

0-283-19

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

**Applicant/Program:** South Louisville Community Ministries  
**Applicant Requested Amount:** \$12,000  
**Appropriation Request Amount:** \$9,500

#### Executive Summary of Request

Funding request is for the 10th annual Taste of South Louisville. The purpose is to raise funds to help prevent homelessness. Funding will be used to offset cost of the event.

Is this program/project a fundraiser?

Yes  No

Is this applicant a faith based organization?

Yes  No

Does this application include funding for sub-grantee(s)?

Yes  No

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

15      *[Signature]*      \$ 3,500      7/25/2019  
District #      Primary Sponsor Signature      Amount      Date

#### Primary Sponsor Disclosure

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

#### Approved by:

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

South Louisville Community Ministries- Taste of South Louisville

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	<u>Jesse Green</u>	\$ <u>750<sup>00</sup></u>
District 2		\$ _____
District 3		\$ _____
District 4		\$ _____
District 5		\$ _____
District 6		\$ _____
District 7		\$ _____
District 8		\$ _____
District 9		\$ _____
District 10	<u>Gannon P Mulvihill</u>	\$ <u>500-</u>
District 11		\$ _____
District 12	<u>Paul Bland</u>	\$ <u>500</u>
District 13	<u>Wamu Fox</u>	\$ <u>500.<sup>00</sup><sub>xy</sub></u>
District 14	<u>Cindi Fowler</u>	\$ <u>500<sup>00</sup></u>
District 15		\$ _____

**Applicant/Program:**


Taste of South Louisville- South Louisville Community Ministries

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

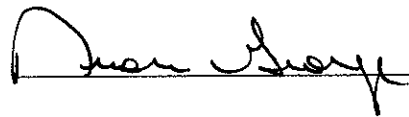
District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17  \_\_\_\_\_ \$ 250.00

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


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

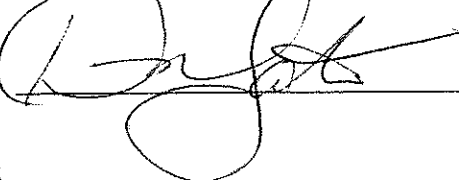
District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21  \_\_\_\_\_ \$ 2000.00

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

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

District 24  \_\_\_\_\_ \$ 500.00

District 25  \_\_\_\_\_ \$ 1000.00

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

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** South Louisville Community Ministries-

**Program Name and Request Amount** Taste of South Louisville--\$12,000

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

Prepared by:

D. Hughes

Date:

7/25/19



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> South Louisville Community Ministries Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 415 1/2 W Ashland Avenue, Louisville, KY 40214			
<b>Website:</b> www.slcm.org			
<b>Applicant Contact:</b>	Clare Rutz Wallace	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 361-7763	<b>Email:</b>	clarewallace@slcm.org
<b>Financial Contact:</b>	Joyce Whalin	<b>Title:</b>	Fund Development Chair
<b>Phone:</b>	(502) 361-7763	<b>Email:</b>	funddevelopment@slcm.org
<b>Organization's Representative who attended NDF Training:</b> Joyce Whalin			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	415 1/2 W Ashland Avenue, Louisville, KY 40214		
<b>Council District(s):</b>	6,12,13,15,21,25	<b>Zip Code(s):</b>	40208,40209, 40214,40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Taste of South Louisville			
<b>Total Request: (\$)</b>	12,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	11,400
<b>Purpose of Request (check all that apply):</b>			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<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 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 checked="" 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	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Metro Council	<b>Amount: (\$)</b>	172,100
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

South Louisville Community Ministries (SLCM) Vision: A community where all neighbors can thrive.

SLCM Mission: To empower our neighbors to move toward stability and self sufficiency. We do this by demonstrating respectful compassion; faithful stewardship; and providing the following programs:

#### Emergency Assistance -

SLCM provides assistance to individuals who are facing crisis to help ease a significant burden that is preventing them from being happy, healthy, and safe. This includes payments for housing, utilities, and prescriptions, and managing a Dare to Care Food Pantry and Meals on Wheels routes. SLCM also provides household items such as diapers, toiletries, and cleaning products.

#### Referral Services and Connecting Resources -

SLCM builds and maintains partnerships with other local agencies and community services as they help meet the ongoing needs of neighbors. SLCM collects relevant and timely information about available resources and programs while connecting individuals with opportunities that fit their specific needs. We assist in making the connection by hosting programs, helping with transportation and language barriers, and providing information about eligibility requirements and other important details. The referrals we provide are for financial literacy, job training, computer and internet access, legal aid, free clothing and furniture, government programs, temporary housing, healthcare information, support during the holidays, free family-learning activities, and much more.

#### Coaching and Case Management -

SLCM serves as an advocate for our neighbors through relationship and compassion. Volunteers and staff listen to clients and help them on their way to self-identified goals through coaching which includes support with finding employment, setting up counseling appointments, following through with referrals, and marking progress toward goals. Every individual is provided with a different set of tools and timeline for their own journey towards a happy, healthy, and safe home.

The impact of our services changes the lives of families in crisis. Last year, SLCM supplied food orders to 6463 families. Our weekly produce each Wednesday provided fresh produce to 60 to 80 families along with learning opportunities about healthy eating and household management resources. We delivered senior commodities packages totaling 266 orders for the year. The Meals-On-

Wheels program delivered 14,217 hot meals to 89 homebound seniors this past year.

Last year, SLCM also:

- helped 154 families ensure stable housing and prevent homelessness through financial aid,
- fed 2912 children through the food pantry,
- provided essential baby supplies to 642 households,
- prevented unsafe conditions in 927 households by providing financial assistance for water and gas/electric to avoid disconnection,
- provided 206 individuals with vital medication including insulin and cholesterol medication, and
- served 403 veterans with food and financial assistance.

South Louisville Community Ministries supports families to stabilize their crisis situation while seeking employment, establishing benefits or recovering from a major life event.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Michael Chinigo, President	September 2018
Jeff Oeswein, Vice President	September 2018
Terry Conway, Secretary	September 2018
Theresa Batliner, Treasurer	September 2018
Rev. Dr. James Dewey, Member-at-large	September 2018
Nicole George, Member-at-large	September 2019
Kathryn Matheny, Member-at-large	September 2019
Tracy McDonald, Member-at-large	September 2019
Donna Ngo, Member-at-large	September 2019
L.D. Nunnolley, Member-at-large	September 2019
Joyce Whalin, Member-at-large	September 2018
David Tummonds, Member-at-large	September 2019
**All current board members are eligible for another term.	

**Describe the Board term limit policy:**

Officers-The officers shall serve for a one year term of office or until their successor shall have been elected and installed. No officer may serve more than three (3) consecutive years in any given office. (Bylaws, Article VIII, Section 6)

Board Member at Large-Each director shall serve for a two year term or until her or his successor shall be elected. No director shall serve more than two consecutive terms, provided that a director may return to board membership following a two year rest from membership. (Bylaws, Article VII Section 3)

Three Highest Paid Staff Names	Annual Salary
Clare Rutz Wallace	\$57,000
Kate Husk	\$47,476

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.):**

This funding request is for the 10th Annual Taste of South Louisville. This event showcases the local and international cuisine of our diverse area all in the name of neighbors helping neighbors. More than 25 restaurants will serve 800 people tastes from around the world in Churchill Downs; beautiful Millionaire Row. To celebrate the 10th year of this tradition, we are partnering with Yelp and Churchill Downs to make it the biggest Taste event yet. We'll be highlighting local businesses and sharing stories with the rest of Louisville the culture and uniqueness of South Louisville--all the way from Taylor Boulevard up to Fairdale.

The purpose of the event is to raise funds to help prevent homelessness. SLCM works with thousands of families every year who are on the brink of homelessness because of a crisis they are facing. A recent study from Wilson Sheehan's Lab for Economic Opportunities shows that emergency assistance reduces homelessness by 65%. The community ministries have a strong partnership with the utility companies to help offset those costs, but Metro Louisville and private donations are the only avenue in which we can help with rent and mortgage payments if someone is facing an eviction or foreclosure. Furthermore, Neighborhood Place can only give a minimum amount of assistance to those who have worked full-time in the immediate past. With SLCM being the only option for rent assistance to thousands of people who are on the brink of homelessness, we ask that the city helps us prevent these catastrophic circumstances as boldly as the initiatives to mitigate the challenges of homelessness.

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

Taste of South Louisville: Cover cost of their contributions (excluding rent of venue) such as cost of staff and AV rentals, stipends to smaller restaurants who are not able to donate 100% of their food, and event signs and handouts.

Emergency Assistance funding will be paid on behalf of clients facing crisis to help with their rent. After receiving the funds, we will provide approximately \$200-\$300 to 30-40 families who are facing eviction in the proceeding 6-months.

The support from this NDF will be allocated to families with children. We are currently working with JCPS' FRYSC to better support children who are facing potential homelessness because it is also shown that "frequent moving is associated with lower test scores and reduced educational attainment". 100% of the amount allocated to emergency assistance will be paid directly to the property manager or landlord.

South Louisville faces higher than average eviction rates compared to the rest of Jefferson County. Through partnership and this additional support, we are working to decrease this statistic.

Noe of the funds allocated will be used for sub grantee.

