

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

Applicant/Program: South East Associated Ministries, Inc./Refrigerators
Applicant Requested Amount: \$3,207.94
Appropriation Request Amount: \$3,207.94

Executive Summary of Request

SEAM had to purchase 2 refrigerators at \$1,603.97 each after their refrigeration units broken in order to safely store food for their Food Bank program.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

11
District #

KQ. Krume
Primary Sponsor Signature

\$3,207.94
Amount

Aug 16, 2018
Date

Primary Sponsor Disclosure

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

None

Approved by:

Appropriations Committee Chairman

Date



Louisville Metro Council

Kevin J. Kramer
District 11 Councilman

Scott W. Harrington
Legislative Assistant

MEMORANDUM

To: Metro Council Appropriations Committee
From: Councilman Kevin Kramer
RE: District 11 allocation to SEAM reimbursement

Dear Committee Members,

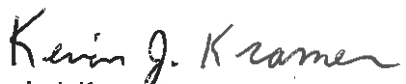
On July 13, 2018 Michael Ashabraner, Executive Director of Southeast Associated Ministries, requested emergency funds in the amount of \$3,207.94 to purchase two freezers for the food bank. Charlie Wilson's Appliance Store is offering them a discounted rate to purchase two commercial grade freezers.

The justification for an emergency request is so that he can purchase freezers now PRIOR to submitting an NDF application for funding. The Council's funding policies allow for reimbursements for emergencies such as this and there are precedents. The NDF application will be submitted to my office no later than August 13, 2018.

Three weeks ago, two of their freezers broke down and had to be repaired, then one broken down again and they lost a freezer load of food despite efforts in trying to donate it before it all spoiled. Michael says, "it's a bottle neck situation where our Food Bank needs have exploded overnight and we're down one freezer." They need four working freezers to accommodate the growing demand. SEAM now picks up food from 4 grocery stores, 3 times a week (Target, Aldi, & Kroger.) I have already committed allocating \$3,207.94 out of District 11's NDF so SEAM can purchase the much needed 2 freezers now on credit and then be reimbursed via NDF funds (our normal appropriation process takes at least 45 days to go through the steps.)

The freezers were ordered on July 16, 2018.

Thank you for your consideration.


Kevin J. Kramer

11th District Councilman

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Program Name and Request Amount South East Associated Ministries, Inc./Refrigerators

Yes/No/NA

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?

Yes

Is the funding proposed by Council Member(s) less than or equal to the request amount?

Yes

Is the proposed public purpose of the program viable and well-documented?

Yes

Will all of the funding go to programs specific to Louisville/Jefferson County?

Yes

Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?

Yes

Has prior Metro Funds committed/granted been disclosed?

Yes

Is the application properly signed and dated by authorized signatory?

Yes

Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?

Yes

If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?

N/A

Is the entity in good standing with:

- ▶ Kentucky Secretary of State?
- ▶ Louisville Metro Revenue Commission?
- ▶ Louisville Metro Government?
- ▶ Internal Revenue Service?
- ▶ Louisville Metro Human Relations Commission?

Yes

Is the current Fiscal Year Budget included?

Yes

Is the entity's board member list (with term length/term limits) included?

Yes

Is recommended funding less than 33% of total agency operating budget?

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?

Yes

Is the most recent annual audit (if required by organization) included?

No

Is a copy of Signed Lease (if rent costs are requested) included?

N/A

Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?

N/A

Are the Articles of Incorporation of the Agency included?

Yes

Is the IRS Form W-9 included?

Yes

Is the IRS Form 990 included?

Yes

Are the evaluation forms (if program participants are given evaluation forms) included?

N/A

Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?

No

Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?

No JWA

Prepared by: Scott W. Hanning

Date: 8-16-18

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: South East Associated Ministries <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 6500 Six Mile Lane			
Website: seamlouisville.org			
Applicant Contact:	Michael C. Ashabraner	Title:	Executive Director
Phone:	502-499-9350	Email:	seamexdir@gmail.com
Financial Contact:	Glenda Hatfield	Title:	Emergency Assistance Director
Phone:	502-499-2059	Email:	seameadir@gmail.com
Organization's Representative who attended NDF Training: Michael C. Ashabraner			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	6500 Six Mile Lane		
Council District(s):	11,22,18,10,26,2	Zip Code(s):	40218, 40220
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Building and Asset repair & preventative maintenance SEAM Refrigerator			
Total Request: (\$)	3,207.94	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" 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) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Louisville Metro (pending)	Amount: (\$)	22,200
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

SEAM provides help for today and hope for tomorrow

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

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

Describe the Board term limit policy:

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

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

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

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.):

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

We are requesting emergency financial support to purchase two upright freezers to store over 70,000 pounds of perishable food donations we give to over 12,500 individuals whom visit SEAM yearly for food assistance. We had three upright freezers that are used to put the meat in and hand out to residents daily. One freezer quit working completely and another wouldn't keep a below freezing temperature and had to be removed from the building. With the purchase of these freezers we will be able to maintain our daily food pick ups at two Kroger stores, Target, Aldi, Longhorns Steakhouse, USPS pick ups, local school food drives, and Thanksgiving dinners for 400 families.

