each committee with authority to act on behalf of the governing body?				X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.				X

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

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

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED LIST SEE LIST	0 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total						0.	0.	0.	
c Total from continuation sheets to Part VII, Section A						0.	0.	0.	
d Total (add lines 1b and 1c)						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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	102,066.				
	f All other contributions, gifts, grants, and similar amounts not included above	192,639.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	294,705.				
Program Service Revenue	2 a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 62,734.				
	b Less: direct expenses	b 7,668.				
c Net income or (loss) from fundraising events	55,066.			55,066.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11 a Food Card Promotions	Business Code	898.			898.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		898.				
12 Total revenue. See instructions		350,669.	0.	0.	55,964.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....	133,213.	133,213.		
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.....	65,884.	19,756.	46,128.	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.....	51,355.	31,504.	19,851.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....				
10 Payroll taxes.....				
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....	6,275.		6,275.	
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.....				
13 Office expenses.....	5,360.		5,360.	
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	20,703.		20,703.	
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.....	11,482.	10,104.	1,321.	57.
23 Insurance.....				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MISCELLANEOUS</u>	12,744.		12,744.	
b <u>CONTRACT SERVICES</u>	6,100.		6,100.	
c <u>MILEAGE FEES</u>	2,122.	2,122.		
d <u>SUPPLIES</u>	1,598.	1,598.		
e All other expenses.....		6,385.	-6,385.	
25 Total functional expenses. Add lines 1 through 24e.....	316,836.	204,682.	112,097.	57.
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) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	105,645.	1	132,573.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	3,442.	4	849.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	10,143.	8	2,780.
	9 Prepaid expenses and deferred charges.....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 370,643.		
	b Less: accumulated depreciation.....	10b 55,966.		
	11 Investments – publicly traded securities.....	298,892.	10c	314,677.
	12 Investments – other securities. See Part IV, line 11.....		11	
	13 Investments – program-related. See Part IV, line 11.....		12	
	14 Intangible assets.....		13	
	15 Other assets. See Part IV, line 11.....		14	
16 Total assets. Add lines 1 through 15 (must equal line 34).....		15		
Liabilities	17 Accounts payable and accrued expenses.....	418,122.	16	450,879.
	18 Grants payable.....	1,756.	17	680.
	19 Deferred revenue.....		18	
	20 Tax-exempt bond liabilities.....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		21	
	23 Secured mortgages and notes payable to unrelated third parties.....		22	
	24 Unsecured notes and loans payable to unrelated third parties.....		23	
	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.....		24	
	26 Total liabilities. Add lines 17 through 25.....	1,756.	25	680.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	
	27 Unrestricted net assets.....	416,366.	27	450,199.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances.	416,366.	33	450,199.	
34 Total liabilities and net assets/fund balances.	418,122.	34	450,879.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	350,669.
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	416,366.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	450,199.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 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 in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits.		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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 organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	414,733.	243,578.	371,349.	302,558.	294,705.	1,626,923.
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...	414,733.	243,578.	371,349.	302,558.	294,705.	1,626,923.
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) ..						64,532.
6 Public support. Subtract line 5 from line 4.....						1,562,391.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.....	414,733.	243,578.	371,349.	302,558.	294,705.	1,626,923.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						0.
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.....	29,903.	1,427.	5,380.	59,142.	63,632.	159,484.
11 Total support. Add lines 7 through 10.....						1,786,407.
12 Gross receipts from related activities, etc. (see instructions).....					12	1,276.
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 2015 (line 6, column (f) divided by line 11, column (f)).....	14	87.46 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.....	15	90.82 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33-1/3% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33-1/3% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
10 a 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 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? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i>	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? <i>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.</i>	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? <i>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</i>	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)? <i>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)</i>	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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>	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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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</i>	2b	

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	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 November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

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

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

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

BAA

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

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
fundraising	\$ 62,734.	\$ 50,468.	\$ 5,380.	\$ 1,427.	\$ 29,903.
Food Card Programs	898.	8,674.			
Total	\$ 63,632.	\$ 59,142.	\$ 5,380.	\$ 1,427.	\$ 29,903.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SOUTHWEST COMMUNITY MINISTRIES INC



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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Community Foundation of Louisville 325 West Main Street LOUISVILLE, KY 40202	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

SOUTHWEST COMMUNITY MINISTRIES INC

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 Temporarily restricted 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 VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		30,674.		30,674.
b Buildings		281,941.	34,657.	247,284.
c Leasehold improvements		31,989.	3,475.	28,514.
d Equipment		26,039.	17,834.	8,205.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				314,677.

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) -----		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ... ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ... ▶	

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

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	350,669.
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	350,669.
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	350,669.

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	316,836.
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	316,836.
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	316,836.