CRB  
KAT



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

All proceeds made from Taste of South Louisville will go directly to SLCM's wrap-around programs to help prevent crisis from becoming a catastrophe. SLCM provides nutritional food from our pantry, delivers hot meals to homebound seniors daily, prevents homelessness by providing financial assistance for housing, eliminates families living in dangerous housing conditions by assisting with utilities to avoid disconnection, helps with purchasing life-saving medication and connects individuals and families with additional community services to address their challenges in a holistic manner.

**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.

Churchill Downs Invoice, Zen Reprographics Invoice (printing costs), Restaurant Reimbursements

- 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:**

SLCM's most recent data collection survey showed that 67% of our clients who received financial assistance for rent felt as if it "prevented homelessness".

In addition to this survey, we contacted 50 people who received rental assistance through the Gheens Foundation to see how this support potentially changed their situation. All recipients of this special assistance were facing immediate eviction and only 2 out of the 50 were eventually evicted over a 6-month period of time.

Only this year are we focusing on more goal-focused case management with frequent case management. To gauge the success of this shift in programming, we are using the Arizona Self-Sufficiency Matrix to gauge where they start and where they end. Currently, out of the 5 participants that have spent more than 6-months with us, 100% have accomplished steps toward their goals and 40% have achieved those major life goals.

The assistance provided stabilizes families in crisis situations for at least 30 days. We do not contribute funds to outstanding bills unless we are certain it will stabilize the situation for that period of time. Emergency assistance helps avoid eviction from one's home, prevents utilities from being shut-off or disconnected and purchases medication for individual wellness issues. Our utilities assistance prevents 100% of clients from having their services shut off or disconnected. Records are maintained of all checks written on behalf of clients showing how grant funds were allocated.

**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.**

South Louisville Community Ministries has existing collaborative relationship with organizations that support some of the services offered by our agency and to also address needs beyond our programs. Dare to Care provides food for our food pantry. Catholic Health Initiatives and Metro Senior Nutrition Program/KIPDA supports our Meals-On-Wheels program. Kentucky One assists with medication for low income families. Kosair Charities grant provides baby diapers and other necessary infant supplies. LG&E and Louisville Water Company support assisting families to pay their extreme weather bills. We also partner with LG&E programs such as We Care to educate clients to explore various weatherization options to lower or manage their monthly bill.

In addition to these partners, we work with many neighborhood agencies. Due to the extent of that list, we have attached the document to this application, but a few of our major partners are Louisville Metro Nutrition Program, Choices Counseling, Sts. Simon and Jude Clothing Closet, Iroquois Library, Americana, Beechmont Community Center, Gathering Place, Google Fibre, and Passport Health Plan.

We are also creating a coalition of nonprofit experts to discuss and grow upon eviction prevention programs. This includes Volunteers of America, Coalition for the Homeless, and Legal Aid.

**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
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>	8,000	17,500	25,500
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	4,000	3,000	7,000
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	12,000	20,500	32,500
% of Program Budget	37 %	63 %	100%

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

Other State, Federal or Local Government	7500
United Way	0
Private Contributions (do not include individual donor names)	10000
Fees Collected from Program Participants	0
Other (please specify)	3000
Total Revenue for Column 2 Expenses **	20,500

\*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
Churchill Downs: AV/Labor/Supplemental Food	2300	800	3100
Printing Signs and Handouts for Day-Of	100	250	350
Participating Restaurant Fees (Cost of portion of food)	1600	300	1900
Invitation/Mailings and Postage	0	600	600
Advertising	0	350	350
Serving Supplies for Food and Drink	0	700	700
Direct Assistance with Rent/Mortgage if client is facing eviction/foreclosure (sent directly to landlord or bank) <b>+</b>	8,000	17,500	25,500
<b>Total</b>	12,000	20,500	32,500

**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).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
200 hours @\$24.69	\$4,938	Estimated National Value in 2016
Churchill Downs - Venue Rental	\$2,500	Relative to their Rental Rates
Local Restaurant Contributions	\$1,500	Catering/Take Out Cost
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	\$8938	

**\* 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 2019

**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:**

## 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

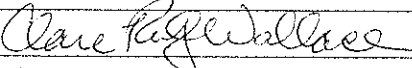
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

N/A

### 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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	7/1/2019
<b>Legal Signatory: (please print):</b>	Clare Rutz Wallace	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 361-7763	<b>Extension:</b>	
<b>Email:</b>	clarewallace@slcm.org		





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248367569  
Mar. 20, 2012 LTR 4168C EO  
31-0891259 000000 00

00017552  
BODC: TE

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

2242

Employer Identification Number: 31-0891259  
Person to Contact: Mrs. Black  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

SLCM Annual Budget 2019-2020 (Approved)

EXPENSES		INCOME	
Executive Director	57,000	Louisville Metro	172,100
Assistant Director	47,476	Utility Companies	90,033
Financial Assistance Coordinator	29,120	Meals on Wheels (Metro/CHI)	21,800
MOW and Volunteer Coordinator	27,040	Local Congregations	50,000
Data Entry Specialist	6,120	Grants/Foundations	80,000
Food Pantry Coordinator and Reception Assistant	21,840	Corporate Sponsors	55,000
Health/Life/Disability	41,710	Individual Donations	75,000
Payroll Taxes	13,752	Organizational Donations	25,000
Workers' Compensation	1,738	<b>TOTAL</b>	<b>568,933</b>
Payroll Service Fee	3,500		
Janitorial Services	4,992		
Holiday Bonus	550		
Accounting - Contractor Labor	8,000		
<b>TOTAL PERSONNEL</b>	<b>262,838</b>		
Audit Fees	780		
Bank Services Fees	350		
Office Supplies	2,500		
Directors and Officers Insurance	2,101		
Copier Expenses	2,500		
Computer Software & Services (ie. Icloud backup)	1,300		
Janitorial Supplies	700		
Postage	2,000		
<b>TOTAL ADMINISTRATIVE</b>	<b>19,251</b>		
Program Equipment	500		
Background Checks	200		
Telephone/Internet	2,950		
Mileage Reimbursement	800		
Rent Assistance	13,000		
RX Assistance	8,000		
LG&E Assistance	89,000		
Water Assistance	22,000		
Special Allocations - Client Assistance	60,000		
Capacity Building - Program Expansion	35,000		
Community Events (incl. Food/Beverages)	1,000		
<b>TOTAL PROGRAM</b>	<b>232,450</b>		
Dues and Subscriptions	580		
Volunteer/Partner Appreciation	1,000		
<b>TOTAL DEVELOPMENT</b>	<b>1,580</b>		
Rent	6,360		
Electricity	8,900		
General Liability & Building Insurance	3,970		
Repair and Maintenance of Bldg	900		
Equipment Maintenance & Repair	400		
<b>TOTAL BUILDING</b>	<b>20,530</b>		
Marketing - Printing/Video/Facebook Ad	1,500		
Online Support - Website/Domain/Donorbox/GLL	725		
Taste of South Louisville	8,500		
Misc. Fundraising Events	3,500		
Families Serving Families	6,000		
<b>TOTAL MARKETING/FUNDRAISING</b>	<b>20,225</b>		
Loan Payments	8,820		
<b>TOTAL MISC</b>	<b>8,820</b>		
<b>TOTAL</b>	<b>565,694</b>		



**Balance Sheet**  
**As of 5/31/2019**

**So. Louisville Community Ministries (SLC)**

	Year to Date	Prior Year to Date
<b>Assets</b>		
<b>Current Assets</b>		
Cash - Republic Bank Operating	72,935.08	37,792.27
Cash - Emergency Assistance 769	12,570.71	8,871.22
Cash-Republic-Restricted Funds-0249	1,971.60	11,403.89
Cash-Republic Bank-Emer Assistance	26,766.17	8,828.21
Republic Bank-Gaming-xx9574	1,049.35	257.00
Petty Cash	50.00	50.00
Accts Rec Metro MOW	2,004.70	1,853.10
Health Ins-Dependent	2,841.50	1,673.74
G/R CHI MOW Reimbursement	7,000.00	2,000.00
<b>Total Current Assets:</b>	<b>127,189.11</b>	<b>72,729.43</b>
<b>Fixed Assets</b>		
Furniture & Fixtures	4,046.92	4,046.92
Accum. Depr. - Furn & Fixtures	-8,095.40	-7,456.40
Equipment	4,880.13	4,880.13
Accum. Depr. - Equipment	-1,828.00	-1,828.00
Leasehold Improvements	54,175.32	54,175.32
Accum. Depr. - Leasehold Imprv	-13,440.00	-9,829.00
<b>Total Fixed Assets:</b>	<b>39,738.97</b>	<b>43,988.97</b>
<b>Total Assets:</b>	<b>166,928.08</b>	<b>116,718.40</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable	718.36	410.57
LOC - Republic Bank#25596233	32,750.07	44,278.54
Deferred Revenue-TOSL	0.00	9,000.00
Aflac Withholding	0.00	-218.92
Roth 401k Withholding	239.84	0.00
<b>Total Current Liabilities:</b>	<b>33,708.27</b>	<b>53,470.19</b>
<b>Long-Term Liabilities</b>		
Deferred Revenue	1,000.00	0.00
<b>Total Long-Term Liabilities:</b>	<b>1,000.00</b>	<b>0.00</b>
<b>Total Liabilities:</b>	<b>34,708.27</b>	<b>53,470.19</b>
<b>Equity</b>		
Net Assets - Temp Restricted	12,880.44	128.44
Net Assets	26,626.70	10,022.53
Retained Earnings-Current Year	92,712.67	53,097.24
<b>Total Equity:</b>	<b>132,219.81</b>	<b>63,248.21</b>
<b>Total Liabilities &amp; Equity:</b>	<b>166,928.08</b>	<b>116,718.40</b>

No CPA provides any assurance on these financial statements.