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

na

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

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

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

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

na

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

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

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:

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

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

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

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

We work with many businesses like Passport Health Plan and Campbellsville University to provide healthcare options and education assistance for our clients.

Dare to Care helps SEAM with food deliveries throughout the month as well as assisting SEAM with doing our own food pick ups at Kroger, Target, Aldi, Longhorns, and several other pick ups in the community throughout the year.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	3207.94		3207.94
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	3207.94	0	3207.94
% of Program Budget	100 %	0 %	100%

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

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

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

**Must equal or exceed total in column 2.

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
na			
Total			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:
na

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:	August 16, 2018
Legal Signatory: (please print):	MICHAEL C. ASHABRANER	Title:	EXEC. DIRECTOR
Phone:	502.499.9350	Extension:	
Email:	SEAMEXDIRE@GMAIL.COM		



Serving "our" customers since 1953

1166 E LEWIS & CLARK PKWY
CLARKSVILLE, IN 47129
Phone (812) 704-1212

E31748

Invoice	E31748
Date	07-03-18
Store	INCW
Type	Special Order
Printed	070318 13:08

Bill to
SEAM - GLENDA HATFIELD 6500 SIX MILE LANE LOUISVILLE, KY 40218

Ship to
SEAM - GLENDA HATFIELD 6500 SIX MILE LANE LOUISVILLE, KY 40218

Warehouse	P/O Number	Delivery Date	Terms	Sold At		Bill to Phones	Ship to Phones
KWHS		07-03-18		INCW	Home	(502) 500-6697	(502) 500-6697
Salesperson		Salesperson			Work		
340 TRIVA DAUGHTREY					Cell		
					Email	refused	

Item Number	Description	Brand	Order	Ship	Your Price	Extended
WHS772FWESS	21CF SS NO FROST UPRIGHT FREEZ CONVERTIBLE-ESTAR-LED 5/18	MIDEA	1	0	777.00	777.00
WHS772FWESS	21CF SS NO FROST UPRIGHT FREEZ CONVERTIBLE-ESTAR-LED 5/18	MIDEA	1	0	777.00	777.00
DEL	DELIVERY	HOUSE	1	0	49.97	49.97

Credit Card			1603.97	Sales Amount	1603.97
				Sales Tax	.00
				Total	1603.97
				Balance Due	.00

THANKS FOR SHOPPING WITH US!

*** Additional Notes ***

- All sales must be paid in full prior to pickup or delivery. Special orders must be PAID IN FULL at time of purchase.
- Any additional materials required for delivery must be paid for at time of purchase.
- Reconnect existing water line for refrigerator \$15.00
- Waterline installation \$70.00. Price INCLUDES valve, fitting and tubing.
- Vent material for dryer \$1.00/foot
- Standard vinyl washer hoses. 4' \$19.97/pr. 6' \$24.97/pr.
- Stainless Steel washer hoses. 12" \$7.97ea., 4' \$24.97/pr., 6' \$29.97/pr.
- 3 Prong Range or Dryer cords 4' \$19.97ea., 6' \$24.97ea.
- 4 Prong Range or Dryer cords 4' \$24.97ea., 6' \$29.97ea.
- Gas line for range or dryer \$24.97/ea.
- Remove old product or move to a different part of house. \$14.97/piece.
- Unpack and prepare refrigerator for use \$9.97

Return Policy

Return authorizations will be approved at the sole discretion of Charlie Wilson's Appliance, TV & Mattress Inc. Authorized returns must be made within 30 days of pickup/delivery and may be subject to a 20% restocking fee. Item(s) must be returned in original condition of pickup/delivery including manual and all accessories. In the case of special orders, there is a MINIMUM CHARGE of \$150.00 for each item to be returned to the manufacturer.