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SOUTHWEST COMMUNITY MINISTRIES INC

Employer identification number

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

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

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PROMOTIONAL EV (event type)	(event type)	None (total number)	(add column (a) through column (c))
	1	Gross receipts	62,734.		62,734.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	62,734.		62,734.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,668.		7,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,668.
11	Net income summary. Subtract line 10 from line 3, column (d)			55,066.	

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.

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

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

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



- 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

2015

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.

Open to Public Inspection

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

Name of the organization

SOUTHWEST COMMUNITY MINISTRIES INC

number

Part I General Information on Grants and Assistance

- 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
- 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 0

3 Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 11/04/15

Schedule I (Form 990) (2015)

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			136,934.	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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

SOUTHWEST COMMUNITY MINISTRIES INC

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Client SOU04

SOUTHWEST COMMUNITY MINISTRIES INC



11/07/16

12:04PM

Contributions, Gifts, and Grants
Government grants

Lou Metro.....	\$ 102,066.
Total	<u>\$ 102,066.</u>

Grants and Allocations Ind (990, Sch I)

Amount of noncash grant

DIRECT ASSISTANCE

RENT AND UTILITY ASSISTANCE.....	\$ 118,529.
DIRECT MEDICAL.....	567.
FOOD PURCHASES.....	14,117.
SCHOOL SUPPLIES FOR DISTRIBUTION.....	1,216.
CHILDRENS PROGRAMS.....	383.
MOW REIMBURSEMENT.....	2,122.
Total	<u>\$ 136,934.</u>

File Edit View Lists Favorites Nonprofit Company Customers Vendors Employees Banking Reports Window Help

Home My Company Income Tracker Bill Tracker Calendar Snapshots Customers Vendors Employees Bank Feeds Docs Reports Order Checks User Licenses Invoce Rem MemoX Check Bill Rec Acctn Pymt Find Support Backup Services Payroll

Budget:
FY2017-18 - Profit & Loss by Account

2017-18 Budget

Account	Actual	Budget	Variance
Donations			
Restricted Donations			
700 Individuals	6,500.00	550.00	5,950.00
701 Churches	25,000.00	2,083.33	22,916.67
702 Government Grants			
703 ACH	25,000.00	2,083.33	22,916.67
704 Business	10,000.00	833.33	9,166.67
705 Catholic Health (CHI)	12,000.00	1,000.00	11,000.00
706 Winterberg (CWH)	7,000.00	583.33	6,416.67
Unrestricted Donation			
800 Individuals	25,000.00	2,083.33	22,916.67
801 Churches	20,000.00	1,666.66	18,333.34
802 Government Grants			
803 ACH	2,100.00	175.00	1,925.00
804 Business	24,000.00	2,000.00	22,000.00
Fundraising Income			
1 Annual Dinner	80,000.00	5,556.57	74,443.43
Dinner Auction			
Dinner Sponsor			
Dinner Tickets	0.00	0.00	0.00
2 Cruise	5,000.00	416.66	4,583.34
3 Ecumenical Services			
4 Other Fundraising Event			
5 Gift Cards			
Administrative Expenses			
Audit & Accounting	5,000.00	416.66	4,583.34
Depreciation Expense			
Equipment Repair & Maintenance	1,200.00	100.00	1,100.00
Building Repair & Maintenance	12,000.00	1,000.00	11,000.00
SWCH Box Truck			
Fundraising Expenses	10,000.00	833.33	9,166.67

FY2017-18 - Profit & Loss by Account

Account	Budget	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance
Fundraising Expenses	40,000.00	833.33	833.37	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33
Insurance	6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Membership Fees/Dues	2,000.00	166.66	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69	166.69
Misc/Other General	1,000.00	83.33	83.37	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33	83.33
Networking/Marketing Expenses																			
Occupancy Costs	12,840.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00
Hosting/Maintenance of Website	2,000.00	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66	166.66
Internet - Phones (Time Warner)	6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Misc/Other																			
Pest Control																			
Rent																			
Repair & Maintenance	1,200.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Utilities, etc.																			
Office Expenses																			
Bank Fees																			
Reconciliation Discrepancies																			
Furniture, Computer, etc.	2,500.00	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33	208.33
Office Supplies	4,000.00	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33
Postage	2,400.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Personnel Costs																			
Insurances	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mileage																			
Payroll	129,000.00	11,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00	10,750.00
Payroll Service	1,500.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
Payroll Taxes	10,000.00	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33	833.33
Special/Incentives																			
Program Expenses																			
Other Programs	14,000.00	1,166.66	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67
Food Purchases	500.00	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66	41.66
Mileage	4,000.00	333.37	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33	333.33
Volunteer Appreciation																			

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