South Louisville Community Ministries  
Statement of Activities - by Funding Source  
For the Eleven Months Ending May 31, 2019

	YTD Actual Admin - 00	YTD Actual Metro Formula -05	YTD Actual Fundraising - 15	YTD Actual EA - 25	YTD Actual MOW -40	YTD Actual Total	Annual Budget
Individual Giving	\$ 45,156	\$ -	\$ 6,555	\$ 3,517	\$ 945	\$ 56,173	\$ 50,050
Business/Corporation Giving	\$ 19,335	\$ -	\$ -	\$ 10,000	\$ -	\$ 29,335	\$ 6,000
Memorial Giving	\$ 25	\$ -	\$ -	\$ -	\$ -	\$ 25	\$ 125
Church Giving	\$ 4,638	\$ -	\$ -	\$ 45,530	\$ -	\$ 50,167	\$ 36,500
Fundraising (Net) and Misc. Income	\$ -	\$ -	\$ 82,310	\$ -	\$ -	\$ 82,310	\$ 86,000
Grants	\$ 33,442	\$ 172,100	\$ -	\$ 100,636	\$ 21,294	\$ 327,463	\$ 270,898
<b>Total Revenue</b>	<b>\$ 102,595</b>	<b>\$ 172,100</b>	<b>\$ 88,865</b>	<b>\$ 159,673</b>	<b>\$ 22,239</b>	<b>\$ 545,473</b>	<b>\$ 449,573</b>
Personnel Expenses	\$ 22,351	\$ 96,916	\$ -	\$ 44,453	\$ 28,458	\$ 192,178	\$ 224,052
Professional Fees	\$ 11,304	\$ 14,084	\$ -	\$ -	\$ -	\$ 25,388	\$ 23,362
Supplies/Services	\$ 8,069	\$ 3,564	\$ 229	\$ 274	\$ 285	\$ 12,421	\$ 12,050
Telephone	\$ 513	\$ 2,050	\$ -	\$ -	\$ -	\$ 2,563	\$ 2,950
Postage & Shipping	\$ 761	\$ 744	\$ -	\$ -	\$ -	\$ 1,505	\$ 2,200
Occupancy Expenses	\$ 2,905	\$ 10,664	\$ -	\$ 323	\$ -	\$ 13,893	\$ 16,405
Rentals & Technology	\$ 4,868	\$ -	\$ -	\$ -	\$ -	\$ 4,868	\$ 4,100
Printing Expenses	\$ 993	\$ -	\$ 558	\$ -	\$ -	\$ 1,550	\$ 2,700
Travel Expenses	\$ -	\$ -	\$ -	\$ 123	\$ 416	\$ 539	\$ 800
Client Services	\$ -	\$ 33,417	\$ -	\$ 157,059	\$ -	\$ 190,476	\$ 145,406
Dues & Subscriptions	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ 580	\$ 580
Insurance	\$ 2,672	\$ 2,285	\$ -	\$ -	\$ -	\$ 4,957	\$ 5,950
Interest	\$ 1,631	\$ -	\$ -	\$ -	\$ -	\$ 1,631	\$ 1,485
Misc. Expenses	\$ 224	\$ -	\$ -	\$ -	\$ -	\$ 224	\$ 200
<b>Total Expenses</b>	<b>\$ 56,870</b>	<b>\$ 163,725</b>	<b>\$ 786</b>	<b>\$ 202,233</b>	<b>\$ 29,159</b>	<b>\$ 452,773</b>	<b>\$ 442,240</b>
Revenue in Excess (Deficit) of Expenses	\$ 45,726	\$ 8,375	\$ 88,078	\$ (42,559)	\$ (6,919)	\$ 92,700	\$ 7,333
In Kind Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
In Kind Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Income/Expense	\$ 12	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ -
Net In-Kind Activity/Other Income	\$ 12	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ -
Net Agency Activity	\$ 45,713	\$ 8,375	\$ 88,078	\$ (42,559)	\$ (6,919)	\$ 92,713	\$ 7,333

South Louisville Community Ministries  
Fundraising Summary  
For the Eleven Months Ending May 31, 2019

Taste of South Louisville - Income	\$	54,517.48
Taste of South Louisville - Expense	\$	(7,731.29)
<b>Net Income - Taste of South Louisville</b>	<b>\$</b>	<b>46,786.19</b>

Golf Scramble - Income	\$	7,414.06
Golf Scramble - Expense	\$	(2,217.74)
<b>Net Income - Golf Scramble</b>	<b>\$</b>	<b>5,196.32</b>

Families Helping Families- Income	\$	40,972.47
Families Helping Families - NDF	\$	-
Families Helping Families- Expense	\$	(6,081.80)
<b>Net Income - Families Helping Families</b>	<b>\$</b>	<b>34,890.67</b>

<b>Total Fundraising Income</b>	<b>\$</b>	<b>102,904.01</b>
<b>Total Fundraising Expense</b>	<b>\$</b>	<b>(16,030.83)</b>
<b>Net Income - Total Fundraising</b>	<b>\$</b>	<b>86,873.18</b>

South Louisville Community Ministries  
Statement of Activities  
For the Eleven Months Ending May 31, 2019

	YTD Actual Current Year	Annual Budget	Variance	% of Budget Collected/Spent	YTD Actual Prior Year
Individual Giving	\$ 56,173	\$ 50,050	\$ 6,123	112.23%	\$ 48,354
Business/Corporation Giving	\$ 29,335	\$ 6,000	\$ 23,335	488.92%	\$ 5,820
Memorial Giving	\$ 25	\$ 125	\$ (100)	20.00%	\$ 20
Church Giving	\$ 50,167	\$ 36,500	\$ 13,667	137.44%	\$ 37,234
Fundraising (Net) and Misc. Income	\$ 82,310	\$ 86,000	\$ (3,690)	95.71%	\$ 79,461
Grants	\$ 327,463	\$ 270,898	\$ 56,565	120.88%	\$ 323,101
Other Income	\$ 12	\$ -	\$ 12	0.00%	\$ -
<b>Total Revenue</b>	<b>\$ 545,485</b>	<b>\$ 449,573</b>	<b>\$ 95,912</b>	<b>121.33%</b>	<b>\$ 493,989</b>
Personnel Expenses	\$ 192,178	\$ 224,052	\$ 31,874	85.77%	\$ 208,490
Professional Fees	\$ 25,388	\$ 23,362	\$ (2,026)	108.67%	\$ 24,352
Supplies/Services	\$ 12,421	\$ 12,050	\$ (371)	103.08%	\$ 13,663
Telephone	\$ 2,563	\$ 2,950	\$ 387	86.87%	\$ 2,565
Postage & Shipping	\$ 1,505	\$ 2,200	\$ 695	68.41%	\$ 1,716
Occupancy Expenses	\$ 13,893	\$ 16,405	\$ 2,512	84.68%	\$ 14,119
Rentals & Technology	\$ 4,868	\$ 4,100	\$ (768)	118.73%	\$ 3,248
Printing Expenses	\$ 1,550	\$ 2,700	\$ 1,150	57.41%	\$ 2,371
Travel Expenses	\$ 539	\$ 800	\$ 261	67.38%	\$ 504
Client Services	\$ 190,476	\$ 145,406	\$ (45,070)	131.00%	\$ 162,566
Dues & Subscriptions	\$ 580	\$ 580	\$ -	100.00%	\$ 380
Insurance	\$ 4,957	\$ 5,950	\$ 993	83.31%	\$ 4,897
Interest	\$ 1,631	\$ 1,485	\$ (146)	109.81%	\$ 1,884
Misc. Expenses	\$ 224	\$ 200	\$ (24)	112.10%	\$ 138
<b>Total Expenses</b>	<b>\$ 452,773</b>	<b>\$ 442,240</b>	<b>\$ (10,533)</b>	<b>102.38%</b>	<b>\$ 440,892</b>
Revenue in Excess (Deficit) of Expenses	\$ 92,713	\$ 7,333	\$ 85,380		\$ 53,097
In Kind Income	\$ -	\$ -	\$ -		\$ -
In Kind Expense	\$ -	\$ -	\$ -		\$ -
Net In-Kind Activity	\$ -	\$ -	\$ -		\$ -
<b>Net Agency Activity</b>	<b>\$ 92,713</b>	<b>\$ 7,333</b>	<b>\$ 85,380</b>		<b>\$ 53,097</b>

Form **990**

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

OMB No. 1545-0047  
**2017**  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**