1166 E LEWIS & CLARK PKWY
CLARKSVILLE, IN 47129
Phone (812) 704-1212

Serving "our" customers since 1953

E32071

Invoice	E32071
Date	07-13-18
Store	INCW
Type	Special Order
Printed	071318 14:43

Bill to
SEAM - GLENDA HATFIELD 6500 SIX MILE LANE LOUISVILLE, KY 40218

Ship to
SEAM - GLENDA HATFIELD 6500 SIX MILE LANE LOUISVILLE, KY 40218

Warehouse	P/O Number	Delivery Date	Terms	Sold At		Bill to Phones	Ship to Phones
KWHS		07-18-18		INCW	Home	(502) 500-6697	(502) 500-6697
Salesperson		Salesperson		Work			
340 TRIVA DAUGHTREY				Cell			
				Email	refused		

Item Number	Description	Brand	Order	Ship	Your Price	Extended
WHS772FWESS	21CF SS NO FROST UPRIGHT FREEZ CONVERTIBLE-ESTAR-LED 5/18	MIDEA	1	0	777.00	777.00
WHS772FWESS	21CF SS NO FROST UPRIGHT FREEZ CONVERTIBLE-ESTAR-LED 5/18	MIDEA	1	0	777.00	777.00
DEL	DELIVERY	HOUSE	1	0	49.97	49.97

Credit Card	1603.97	Sales Amount	1603.97
		Sales Tax	.00
		Total	1603.97
		Balance Due	.00

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- 4 Prong Range or Dryer cords 4' \$24.97ea., 6' \$29.97ea.
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Handwritten calculation:
1603.97
- 227.94

1376.03

Internal Revenue Service

Date: October 20, 2005

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

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

**Person to Contact:
Ms. Benson #31-07273
Customer Service Representative
Toll Free Telephone Number:
877-829-5500**

**Fax Number:
513-263-3756**

Federal Identification Number:

Dear Sir or Madam:

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

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

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

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

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

Sincerely,



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

SEAM BUDGET

July 2018 through June 2019

Jul '18 - Jun 19

Ordinary Income/Expense

Income

4000 · Board Churches	47,000.00
4200 · Contributions	63,000.00
4400 · Fund Raising Income	27,500.00
4500 · Grants	75,000.00
4800 · Restricted	139,200.00
4900 · Misc Inc	12,000.00

Total Income 363,700.00

Gross Profit 363,700.00

Expense

6000 · Direct Assistance	145,100.00
6120 · Advertising/Marketing	2,500.00
6125 · Bank Fees	72.00
6130 · Conference/Training	2,000.00
6150 · Depreciation	1,000.00
6170 · Fund Raising Expense	2,100.00
6280 · Insurance	24,774.00
6450 · Office Supplies	2,200.00
6451 · Office Labor	5,000.00
6452 · Computer Software	250.00
6455 · Janitorial Supplies	125.00
6458 · Security Monitoring	600.00
6550 · Pension Expense	3,095.00
6560 · Payroll Expenses	126,895.00
6565 · Payroll Taxes	14,488.00
6570 · Postage	600.00
6580 · Printing/Reproduction	2,000.00
6610 · Professional Fees	3,050.00
6660 · Public Relations	1,000.00
6700 · Repairs/Maintenance	6,340.00
6800 · General Operating Expenses	19,582.00

Total Expense 362,771.00

Net Ordinary Income 929.00

Net Income 929.00

SEAM
Profit & Loss Budget vs. Actual
July 2017 through June 2018

	Jul '17 - Jun 18	Budget
Income		
4000 · Board Churches		
4010 · SEAM Churches	37,503.73	49,000.00
4013 · Kroger Card Earned Income	356.05	1,000.00
4015 · Miscellaneous	0.00	2,300.00
Total 4000 · Board Churches	37,859.78	52,300.00
4200 · Contributions		
4210 · Contributions Unrestricted	24,790.93	35,000.00
4211 · Contributions-Restricted	27,851.43	12,000.00
4242 · Board Contributions	4,008.20	3,000.00
4250 · Dollar-A-Month	0.00	0.00
Total 4200 · Contributions	56,650.56	50,000.00
4400 · Fund Raising Income		
4414 · Event #1 - Thunder Tickets	4,670.00	6,000.00
4416 · Event #2 - Annual Yard Sale	0.00	600.00
4455 · Event #3 - Soiree	12,738.88	700.00
4472 · Event #4	1,888.00	5,000.00
4473 · Event #5		
4473a · Sponsor	0.00	0.00
4473b · Ticket Sales	0.00	0.00
4473 · Event #5 - Other	0.00	700.00
Total 4473 · Event #5	0.00	700.00
4495 · Fund Raising - Other	0.00	1,000.00
4499 · Misc. Fund Raising	0.00	0.00
Total 4400 · Fund Raising Income	19,296.88	14,000.00
4500 · Grants		
4283 · Grant #	4,640.00	1,125.00
4505 · Grant	3,882.50	3,000.00
4506 · Kosair	5,000.00	1,500.00
4507 · Other Grant	2,000.00	2,000.00
4510 · GE Matching	0.00	1,000.00
4513 · Grant #1	0.00	1,500.00
4599 · Other	0.00	0.00
Total 4500 · Grants	15,322.50	10,125.00
4600 · Restricted		
4610 · Louisville Metro	86,200.00	86,200.00
4615 · Winter Help f/LG&E	9,248.00	10,000.00
4670 · Assoc Comm Ministries	37,364.09	31,000.00
4686 · STABLE FAMILIES & CHILDREN	6,300.00	
Total 4600 · Restricted	139,112.09	127,200.00
4900 · Misc Inc		
4910 · Other Misc. Income	0.00	0.00
4911 · Interest Income	11.82	8,000.00