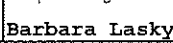
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>South Louisville Community Ministries, Inc.</b>		<b>D</b> Employer identification number <b>31-0891259</b>	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>415-1/2 West Ashland Avenue</b>		<b>E</b> Telephone number <b>502-681-4983</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville KY 40214</b>		<b>G</b> Gross receipts\$ <b>866,756</b>	
	<b>F</b> Name and address of principal officer: <b>Clare Wallace</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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				
<b>J</b> Website: ▶ <b>N/A</b> <span style="float: right;">H(c) Group exemption number ▶</span>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation:	<b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To empower our neighbors in crisis to move toward stability and self-sufficiency.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>165</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>707,057</b>	<b>780,984</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>43,452</b>	<b>63,370</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>750,509</b>	<b>844,354</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>451,799</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>236,539</b>	<b>225,210</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>61,289</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>87,311</b>	<b>89,903</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>775,649</b>	<b>807,716</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-25,140</b>	<b>36,638</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>62,965</b>	<b>97,145</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>49,095</b>	<b>46,637</b>
		<b>13,870</b>	<b>50,508</b>

**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.

<b>Sign Here</b>	Signature of officer 		Date	
	Type or print name and title <b>Clare Wallace</b>		<b>Executive Director</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Barbara Lasky</b>	Preparer's signature 	Date <b>12/13/18</b>	Check <input type="checkbox"/> if PTIN self-employed <b>P00015280</b>
	Firm's name ▶ <b>Baldwin CPAs, PLLC</b>	Firm's EIN ▶ <b>20-1416603</b>	Phone no. <b>502-584-9793</b>	
	Firm's address ▶ <b>Louisville, KY 40203</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:

**See Schedule O**

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

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

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

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

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

4a (Code: ) (Expenses \$ **625,348** including grants of\$ **492,603** ) (Revenue \$ )

**Emergency Assistance Program**

The Emergency Assistance Program works to meet the basic individual needs of those families in the South End who are facing financial crisis. The program works to stabilize the family's situation for thirty days by providing financial assistance with utility bills and housing payments, as well as payment assistance for medical needs. In addition, the program maintains an extensive Dare to Care pantry that distributes canned goods, frozen meat products, refrigerated dairy products, fresh produce, and personal items every weekday. The Emergency Assistance program receives inquiries for assistance with LG&E, water, rent and mortgage payments from

4b (Code: ) (Expenses \$ **58,510** including grants of\$ ) (Revenue \$ )

**Program for Homebound Seniors**

Meals on Wheels provides a hot meal and friendly visit daily to homebound seniors in South Louisville with a goal to increase nutritional health and provide daily personal interaction. This program relies on volunteers who deliver approximately 1,185 lunches a month. This includes lunch, dessert, and a beverage delivered directly to homebound seniors every weekday. There are seven delivery routes in South Louisville in zip codes 40209, 40214, 40215 and part of 40208.

**2017-2018 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS):**

SLCM volunteers delivered approximately 60 hot meals per day to our frail,

4c (Code: ) (Expenses \$ **22,964** including grants of\$ ) (Revenue \$ )

**Volunteer Services**

Volunteers play a vital role in the daily mission of South Louisville Community Ministries, providing over 6,300 hours of service last year alone. A volunteer team of more than 165 volunteers share their time and talents throughout all areas of our programs-delivering Meals on Wheels, packing food orders, conducting phone intake interviews, handling the receptionist desk, providing clerical assistance, and unloading deliveries.

Volunteers serve on our Board of Directors and committees as well and assist with annual special events. Whether recent retirees, students on summer break, or business groups giving back to the community, we match volunteers with current needs. New volunteers are always needed for this

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

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

4e Total program service expenses **706,822**

**Part IV Checklist of Required Schedules**

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

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b>   <b>12</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>   <b>12</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>
<b>9</b>			

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

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

**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: **►**

**The Company**  
**Louisville**

**415 1/2 Ashland Ave**

**KY 40214**

**502-681-4983**

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael T. Chinigo President	1.00 0.00	X		X				0	0	0
(2) Stacy Herdt Vice President	1.00 0.00	X		X				0	0	0
(3) Theresa Batliner Treasurer	1.00 0.00	X		X				0	0	0
(4) Terry Conway Secretary	1.00 0.00	X		X				0	0	0
(5) Rev. Dr. James A. Dewey Board Member	1.00 0.00	X						0	0	0
(6) Nicole George Board Member	1.00 0.00	X						0	0	0
(7) Kathryn Matheny Board Member	1.00 0.00	X						0	0	0
(8) Tracy McDonald Board Member	1.00 0.00	X						0	0	0
(9) Donna Ngo Board Member	1.00 0.00	X						0	0	0
(10) L. D. Nunnelley Board Member	1.00 0.00	X						0	0	0
(11) Jeffery V. Oeswein Board Member	1.00 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) David Tummonds	1.00									
Board Member	0.00	X					0	0	0	
(13) Craig Oeswein	1.00									
Emeritus	0.00	X					0	0	0	
(14) Joyce Whalin	1.00									
Emeritus	0.00	X					0	0	0	
(15) Ollye Clark	1.00									
Emeritus	0.00	X					0	0	0	
(16) Karen Compton	1.00									
Emeritus	0.00	X					0	0	0	
(17) Donna Harper	11.00									
Emeritus	0.00	X					0	0	0	
(18) Rob Fohr	1.00									
Emeritus	0.00	X					0	0	0	
(19) Yvette Livers	40.00									
Executive Director	0.00			X			58,934	0	0	
1b Sub-total							58,934			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							58,934			

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns					
	<b>1b</b> Membership dues					
	<b>1c</b> Fundraising events					
	<b>1d</b> Related organizations					
	<b>1e</b> Government grants (contributions)					
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>780,984</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>323,645</b>				
<b>h</b> Total. Add lines 1a-1f		<b>780,984</b>				
<b>Program Service Revenue</b>	<b>2a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18	<b>a</b> <b>85,772</b>				
	<b>b</b> Less: direct expenses	<b>b</b> <b>22,402</b>				
<b>c</b> Net income or (loss) from fundraising events		<b>63,370</b>			<b>63,370</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total revenue. See instructions.		<b>844,354</b>	<b>0</b>	<b>0</b>	<b>63,370</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	492,603	492,603		
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	58,934	17,681	11,787	29,466
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	121,138	100,157	7,474	13,507
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	45,138	37,320	2,785	5,033
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,613	6,119	10,668	826
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	13,678	11,309	844	1,525
14 Information technology				
15 Royalties				
16 Occupancy	6,360	5,258	392	710
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,272	6,013	449	810
20 Interest	2,021	1,671	125	225
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,250	3,513	262	475
23 Insurance	7,845	6,485	484	876
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 Utilities	8,382	6,930	517	935
b Repairs & Maintenance	8,336	6,893	514	929
c Nonprogram Assistance	8,259		2,942	5,317
d Miscellaneous	3,093	2,560	190	343
e All other expenses	2,794	2,310	172	312
25 Total functional expenses. Add lines 1 through 24e	807,716	706,822	39,605	61,289
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	9,149	1	37,688	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	10,763	3	9,878	
	4	Accounts receivable, net	1,119	4	1,960	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	61	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	63,104			
	b	Less: accumulated depreciation	23,365	41,335	10c	39,739
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	538	15	7,880	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	62,965	16	97,145		
Liabilities	17	Accounts payable and accrued expenses	5,627	17	2,913	
	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	43,724	
	24	Unsecured notes and loans payable to unrelated third parties	43,468	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	<b>Total liabilities.</b> Add lines 17 through 25	49,095	26	46,637	
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	10,022	27	26,628	
	28	Temporarily restricted net assets	3,848	28	23,880	
	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	<b>Total net assets or fund balances</b>	13,870	33	50,508		
34	<b>Total liabilities and net assets/fund balances</b>	62,965	34	97,145		

**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	844,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	807,716
3	Revenue less expenses. Subtract line 2 from line 1	3	36,638
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,870
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,508

**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 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 checked="" 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.		



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>Clare Wallace</b>										
<b>Executive Director</b>	0.00			X			0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259**

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	692,395	621,169	676,807	707,057	780,984	3,478,412
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	692,395	621,169	676,807	707,057	780,984	3,478,412
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.						3,478,412

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	692,395	621,169	676,807	707,057	780,984	3,478,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,070	131	57,910	59,438	85,772	211,321
11 Total support. Add lines 7 through 10						3,689,733

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 2017 (line 6, column (f) divided by line 11, column (f))	14	94.27%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.09%

- 16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

- 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.*

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.*

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
1		

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

- 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.*

	Yes	No
1		
2		
3		

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

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

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

- 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.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			



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

**Part II, Line 10 - Other Income Detail**

\$ 211,321

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

South Louisville Community Ministries, Inc.

31-0891259

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations .....
  - (ii) related organizations .....
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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 .....				
c Leasehold improvements .....		54,175	17,054	37,121
d Equipment .....		8,929	6,311	2,618
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>39,739</b>

**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)		
<b>Total.</b> (Column (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)		
<b>Total.</b> (Column (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) <b>Restricted Cash</b>	<b>7,880</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>7,880</b>

**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)	
<b>Total.</b> (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.

1	Total revenue, gains, and other support per audited financial statements		1	844,354
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	844,354
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	844,354

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

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

1	Total expenses and losses per audited financial statements		1	807,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	807,716
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	807,716

**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 - FIN 48 Footnote**

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **South Louisville Community Ministries, Inc.**

Employer identification number  
**31-0891259**

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

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

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

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

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

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Taste of South</u>	<u>Families Helpin</u>	<u>2</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	42,007	17,641	26,124	85,772
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	42,007	17,641	26,124	85,772
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,897	9,171	7,334	22,402
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,402
11 Net income summary. Subtract line 10 from line 3, column (d)				63,370	

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

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

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

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

31-0891259

Schedule I (Form 990) (2017) South Louisville Community

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>Emergency Assistance</b>	25000	168,958	323,645	FMV	Food
2					
3					
4					
5					
6					
7					

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

**Part IV - Additional Information**

Emergency Assistance - Includes payments for rent, utilities, prescriptions and managing a Dare to Care Food Pantry for qualified low-income residents.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

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

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259**

**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	<b>X</b>	<b>12</b>	<b>323,645</b>	
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**

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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**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.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259**

**Form 990 - Organization's Mission**

To empower our neighbors in crisis to move toward stability and self-sufficiency. We do this by demonstrating respectful compassion; practicing faithful stewardship; and providing:

- Emergency assistance with food, medicine, housing and utilities
- Comprehensive referral services and partnerships (individual, family and marriage counseling)
- Daily enrichment services for senior adults

**Form 990, Part III, Line 4a - First Accomplishment**

over 190 families each month, and this program assists over 90 of those families in most critical need each month. Additionally, South Louisville Community Ministries assists between 25-40 families monthly by providing funds for necessary medications and individualized counseling - distributing up to \$200 per year/per person. Over the last year, the food pantry has been serving around 535 families or 1750 individuals monthly, including an average of 70 families with fresh produce during weekly distributions. We provide information and referral services to over 7,000 families each year. Funding and in-kind donations for this Emergency Assistance Program comes from supporting churches, Metro Louisville government, CHI/Jewish Hospital and St. Mary's Healthcare, Dare to Care Food Bank, special grants, local businesses, and individuals.

**2017-2018 EMERGENCY ASSISTANCE PROGRAM:**

The Emergency Assistance Program (EA) served (number of households):

Name of the organization

Employer identification number

South Louisville Community

31-0891259

-Rent (Metro/Church funds) - 154

-Water (Metro/Church funds) - 171

-LGE (Metro/Church funds) - 366

-Medication (Metro and CHI) - 206

-Food (orders) - 6463

-Special Utility Grants - 390

-Job Coaching - 3

-Clothing/Furniture Vouchers - 146

-Baby supplies -642

-General I & R - 7112

Form 990, Part III, Line 4b - Second Accomplishment

home bound elderly in the south end of Louisville. During the year, 89 seniors were provided a total of 14,217 meals. For two routes, the food and funding is provided by Sts. Mary and Elizabeth Hospital/KY One Health, while for the other five routes the food is provided by Mastersons' Catering at the Beechmont Community Center with coordination and funding provided by the Louisville Metro Senior Nutrition Program and KIPDA.

Form 990, Part III, Line 4c - Third Accomplishment

diverse team.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Executive Director and Board Treasurer.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board Members complete a conflict of interest form annually.

Name of the organization

Employer identification number

**South Louisville Community**

**31-0891259**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents available upon request, 990 available upon request and via Guidestar's website



### Federal Statements

#### Accounts receivable - BOY

<u>Description</u>	<u>Amount</u>
Total	\$ <u>1,119</u>
	\$ <u>1,119</u>

#### Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
Accounts Receivable	\$ <u>1,960</u>
Total	\$ <u>1,960</u>

# Federal Statements

## Taste of South Louisville

### Gross receipts

<u>Description</u>	<u>Amount</u>
	\$ 42,007
Total	<u>\$ 42,007</u>

**AMENDED AND RESTATED ARTICLES OF INCORPORATION**

**OF**

**SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.**

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

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

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

**ARTICLE I**

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

**ARTICLE II**

The corporation shall have perpetual existence.

**ARTICLE III**

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

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

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

#### ARTICLE IV

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

#### ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue  
Louisville, KY 40214

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

#### ARTICLE VI

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

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

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

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

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

#### ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

#### ARTICLE VIII

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

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

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

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

#### ARTICLE IX

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

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

**ARTICLE X**

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

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

Joyce Whalin  
Joyce Whalin, Secretary

STATE OF KENTUCKY    )  
  )  
COUNTY OF JEFFERSON )

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

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

My Commission Expires: August 27, 2016

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

William J. Johnson  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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

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

Other (see instructions) ▶ **501c3**

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

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

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

**5** Address (number, street, and apt. or suite no.) See instructions.  
**415 1/2 W Ashland Avenue**

**6** City, state, and ZIP code  
**Louisville, KY 40214**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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**

3	1	-	0	8	9	1	2	5	9
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person ▶ *Clare King*

Date ▶ 6/11/19

## General Instructions

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

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

### Purpose of Form

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

- Form 1099-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 Louisville Community Ministries (SLCM) invites you to give us feedback about your experience at our office when you received services. This helps our agency to get additional funds or grants. We would greatly appreciate if you could take a couple of minutes to fill out the questionnaire. You DO NOT have to give us your name. After finishing it, simply drop it in the Completed Survey box located in our front office. Please return your survey by March 29<sup>th</sup>. If you have filled out one in past years, we would love to get your feedback for this year also. Thanks!

## About You

How many people are in your household? \_\_\_\_\_

How often do you visit SLCM?

- First visit
- Once a week
- Once a month
- A few times a year
- Once a year
- Less than once a year

How long have you been getting help here?

- First visit
- Less than 1 year
- 1-3 years
- 4-5 years
- 6-9 years
- 10 or more years

What services have you received? (Circle all that apply.)

- Food Box
- Fresh Produce
- Medication
- Financial Assistance (rent, LG&E, water)
- Household or Cleaning Items
- Baby Supplies
- Clothing or Furniture Voucher

What is the primary reason you needed SLCM's help?

- Loss of income (job, spouse moved out, etc.)
- Unexpected expense (funeral, car repair, etc.)
- Income is always limited (SSI benefits, etc.)
- Ongoing expense that exceeds income (medication, food, etc.)
- Barriers to working (ie. no childcare, transportation)
- Other \_\_\_\_\_

## About SLCM

Do you feel you understand the process to receive help?

Not at all Extremely Well  
1 2 3 4 5 6 7 8 9 10

Do you feel welcome when you arrive at SLCM?

Not at all Extremely Well  
1 2 3 4 5 6 7 8 9 10

Do you have another goal or challenge you would want help with from SLCM or another agency? If yes, please describe that goal or challenge.

---

---

---

Do you feel like you can ask the SLCM staff about other programs, agencies, or needs?

- Yes
- No
- Sometimes

Would it be helpful to speak to someone privately at SLCM about your goals and challenges?

- Yes
- No
- Maybe

Since visiting SLCM have you or someone in your household:

- Found employment
- Started receiving benefits (SSI, food stamps)
- Paid off unforeseen expenses
- Improved your health
- Received additional help from another agency
- Began further education or training program
- I accomplished something else:

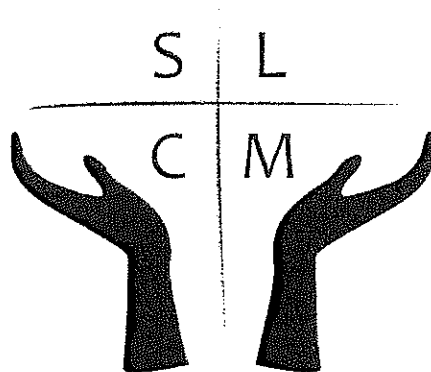
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Domain	1	2	3	4	5	Score	Participant goal? (✓)
<b>Housing</b>	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
<b>Employment</b>	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.		
<b>Income</b>	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
<b>Food</b>	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
<b>Child Care</b>	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.		
<b>Children's Education</b>	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.		
<b>Adult Education</b>	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.		
<b>Health Care Coverage</b>	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.		
<b>Life Skills</b>	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
<b>Family/Social Relations</b>	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.		