SEAM
Profit & Loss Budget vs. Actual
July 2017 through June 2018

	Jul '17 - Jun 18	Budget
Total 4900 - Misc Inc	11.82	8,000.00
Total Income	268,253.63	261,625.00
Gross Profit	268,253.63	261,625.00
Expense		
4001 - Reconciliation Discrepancies	-0.05	
6000 - Direct Assistance		
6006 - Food	9,421.67	3,600.00
6010 - Medical	150.00	100.00
6020 - Rent	12,491.10	17,000.00
6022 - Telephone	0.00	0.00
6030 - Utilities	0.00	0.00
6031 - Winter Help Payments	12,783.70	10,000.00
6032 - Utility Match - Electric	32,328.04	26,000.00
6033 - Utility Match - Water	2,959.34	5,800.00
6040 - Other Assistance	138.00	300.00
6070 - Case Management		
6071 - Rent	250.00	700.00
6072 - Electric	832.76	400.00
6075 - Water	891.92	300.00
Total 6070 - Case Management	1,974.68	1,400.00
Total 6000 - Direct Assistance	72,246.53	64,200.00
6120 - Advertising/Marketing	2,021.47	2,500.00
6125 - Bank Fees	361.23	72.00
6130 - Conference/Training	0.00	2,000.00
6165 - Dues/Subscriptions	1,806.89	1,000.00
6170 - Fund Raising Expense		
6171 - Fund Raiser #1 - Thunder	0.00	1,100.00
6173 - Fund Raiser #2	0.00	750.00
6174 - Fund Raiser #3	6,705.70	0.00
6175 - Fund Raiser #4	0.00	250.00
6179 - Fund Raiser - Misc	0.00	0.00
Total 6170 - Fund Raising Expense	6,705.70	2,100.00
6280 - Insurance		
6282 - Employee Health Insurance	18,424.84	18,387.00
6284 - Property and Liability	3,088.17	2,500.00
6285 - D & O Insurance	985.65	1,350.00
6286 - Worker's Comp Ins	1,082.00	568.00
Total 6280 - Insurance	23,580.66	22,803.00
6450 - Office Supplies	1,443.54	3,000.00
6451 - Office Labor	2,922.50	
6452 - Computer Software	426.53	600.00
6455 - Janitorial Supplies	756.09	600.00
6456 - Security Monitoring	600.00	480.00
6550 - Pension Expense	0.00	2,976.00

SEAM
Profit & Loss Budget vs. Actual
July 2017 through June 2018

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

ARTICLES OF INCORPORATION
OF

HIKES POINT COMMUNITY MINISTRIES,
INC.

FILED
JEFF. CO., KY.

OCT 30 1974

BREMER EHRLER, Clerk
BY  D.C.

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

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

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

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

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

ARTICLE V. This corporation is being organized for educational, civic, social and recreational purposes under the provisions of Chapter 273.161 to 273.390 of the Kentucky Revised Statutes relating to nonstock, nonprofit corporations for religious, charitable and educational purposes, and not for

private gain. It shall have no capital stock and no part of the net earnings shall inure to the benefit of, or be distributable to any private persons except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II. No part of the activities of the corporation shall be in carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, including the publishing or distribution of statements, for any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted of a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or by a corporation, contributions to which are deductible under Section 170(e)(2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law). Upon the dissolution of the corporation, after paying or making provision for the payment of all the liabilities of the corporation, no asset of the corporation shall be distributed except to a corporation or organization organized and operated exclusively for charitable, educational or religious purposes and which at that time qualifies as an exempt corporation or organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VI. The business affairs of this corporation shall be conducted and managed by a Board of Directors to consist of not less than three (3) nor more than the total

number of persons as may be designated from time to time by the by-laws of the corporation. The Board of Directors shall be elected by a majority of the members of the Corporation and at such time as may be specified in the by-laws.