Domain	1	2	3	4	5	Score	Participant goal? (✓)
<b>Mobility</b>	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
<b>Community Involvement</b>	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.		
<b>Parenting Skills</b>	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.		
<b>Legal</b>	Current outstanding tickets or warrants.	Current charges/trial pending, non-compliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.		
<b>Mental Health</b>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.		
<b>Substance Abuse</b>	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.		
<b>Safety</b>	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such planning is important.	Environment is apparently safe and stable.		
<b>Disabilities</b>	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity – asymptomatic – condition controlled by services or medication	Thriving – no identified disability.		
<b>Other: (Optional)</b>	In Crisis	Vulnerable	Safe	Building Capacity	Empowered		



*South Louisville  
Community Ministries*

**South Louisville**

**Community Ministries, Inc.**

**Independent Auditors' Report**

**And Financial Statements**

**For the Years Ended**

**June 30, 2018 and 2017**

## Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	6
Notes to Financial Statements	7-12



www.baldwincpas.com

## Independent Auditors' Report

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

We have audited the accompanying financial statements of South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditors' Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Baldwin CPAs, PLLC*

Louisville, Kentucky  
October 31, 2018

South Louisville Community Ministries, Inc.  
 Statements of Financial Position  
 June 30, 2018 and 2017

	2018	2017
<b>Assets</b>		
Cash	\$ 37,688	\$ 9,149
Accounts receivable	1,960	1,119
Promises to give	5,000	-
Grants receivable	4,878	10,763
Prepaid expenses	-	61
Restricted cash	7,880	538
Leasehold improvements and equipment, net	39,739	41,334
Total assets	\$ 97,145	\$ 62,964
 <b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 2,913	\$ 5,626
Line of credit	-	43,468
Note payable	43,724	-
Total liabilities	46,637	49,094
 <b>Net Assets</b>		
Unrestricted	26,628	10,022
Temporarily restricted	23,880	3,848
Total net assets	50,508	13,870
Total liabilities and net assets	\$ 97,145	\$ 62,964

South Louisville Community Ministries, Inc.  
 Statements of Activities  
 For the Years Ended June 30, 2018 and 2017

	2018			2017		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenue and support:						
Contributions and grants	\$ 757,104	\$ 23,880	\$ 780,984	\$ 703,337	\$ 3,720	\$ 707,057
Special events	85,772	-	85,772	59,438	-	59,438
Special events expense	(22,402)	-	(22,402)	(15,986)	-	(15,986)
	820,474	23,880	844,354	746,789	3,720	750,509
Net assets released from restrictions:						
Restrictions satisfied by payments	3,848	(3,848)	-	-	-	-
Total revenue and support	824,322	20,032	844,354	746,789	3,720	750,509
Expenses:						
Program services	706,822	-	706,822	626,753	-	626,753
Management and general	39,605	-	39,605	82,697	-	82,697
Fund raising	61,289	-	61,289	66,199	-	66,199
Total expenses	807,716	-	807,716	775,649	-	775,649
Change in net assets	16,606	20,032	36,638	(28,860)	3,720	(25,140)
Net assets at beginning of year	10,022	3,848	13,870	38,882	128	39,010
Net assets at end of year	<u>\$ 26,628</u>	<u>\$ 23,880</u>	<u>\$ 50,508</u>	<u>\$ 10,022</u>	<u>\$ 3,848</u>	<u>\$ 13,870</u>

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



South Louisville Community Ministries, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2018

	2018					Management and General	Fund Raising	Total
	Food Pantry	Emergency Assistance	Programs Meals on Wheels	Volunteer Services	Total Program			
Salaries and wages	\$ 30,033	\$ 46,436	\$ 26,533	\$ 14,836	\$ 117,838	\$ 19,261	\$ 42,973	\$ 180,072
Employee benefits and payroll taxes	10,093	16,205	8,788	2,234	37,320	2,785	5,033	45,138
Assistance to individuals	10,662	470,297	9,284	2,360	492,603	2,942	5,317	500,862
Other program expense	-	15	-	-	15	-	-	15
Professional fees and contract services	1,655	2,657	1,441	366	6,119	10,668	826	17,613
Supplies	2,652	4,258	2,310	587	9,807	732	1,323	11,862
Telephone	625	1,003	544	138	2,310	172	312	2,794
Utilities	1,874	3,009	1,632	415	6,930	517	935	8,382
Postage	406	652	354	90	1,502	112	202	1,816
Occupancy	1,422	2,283	1,238	315	5,258	392	710	6,360
Repair and maintenance	1,864	2,993	1,623	413	6,893	514	929	8,336
Travel, training and conferences	1,626	2,611	1,416	360	6,013	449	810	7,272
Insurance	1,754	2,816	1,527	388	6,485	484	876	7,845
Interest expense	452	726	393	100	1,671	125	225	2,021
Miscellaneous	689	1,104	600	152	2,545	190	343	3,078
<b>Total expenses before depreciation</b>	<b>65,807</b>	<b>557,065</b>	<b>57,683</b>	<b>22,754</b>	<b>703,309</b>	<b>39,343</b>	<b>60,814</b>	<b>803,466</b>
Depreciation	950	1,526	827	210	3,513	262	475	4,250
<b>Total expenses</b>	<b>\$ 66,757</b>	<b>\$ 558,591</b>	<b>\$ 58,510</b>	<b>\$ 22,964</b>	<b>\$ 706,822</b>	<b>\$ 39,605</b>	<b>\$ 61,289</b>	<b>\$ 807,716</b>
Percentage					87.51%	4.90%	7.59%	100.00%

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

South Louisville Community Ministries, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2017

	2017					Management and General	Fund Raising	Total
	Food Pantry	Emergency Assistance	Programs Meals on Wheels	Volunteer Services	Total Program			
Salaries and wages	\$ 25,420	\$ 42,703	\$ 24,562	\$ 13,996	\$ 106,681	\$ 51,184	\$ 39,214	\$ 197,079
Employee benefits and payroll taxes	6,412	11,341	6,167	1,480	25,400	6,661	7,399	39,460
Assistance to individuals	6,150	438,050	5,916	1,419	451,535	6,389	7,097	465,021
Other program expense	67	118	64	15	264	-	-	264
Professional fees and contract services	1,065	1,884	1,025	246	4,220	8,325	1,229	13,774
Supplies	2,303	4,075	2,215	532	9,125	2,394	2,658	14,177
Telephone	435	769	418	100	1,722	452	502	2,676
Utilities	1,297	2,294	1,247	299	5,137	1,347	1,496	7,980
Postage	240	424	231	55	950	249	277	1,476
Occupancy	1,034	1,828	994	239	4,095	1,074	1,193	6,362
Repair and maintenance	1,535	2,714	1,476	354	6,079	1,594	1,771	9,444
Travel, training and conferences	151	267	145	35	598	157	174	929
Insurance	1,262	2,232	1,214	291	4,999	1,311	1,456	7,766
Interest expense	311	550	299	72	1,232	323	359	1,914
Miscellaneous	484	855	465	112	1,916	503	558	2,977
<b>Total expenses before depreciation</b>	<b>48,166</b>	<b>510,104</b>	<b>46,438</b>	<b>19,245</b>	<b>623,953</b>	<b>81,963</b>	<b>65,383</b>	<b>771,299</b>
Depreciation	707	1,250	680	163	2,800	734	816	4,350
<b>Total expenses</b>	<b>\$ 48,873</b>	<b>\$ 511,354</b>	<b>\$ 47,118</b>	<b>\$ 19,408</b>	<b>\$ 626,753</b>	<b>\$ 82,697</b>	<b>\$ 66,199</b>	<b>\$ 775,649</b>
					<u>80.80%</u>	<u>10.66%</u>	<u>8.54%</u>	<u>100.00%</u>

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

South Louisville Community Ministries, Inc.  
 Statements of Cash Flows  
 For the Years Ended June 30, 2018 and 2017

	2018	2017
<b>Cash Flow From Operating Activities:</b>		
Change in net assets	\$ 36,638	\$ (25,140)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	4,250	4,350
(Increase) decrease in operating assets:		
Accounts receivable	(841)	(881)
Promises to give	(5,000)	-
Grants receivable	5,885	5,334
Prepaid expenses	61	(61)
Restricted cash	(7,342)	(410)
Increase (decrease) in operating liabilities:		
Accounts payable	(2,713)	(861)
Net cash provided (used) by operating activities	30,938	(17,669)
<b>Cash Flows From Investing Activities:</b>		
Purchase of fixed assets	(2,655)	-
Net cash provided (used) by investing activities	(2,655)	-
<b>Cash Flows From Financing Activities:</b>		
Proceeds from line of credit	-	25,567
Payments on line of credit	-	(16,620)
Proceeds from note payable	6,532	-
Payments on note payable	(6,276)	-
Net cash provided (used) by financing activities	256	8,947
Net increase (decrease) in cash	28,539	(8,722)
Cash at beginning of year	9,149	17,871
Cash at end of year	\$ 37,688	\$ 9,149
<b>Supplemental Disclosures:</b>		
Cash paid for interest	\$ 2,021	\$ 1,913

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements  
For the Years Ended June 30, 2018 and 2017

**Note 1 - Nature of the Business and Summary of Significant Accounting Policies**

South Louisville Community Ministries, Inc. (SLCM), located in Louisville, Kentucky, is a not-for-profit organization founded in 1975. SLCM's mission is to empower neighbors in crisis to move toward stability and self-sufficiency by demonstrating respectful compassion; practicing faithful stewardship; and providing the following programs:

Emergency Assistance: SLCM provides assistance to individuals who are facing crisis to help ease a significant burden that is preventing them from being happy, healthy, and safe. This includes payments for housing, utilities, and prescriptions, and managing a Dare to Care Food Pantry and Meals on Wheels routes. SLCM also provides household items such as diapers, toiletries, and cleaning products.

Referral Services and Connecting Resources: SLCM builds and maintains partnerships with other local agencies and community services as they help meet the ongoing needs of neighbors. SLCM collects relevant and timely information about available resources and programs while connecting individuals with opportunities that fit their specific needs. We assist in making the connection by hosting programs, helping with transportation and language barriers, and providing information about eligibility requirements and other important details. The referrals we provide are for financial literacy, job training, computer and internet access, legal aid, free clothing and furniture, temporary housing, healthcare information, support during the holidays, free family-learning activities, and much more.

Coaching and Case Management: SLCM serves as an advocate for our neighbors through relationship and compassion. Volunteers and staff listen to clients and help them on their way to self-identified goals through coaching which includes support with finding employment, setting up counseling appointments, following through with referrals, and marking progress toward goals. Every individual is provided with a different set of tools and timeline for their own journey towards a happy, healthy, and safe home.

SLCM's service area is an area rich in diversity that encompasses all of zip codes 40214, 40215, and 40209, and those families in 40208 who live south of Eastern Parkway.

**Basis of Accounting**

The Organization prepares its financial statements on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

**Estimates**

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

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Basis of Presentation**

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

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

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

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

**Cash**

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

**Accounts Receivable**

Accounts receivable consists primarily of Meals on Wheels reimbursements and advanced health insurance premiums to an employee. All accounts are deemed to be fully collectible.

**Promises to Give**

Promises to give consist primarily of amounts promised to SLCM supported by a pledge letter. All amounts are deemed to be fully collectible.

**Grants Receivable**

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

**Leasehold Improvements and Equipment**

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

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Contributions**

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

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

**In-kind Materials, Equipment, Services and Space**

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

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

**Expense Allocation**

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

**Income Tax Status**

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

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

**Reclassifications**

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in current year financial statements.

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Note 2 - Leasehold Improvements and Equipment**

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. At June 30, 2018 and 2017 the cost and accumulated depreciation of such assets were as follows:

	2018	2017
Equipment	\$ 4,880	\$ 2,225
Furniture & fixtures	4,047	4,047
Leasehold improvements	54,175	54,175
	63,102	60,447
Less accumulated depreciation	(23,363)	(19,113)
Leasehold improvements and equipment, net	\$ 39,739	\$ 41,334
Depreciation expense	\$ 4,250	\$ 4,350

**Note 3 – Line of Credit**

SLCM converted its line of credit to a note payable in July 2017; the balance of the line of credit as of June 30, 2017 was \$43,468.

**Note 4 – Note Payable**

The note payable consists of a loan to a bank, secured by general business assets, with an annual interest rate of 4.28%, due June 20, 2024. SLCM is required to make monthly interest payments at the end of each month along with the monthly principal payments. The outstanding balance as of June 30, 2018 was \$43,724. The annual maturities for each of the next five years are as follows:

6/30/2019	\$ 6,500
6/30/2020	6,811
6/30/2021	7,117
6/30/2022	7,432
6/30/2023	7,761
Thereafter	8,103
Total	\$ 43,724

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Note 5 - Restrictions on Net Assets**

Temporarily restricted net assets are available for the following purposes:

	2018	2017
Programs	\$ 23,880	\$ 3,848

**Note 6 - Lease Commitments**

SLCM leases office space and office equipment under operating leases. Monthly office space lease payments are \$530 and increase to a maximum of \$550. Monthly equipment lease payments are \$101. These leases expire at various times throughout 2022. Future minimum payments under the leases are as follows:

6/30/19	\$	7,572
6/30/20		7,682
6/30/21		1,752
6/30/22		1,212
6/30/23		202
Total	\$	18,420

Rent expense was \$6,360 and \$6,360, for the years ended June 30, 2018 and 2017, respectively.

**Note 7 - In-kind Donations**

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

Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind support are offset by like amounts included in expenses or assets. Food donations of \$323,645 and \$286,550 were recognized for the years ended June 30, 2018 and 2017, respectively.



South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Note 8 – Accounting Standards Updates**

*Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)*

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. SLCM has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

*Accounting Standards Update 2016-02, Leases (Topic 842)*

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, requiring all leases to be recognized on the SLCM's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, SLCM will recognize: 1) a lease liability for SLCM's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents SLCM's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, SLCM will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for SLCM for the year ending June 30, 2021, with early adoption permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

*Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)*

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for SLCM for the year ending June 30, 2019. Early adoption is permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

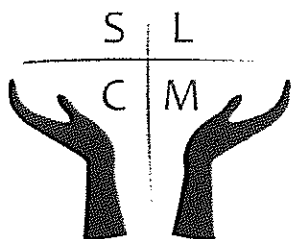
*Accounting Standards Update 2018-08, Not-for-Profit Entities (Topic 958)*

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The ASU will be effective for SLCM for the year ending June 30, 2020. Early adoption is permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

South Louisville Community Ministries, Inc.  
Notes to the Financial Statements - Continued  
For the Years Ended June 30, 2018 and 2017

**Note 9 - Subsequent Events**

Management has evaluated subsequent events for recognition or disclosure in the financial statements through October 31, 2018, which was the date at which the financial statements were available to be issued.



# SOUTH LOUISVILLE COMMUNITY MINISTRIES

## COMPASSIONATE ADVOCACY AND EMERGENCY ASSISTANCE FOR NEIGHBORS IN CRISIS

### OUR PROGRAMS



**Family Food Order** - *Once a Month*  
**Fresh Produce Pick Up** - *Once a Week* (includes drawing for free bike)  
**Deliver Meals to Homebound Seniors** - Through Meals on Wheels and USDA

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**Community Winter Help** - Support with LG&E  
**Agency Utility and Housing Support** - \$100 + church pledges - *Once a Year*  
**LG&E Utility Match** - \$300 max - *Once from May-December*  
**Water Utility Match** - \$200 max - *Once a Year*  
**Prescription Assistance** - \$200 max per individual per fiscal year

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**Household Supplies** - *Once a Month*  
**Clothing Vouchers** - *Once a Month*  
**Baby Items** - Diapers, Formula, Baby Food, etc - *Once a Month*  
**Furniture Vouchers** - *One Time*  
**Holiday Support** - Groceries and gifts, but dependent on funding

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**LG&E Pilot Program** - 6-months of coaching incentivized by LG&E bill support  
**Individual Coaching** - Through communication and trust, we invest in low-income families as they identify their own goals  
**Job Coaching** - Support with editing & writing resume, online job search, and through application procedure  
**Referrals** - Connect any individual with outside support to address their specific need and help address barriers in getting there (transportation, etc.)  
**Choices Counseling Services** - Free Individualized sessions for 6-weeks

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**Applied Digital Skills Class** - 10-hour course to learn the basics of GSuite and other tools for a free used computer after completion  
**In-House and Local Workshops** - In partnership with Americana and Iroquois Library, we provide workshops around financial literacy, parenting, health, and other life skills

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**Community Asset Building** - Create maps, collect information about resources in South Louisville, and host conversations around local needs, concerns, and projects  
**Trainings for Service Providers and Neighbors** - Cultural Competency, Judgement-Free and Compassion-Focused Kinship, On-the-Ground Referrals, and more  
**Neighbor Advocacy Group** - Support individuals as they advocate and listen to their neighbors' needs, goals, and challenges and to work with the larger community to better connect resources and opportunities

**FOR MORE INFORMATION CALL 502-367-6445 OR GO TO SLCM.ORG**

# SOUTH LOUISVILLE COMMUNITY MINISTRIES

## PROGRAM PARTNERS

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### **IN-HOUSE PROGRAMS**

Louisville Metro - Department of Information Technology  
Passport Health Plan - Medicaid Assistance  
Caresource - Medicaid Assistance  
UK Extension Office - Nutritious Cooking  
Louisville Grows - Urban Gardens  
Campbellsville University - Job Training  
L&N Federal Credit Union - Financial Literacy  
PNC Bank - Financial Literacy  
Republic Bank - Financial Literacy

### **NEIGHBORHOOD REFERRALS**

Iroquois Library  
Americana Community Center  
Ekklesia Church's Day Shelter  
Gathering Place - Adult Day Center  
Temple of Faith Baptist Church - Food Neighborhood Place  
Hope Place

### **DATA COLLECTION & CAPACITY BUILDING**

Louisville Urban League  
Spalding University  
Association of Community Ministries  
Metro United Way - Unite Us  
Center for Nonprofit Excellence

### **NEIGHBORHOOD DEVELOPMENT**

Sts. Mary and Elizabeth/KY One Center for Neighborhoods  
Southwest Dream Team  
Food Literacy Project  
The Green Heart Project

### **DIRECT ASSISTANCE SUPPORT**

Louisville Metro Nutrition Program - Meals on Wheels  
Louisville Gas and Electric  
Louisville Water Company/MSD  
Taylor Boulevard Save-A-Lot  
Cox's Pharmacy - Medication  
Iroquois Eyecare - Glasses  
LHome - Property Tax Assistance  
Choices Counseling  
Sts. Simon and Jude Clothing Closet  
Sitio Clothing Ministries  
Wayside Christian Mission Furniture Warehouse  
Dress for Success  
Pedal Power - Beargrass Christian Church