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

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

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

<u>NAME</u>	<u>OFFICE</u>	<u>Louisville, Kentucky 40220</u>
Joseph P. Pohl	Chairperson	3303 Frontier Trail
Elizabeth L. Ruck	Vice-Chairperson	1912 Hoke Road
Betty J. Matthews	Secretary	3115 Maywood Place
William Edelen	Treasurer	3126 Marlin Road

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

Joseph P. Pohl
Joseph P. Pohl

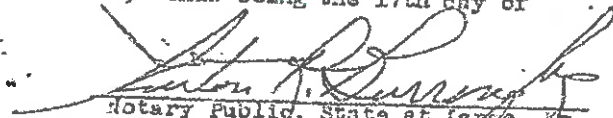
Elizabeth L. Ruck
Elizabeth L. Ruck

Betty J. Matthews
Betty J. Matthews


William Edelen

) SS
COUNTY OF JEFFERSON)

The undersigned, a Notary Public, in and for the state and county aforesaid, does hereby certify that the foregoing Articles of Incorporation of the Hikes Point Community Ministries, Inc. were this day produced to me by Joseph P. Pohl, Elizabeth L. Ruck, Betty J. Matthews, and William Edelen, each of whom signed, acknowledged and delivered the same to be their voluntary act and deed, this being the 17th day of October, 1974.




Notary Public, State at Large, Ky.

I hereby certify that I prepared this instrument.


Clinton N. Burroughs
Attorney at Law
Suite 126, 334 East Broadway
Louisville, Kentucky 40202 (584-0239)

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

OCT 25 1974


THOMAS L. STOVALL


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

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

NOV 6 1980

James J. Hill
SECRETARY OF STATE

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

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

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

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

HIKES POINT COMMUNITY MINISTRIES, INC.

Maurice H. LeFevre
Maurice H. LeFevre, President

Mary Jo Lester
Mary Jo Lester

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

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

David N. Martin
Notary Public

Filing Fee of \$4.00 enclosed.



0151210.09 amcra
AMD
 Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 9/20/2017 9:50 AM
 Fee Receipt: \$8.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

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

1. The name of the corporation on record with the Office of the Secretary of State is:
Southeast Associated Ministries, Inc.

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

2. The text of each amendment adopted:
 Southeast Associated Ministries, Inc. is organized as and operated exclusively for charitable and educational purposes under Section 501 (c)(3) of the Internal Revenue Code of 1954 as amended, including making distributions and providing services to individuals and families facing personal, medical and economic crisis; Southeast Associated Ministries, Inc. is not a religious organization, nor does it provide religious services. The purpose of Southeast Associated Ministries, Inc. is to provide social and support services to the general public within its geographic region of religious, social, gender or race discrimination or handicap issues.

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

4. Check either a, b or c (whichever is applicable):
- a. _____ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
 - b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
 - c. _____ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

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

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

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

(01/12)

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.
SOUTH EAST ASSOCIATED MINISTRIES INC

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

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

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

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501c3**

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
 See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

--	--	--	--

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶



Date ▶ **8-16-18**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

SOUTH EAST ASSOCIATED MINISTRIES, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: South East Associated Ministries

Grantee Representative Name: Michael C. Ashabraner

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

Please check:



I viewed the NDF training material on the website

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

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

MA. Ashabraner
Grantee Representative Signature

Aug 11, 18
Date

NOTE: Please return to Roxanne Steele
E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

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Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	5
Notes to Financial Statements	6-9

TIMOTHY A. MASTERSON CPA, PSC
Certified Public Accountant

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

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

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

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

Management's Responsibility for the Financial Statements

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

Accountant's Responsibility

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

Accountant's Conclusion

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

Timothy A. Masterson CPA, PSC

Timothy A. Masterson CPA, PSC
November 30, 2016

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

ASSETS

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

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Payroll taxes payable	\$ 773	\$ -
NET ASSETS		
Unrestricted	<u>511,169</u>	<u>550,363</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 511,942</u>	<u>\$ 550,363</u>

See independent accountant's review report and accompanying notes.