# SOUTH LOUISVILLE COMMUNITY MINISTRIES'

## 2018 YEAR IN REVIEW

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10,776 People Served

\$168,551 Financial Assistance Allocated to Housing, Utilities, and Medication

154 Families Secured Stable Housing and Avoided Homelessness Through Financial Assistance

927 Families Circumvented Utility Disconnection Through Financial Assistance

206 Individuals Secured Vital Medication

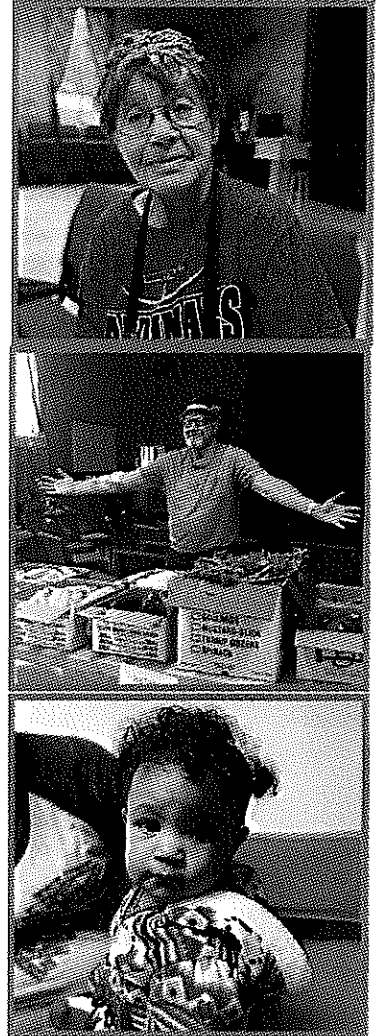
642 Parents Received Necessary Baby Supplies

231,628 Pounds of Food Distributed  
(Feeding 2,912 children and 384 veterans)

14,217 Additional Meals Delivered to Homebound Seniors

39 Partnerships Were Created or Maintained

131 Individuals Volunteered 4,009 Hours to Help Make All this Possible



**COMPASSIONATE ADVOCACY AND EMERGENCY ASSISTANCE FOR NEIGHBORS IN CRISIS**

**WWW.SLCM.ORG**

### SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

#### General Information

Organization Number 0066952  
 Name SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.  
 Profit or Non-Profit N - Non-profit  
 Company Type KCO - Kentucky Corporation  
 Status A - Active  
 Standing G - Good  
 State KY  
 File Date 3/30/1976  
 Organization Date 3/30/1976  
 Last Annual Report 7/15/2019  
 Principal Office 415 1/2 WEST ASHLAND AVENUE  
 LOUISVILLE, KY 40214-2111  
 Registered Agent CLARE RUTZ WALLACE  
 Clare Rutz Wallace South Louisville Community Ministries  
 415 1/2 West Ashland Avenue  
 Louisville, KY 40214

#### Current Officers

President Mike Chiniogo  
 Vice President Jeffrey Oeswein  
 Secretary Terry Conway  
 Treasurer Theresa Batliner  
 Director Mike Chiniogo  
 Director Terry Conway  
 Director Theresa Batliner  
 Director Jeff Oeswein

#### Individuals / Entities listed at time of formation

Director LOWELL LAWSON  
 Director DONNA M MAJER  
 Director MICHAEL T PRICE  
 Director JOSEPHINE NOEL  
 Director PEGGY ANNE KAREM  
 Incorporator LOWELL LAWSON

#### 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.

<a href="#">Annual Report</a>	7/15/2019	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	2/7/2019 2:55:33 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/20/2018	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	5/3/2017 1:10:10 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/3/2017	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/14/2016	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/6/2015	1 page	<a href="#">PDF</a>
<a href="#">Amended and Restated Articles</a>	9/12/2014	5 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	4/15/2014	2 pages	<a href="#">tiff</a>
<a href="#">Principal Office Address Change</a>	3/31/2014	1 page	<a href="#">tiff</a>
<a href="#">Registered Agent name/address change</a>	3/31/2014	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	3/1/2013	1 page	<a href="#">tiff</a>
<a href="#">Registered Agent name/address change</a>	3/20/2012	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	2/22/2012	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	6/28/2011	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	3/16/2010	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/26/2009	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	7/2/2008	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	6/18/2008	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	3/2/2007	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	6/1/2006	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	3/24/2005	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	5/12/2003	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	6/10/2002	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	5/1/2001	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/19/1999	2 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	6/25/1998	2 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1996	2 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1995	3 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1994	2 pages	<a href="#">tiff</a>
<a href="#">Statement of Change</a>	11/23/1993	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1993	2 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1991	2 pages	<a href="#">tiff</a>
<a href="#">Restated Articles</a>	7/18/1989	4 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	7/1/1989	2 pages	<a href="#">tiff</a>
<a href="#">Statement of Change</a>	6/4/1986	2 pages	<a href="#">tiff</a>
<a href="#">Statement of Change</a>	7/12/1982	2 pages	<a href="#">tiff</a>
<a href="#">Statement of Change</a>	11/8/1979	2 pages	<a href="#">tiff</a>
<a href="#">Annual Report</a>	11/7/1979	3 pages	<a href="#">tiff</a>
<a href="#">Articles of Incorporation</a>	3/30/1976	5 pages	<a href="#">tiff</a>

**Assumed Names****Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/15/2019 12:17:40 PM	7/15/2019 12:17:40 PM	
Registered agent address change	2/7/2019 2:55:34 PM	2/7/2019	
Annual report	6/20/2018 2:04:55 PM	6/20/2018 2:04:55 PM	
Annual report	5/3/2017 1:20:25 PM	5/3/2017 1:20:25 PM	
Registered agent address change	5/3/2017 1:10:10 PM	5/3/2017 1:10:10 PM	
Annual report	6/14/2016 10:58:55 AM	6/14/2016 10:58:55 AM	
Annual report	7/6/2015 12:28:35 PM	7/6/2015 12:28:35 PM	
Amendment - Amended and restated articles / CLP	9/12/2014 3:09:22 PM	9/12/2014	
Annual report	4/15/2014 2:27:09 PM	4/15/2014	
Registered agent address change	3/31/2014 2:03:06 PM	3/31/2014	
Principal office change	3/31/2014 2:02:21 PM	3/31/2014	
Annual report	3/1/2013 2:46:21 PM	3/1/2013	
Registered agent address change	3/20/2012 12:35:16 PM	3/20/2012	
Annual report	2/22/2012 11:18:26 AM	2/22/2012	
Annual report	6/28/2011 8:51:57 AM	6/28/2011	
Annual report	3/16/2010 2:50:34 PM	3/16/2010 2:50:34 PM	
Annual report	6/26/2009 3:17:28 PM	6/26/2009 3:17:28 PM	
Registered agent address change	7/2/2008 4:40:57 PM	7/2/2008	
Annual report	6/18/2008 12:28:05 PM	6/18/2008	
Annual report	3/2/2007 1:11:55 PM	3/2/2007	
Annual report	6/1/2006 1:19:07 PM	6/1/2006	
Restated articles	7/18/1989	7/18/1989	

**Microfilmed Images**

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

Annual Report	2/24/2005	1 page
Annual Report	5/4/2004	1 page
Annual Report	5/12/2003	1 page
Annual Report	6/10/2002	1 page
Annual Report	5/1/2001	1 page
Annual Report	6/9/2000	2 pages
Annual Report	7/19/1999	2 pages
Annual Report	6/25/1998	2 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	2 pages
Statement of Change	11/23/1993	1 page
Annual Report	7/1/1993	2 pages



Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	2 pages
Restated Articles	7/18/1989	4 pages
Annual Report	7/1/1989	2 pages
Statement of Change	6/4/1986	2 pages
Statement of Change	7/12/1982	2 pages
Statement of Change	11/8/1979	2 pages
Annual Report	11/7/1979	3 pages
Articles of Incorporation	3/30/1976	5 pages

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

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

Legal Name of Applicant Organization:

South Louisville Community Ministries Inc.

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

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

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

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

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

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

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

**SIGNATURE**

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

Signature of Legal Signatory: *Clare Rutz*

Date: 7/30/19

Legal Signatory (please print): Clare Rutz

Title: Executive Director

Phone: 502-361-7763

Extension:

Email: clarewallace@slcm.org

SPONSORSHIP OPPORTUNITIES FOR

# TASTE OF SOUTH LOUISVILLE

AUGUST 17, 2019 AT CHURCHILL DOWNS

**TITLE**  
**\$4000**

A Special Recognition during program with an invitation for company representative to address audience

"Presented By" followed by company's logo on widely distributed posters and flyers

Company's logo on the front of event program distributed to every guest

Complimentary tickets for 12 guests\*

And everything listed below:

**LEADER**  
**\$3000**

Opportunity to have table with promotional items at event

Company's sponsorship acknowledged in press release

Company's logo displayed on the "Welcome to Taste of South Louisville" sign

Complimentary tickets for 10 guests\*

And everything listed below:

**CHAMPION**  
**\$2000**

Opportunity to hang company's banner at event

Company's logo displayed on Taste of South Louisville posters and flyers

Company's name, logo, and link on SLCM's website in 2019

Complimentary tickets for 8 guests\*

And everything listed below:

**PARTNER**  
**\$1000**

Company's name on Taste of South Louisville posters and flyers

Company sponsorship announced during peak time at the event

Company's logo in event program distributed to every guest

Complimentary tickets for 6 guests\*

And everything listed below:

**NEIGHBOR**  
**\$500**

Sponsor's logo/name on the media presentation throughout the event

A special thanks to you/your company in newsletter and on social media

Complimentary tickets for 4 guests\*

And everything listed below:

**FRIEND**  
**\$250**

Sponsor's name in event program distributed to every guest

Complimentary tickets for 2 guests

celebrating  
the 10th year!

\*Please note, the complimentary tickets are not accumulative.

All sponsorships directly support South Louisville Community Ministries.