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

	2016			2015		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
REVENUES AND SUPPORT:						
Contributions	\$ 80,942	\$ 20,495	\$ 81,437	\$ 78,917	\$ 45,464	\$ 124,381
Grants	-	130,968	130,968	-	113,468	113,468
Contributed food	-	485,900	485,900	-	482,850	482,850
Special fundraising events	11,037	-	11,037	15,173	-	15,173
Investment income	11,330	-	11,330	12,529	-	12,529
Miscellaneous income	1,120	-	1,120	3,964	-	3,964
Realized gain on sale of investments	(302)	-	(302)	900	-	900
Unrealized gain (loss) on investments	(17,318)	-	(17,318)	(1,487)	-	(1,487)
	<u>66,809</u>	<u>637,363</u>	<u>704,172</u>	<u>109,896</u>	<u>641,782</u>	<u>751,678</u>
Net assets released from restrictions	637,363	(637,363)	-	641,782	(641,782)	-
TOTAL REVENUES AND SUPPORT	704,172	-	704,172	751,678	-	751,678
EXPENSES:						
Program services	693,820	-	693,820	673,599	-	673,599
Management and general	45,244	-	45,244	44,964	-	44,964
Fundraising	4,302	-	4,302	6,111	-	6,111
TOTAL EXPENSES	743,366	-	743,366	724,674	-	724,674
INCREASE (DECREASE) IN NET ASSETS	(39,194)	-	(39,194)	27,004	-	27,004
NET ASSETS, BEGINNING OF YEAR	550,363	-	550,363	523,359	-	523,359
NET ASSETS, END OF YEAR	\$ 511,169	\$ -	\$ 511,169	\$ 550,363	\$ -	\$ 550,363

See independent accountant's review report and accompanying notes.

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

	2016				2015			
	Program Services	Management and general	Fundraising	Total	Program Services	Management and general	Fundraising	Total
Wages and salaries	\$ 59,025	\$ 19,675	\$ -	\$ 78,700	\$ 64,255	\$ 21,418	\$ -	\$ 85,673
Payroll taxes	5,492	1,831	-	7,323	5,916	1,972	-	7,888
Employee benefits	12,799	4,266	-	17,065	9,172	3,057	-	12,229
Direct assistance	81,729	-	-	81,729	70,669	-	-	70,669
Food	485,900	-	-	485,900	482,850	-	-	482,850
Depreciation	14,644	4,881	-	19,525	13,573	4,525	-	18,098
Dues and subscriptions	704	235	-	939	1,301	434	-	1,735
Insurance	3,041	1,014	-	4,055	2,581	861	-	3,442
Office	5,410	1,804	-	7,214	5,278	1,760	-	7,038
Other	574	191	-	765	1,456	486	-	1,944
Postage	169	56	-	225	400	134	-	534
Printing	1,054	351	-	1,405	1,102	368	-	1,470
Professional fees	-	3,030	-	3,030	-	4,785	-	4,785
Public relations	-	-	-	-	97	32	-	129
Security monitoring	380	120	-	480	625	208	-	833
Retirement plan	1,280	427	-	1,707	1,092	364	-	1,456
Utilities	7,327	2,442	-	9,769	7,645	2,549	-	10,194
Volunteer appreciation	807	269	-	1,076	853	284	-	1,137
Repairs and maintenance	13,505	4,502	-	18,007	4,732	1,577	-	6,309
Investment fees	-	150	-	150	-	150	-	150
	<u>693,820</u>	<u>45,244</u>	<u>-</u>	<u>739,064</u>	<u>673,599</u>	<u>44,964</u>	<u>-</u>	<u>718,563</u>
Special fundraising events	-	-	4,302	4,302	-	-	6,111	6,111
	<u>\$ 693,820</u>	<u>\$ 45,244</u>	<u>\$ 4,302</u>	<u>\$ 743,366</u>	<u>\$ 673,599</u>	<u>\$ 44,964</u>	<u>\$ 6,111</u>	<u>\$ 724,674</u>

See independent accountant's review report and accompanying notes.

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

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

See independent accountant's review report and accompanying notes.

**SOUTH EAST ASSOCIATED MINISTRIES, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2016 AND 2015**

A. NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

1. Organization

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

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

Life Skills/Assistance Center

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

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

2. Basis of Accounting

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

3. Basis of Presentation

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

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

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

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

4. Cash and Cash Equivalents

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

5. Investments

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

See independent accountant's review report.

SOUTH EAST ASSOCIATED MINISTRIES, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2016 AND 2015

6. Property and Equipment

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

B. DATE OF MANAGEMENT'S REVIEW

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

C. ESTIMATES

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

D. CONTRIBUTIONS

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

E. DONATED FOOD AND SERVICES

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

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

F. FUNCTIONAL EXPENSE ALLOCATION

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

G. ADVERTISING COSTS

Advertising costs are charged to expense as incurred.

SOUTH EAST ASSOCIATED MINISTRIES, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2016 AND 2015

H. COMPENSATED ABSENCES

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

I. INCOME TAX EXEMPTION

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

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

Fiscal year ended June 30, 2016
2015
2014

J. FAIR VALUE MEASUREMENTS

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

K. CONCENTRATIONS OF RISK

Investment risk

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

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

Contributions risk

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

See independent accountant's review report.

**SOUTH EAST ASSOCIATED MINISTRIES, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2016 AND 2015**

L. INVESTMENTS

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

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

M. RETIREMENT PLAN

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

N. COMMITMENTS AND CONTINGENCIES

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

TIMOTHY A. MASTERSON CPA, PSC
Certified Public Accountant

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

August 28, 2018

Michael Ashabraner
Executive Director
South East Associated Ministries, Inc.
6500 Six Mile Lane
Louisville, KY 40218

Dear Michael,

You have requested that I update you concerning the progress of the organization's income tax return for the fiscal year ended June 30, 2017.

I am currently in the process of preparing the return and I hope to have a draft copy for your review sometime later this week. Once the draft is complete, your board will need to review the forms to make sure all items on the return are correct. Assuming this can be done in a timely manner, I expect to have the return ready to submit to the Internal Revenue Service sometime next week.

If you have any other questions, please do not hesitate to call.

Sincerely,


Timothy A. Masterson, CPA

Return of Organization Exempt From Income Tax

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	SOUTH EAST ASSOCIATED MINISTRIES, INC.		[REDACTED]	
	Doing business as		E Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		502-499-9350	
6500 SIX MILE LANE		A		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
LOUISVILLE, KY 40218		729792.		
F Name and address of principal officer: MICHAEL ASHABRANER		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6500 SIX MILE LANE, LOUISVILLE, KY 40218		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.SEAMLOUISVILLE.ORG		L Year of formation: 1974 M State of legal domicile: KY		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDER OF SOCIAL SERVICES TO INDIVIDUALS AND FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	720699.	698305.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13429.	11028.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747054.	717188.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	553519.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		107246.	104795.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57798.	66640.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	718563.	739064.	
19 Revenue less expenses. Subtract line 18 from line 12	28491.	-21876.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	550363.	511942.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	773.
		550363.	511169.

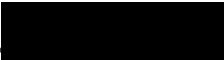
Part II Signature Block

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

Sign Here	Signature of officer		Date
	MICHAEL ASHABRANER, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TIMOTHY A. MASTERSON CPA	[REDACTED]	01/24/17
	Firm's name ▶ TIMOTHY A. MASTERSON CPA, PSC	Firm's EIN ▶ [REDACTED]	
Firm's address ▶ 209 TOWNEPARK CIRCLE, SUITE 100		Louisville, KY 40243	
		Phone no. (502) 254-1040	

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No



Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 693820. including grants of \$ 567629.) (Revenue \$) PROVIDED DIRECT FINANCIAL ASSISTANCE AND EMERGENCY FOOD AND CLOTHING TO INDIVIDUALS AND FAMILIES. INTAKE APPLICATIONS FOR APPROXIMATELY 3,500 FAMILIES WERE PROCESSED DURING THE YEAR.

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

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

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

4e Total program service expenses 693820.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

		Yes	No
1a	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.		
	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **SOUTH EAST ASSOCIATED MINISTRIES, INC. - 502-499-9350**
6500 SIX MILE LANE, LOUISVILLE, KY 40218

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

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

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

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

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

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

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

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



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

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

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) REV. SARA CLARKE TURPIN BOARD MEMBER	1.00	X						0.	0.	0.
(28) ROSEMARY CAVANAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(29) MICHAEL ASHABRANER EXECUTIVE DIRECTOR	40.00			X				21515.	0.	0.
(30) PATRICIA ANDERSON COOK FORMER EXECUTIVE DIRECTOR	40.00					X		11012.	0.	0.
Total to Part VII, Section A, line 1c								32527.		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	86200.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	612105.			
	g Noncash contributions included in lines 1a-1f. \$		485900.			
	h Total. Add lines 1a-1f		698305.			
Program Service Revenue	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)		11330.		11330.	
	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	8000.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	8302.			
		c Gain or (loss)	-302.			
	d Net gain or (loss)		-302.		-302.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	12157.			
b Less: direct expenses		4302.				
c Net income or (loss) from fundraising events			7855.		7855.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	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					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____	a					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		717188.	0.	0.	18883.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	567629.	567629.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32526.	24395.	8131.	
7 Other salaries and wages	46174.	34630.	11544.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1707.	1280.	427.	
9 Other employee benefits	17065.	12799.	4266.	
10 Payroll taxes	7323.	5492.	1831.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3030.		3030.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	4910.	3683.	1227.	
14 Information technology				
15 Royalties				
16 Occupancy	25422.	19067.	6355.	
17 Travel	2030.	1522.	508.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19525.	14644.	4881.	
23 Insurance	4055.	3041.	1014.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE AND INTERNET	4828.	3621.	1207.	
b STAFF AND VOLUNTEER APP	1076.	807.	269.	
c DUES AND SUBSCRIPTIONS	939.	704.	235.	
d TRAINING	675.	506.	169.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	739064.	693820.	45244.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)



Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	37064.	1	27816.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9	847.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	527525.		
	b	Less: accumulated depreciation	10b	234077.	10c	293448.
	11	Investments - publicly traded securities		204130.	11	189831.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		550363.	16	511942.	
Liabilities	17	Accounts payable and accrued expenses		17	773.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		0.	26	773.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	550363.	27	511169.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <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		550363.	33	511169.	
34	Total liabilities and net assets/fund balances		550363.	34	511942.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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? _____ 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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 _____		

Form 990 (2015)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.84 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.13 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a 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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
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.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

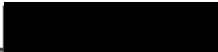
	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		



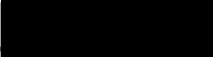
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		



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

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

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



Part VI

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

SCHEDULE A PART II LINE 10 EXPLANATION FOR OTHER INCOME

1 - CASH ADJUSTMENT FOR O/S CHECKS NOT CLEARED

2013 \$10,593

2014 \$ 2,892

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

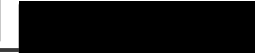
OMB No. 1545-0047

2015

Name of the organization

Employer identification number

SOUTH EAST ASSOCIATED MINISTRIES, INC.



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

LHA 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 SOUTH EAST ASSOCIATED MINISTRIES, INC.	Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div>
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DARE TO CARE 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	\$ 485900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	LOUISVILLE METRO GOVERNMENT 527 WEST JEFFERSON ST LOUISVILLE, KY 40202	\$ 86200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ASSOCIATION OF COMMUNITIES P.O. BOX 99545 LOUISVILLE, KY 40269	\$ 44768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SOUTH EAST ASSOCIATED MINISTRIES, INC.



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD	\$ 485900.	12/31/15

Name of organization

Employer identification number

SOUTH EAST ASSOCIATED MINISTRIES, INC.



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

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization **SOUTH EAST ASSOCIATED MINISTRIES, INC.** Employer identification number [REDACTED]

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

- c Beginning balance _____
- d Additions during the year _____
- e Distributions during the year _____
- f Ending balance _____

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

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

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

- (i) unrelated organizations _____
- (ii) related organizations _____

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment.

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

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



Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

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

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

SCHEDULE I PART III (B)

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

THE ORGANIZATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

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Name of the organization

SOUTH EAST ASSOCIATED MINISTRIES, INC.

Employer identification number

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p>	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p>	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2015

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

Name of the organization **SOUTH EAST ASSOCIATED MINISTRIES, INC.** Employee identification number [REDACTED]

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SOUTH EAST ASSOCIATED MINISTRIES, INC.

Identification number

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

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

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

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

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

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

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

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

2015 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

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

2015 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

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

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

(D) - Asset disposed

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

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

(D) - Asset disposed
 37.3

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

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

Type or print	Name of exempt organization or other filer, see instructions. SOUTH EAST ASSOCIATED MINISTRIES, INC.	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 15px;"></div>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SIX MILE LANE, NO. A	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40218	

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

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

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

- The books are in the care of ▶ **6500 SIX MILE LANE - LOUISVILLE, KY 40218**
Telephone No. ▶ **502-499-9350** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year _____ or
 tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

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

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

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

SOUTH EAST ASSOCIATED MINISTRIES, INC.**General Information**

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

Current Officers

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

Individuals / Entities listed at time of formation

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

Images available online

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

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

Assumed Names

8/16/2018

Activity History

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

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Microfilmed Images

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