

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

**Applicant/Program:** Jeff Street Baptist Community at Liberty

**Executive Summary of Request:**  
District Four is allocating funding to cover the Utilities for Jeff Street. Funding will specifically go toward water, gas and electric. This will help the organization provide a comfortable environment all year round for their guest and functional kitchen which provides meals for the homeless

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

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

<u>4</u> District #	<u>David J. Jarama</u> Council Member Signature	<u>5000</u> Amount	<u>8/18/16</u> Date
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**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.  
N/A

**Approved by:**  
\_\_\_\_\_ Date  
Appropriations Committee Chairman

**Clerk's Office Only:**  
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

**Legal Name of Applicant Organization:** Jeff Street Baptist Community at Liberty

**Program Name and Request Amount:** Operating Cost, \$5000

	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"/> Yes
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"/> N/A
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 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 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 type="checkbox"/> N/A
Prepared by: <i>Khanakong</i>	<input type="checkbox"/> N/A

Date: 8/18/14

**JEFF STREET BAPTIST COMMUNITY AT LIBERTY, INCORPORATED****General Information**

<b>Organization Number</b>	0304077
<b>Name</b>	JEFF STREET BAPTIST COMMUNITY AT LIBERTY, INCORPORATED
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	8/14/1992
<b>Organization Date</b>	8/14/1992
<b>Last Annual Report</b>	3/14/2016
<b>Principal Office</b>	800 E. LIBERTY ST. LOUISVILLE, KY 40204
<b>Registered Agent</b>	CINDY WEBER 800 E. LIBERTY ST. LOUISVILLE, KY 40204

**Current Officers**

<b>President</b>	<u>VERNON TOWN</u>
<b>Secretary</b>	<u>DONNA TRABUE</u>
<b>Treasurer</b>	<u>SUSAN BORDERS</u>
<b>Director</b>	<u>CINDY WEBER</u>
<b>Director</b>	<u>VERNON TOWN</u>
<b>Director</b>	<u>DONNA TRABUE</u>

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

<b>Director</b>	<u>MARY M DAVIS</u>
<b>Director</b>	<u>SHAWN R FRIDENSTINE</u>
<b>Director</b>	<u>ELIZABETH B HEDGES</u>
<b>Director</b>	<u>TRACY LEEPER IRWIN</u>
<b>Director</b>	<u>RANDALL C WEBBER</u>
<b>Incorporator</b>	<u>MARY M DAVIS</u>
<b>Incorporator</b>	<u>SHAWN R FRIDENSTINE</u>
<b>Incorporator</b>	<u>TRACY LEEPER IRWIN</u>
<b>Incorporator</b>	<u>ELIZABETH B HEDGES</u>
<b>Incorporator</b>	<u>RANDALL C WEBBER</u>

**Images available online**

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

[Annual Report](#)

3/14/2016

1 page

[PDF](#)



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Jeff Street Baptist Community at Liberty</b>	
<small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
<b>Main Office Street &amp; Mailing Address:</b> 800 E. Liberty St., Louisville, KY 40204			
<b>Website:</b>			
<b>Applicant Contact:</b>	Rev. Cindy Weber	<b>Title:</b>	Pastor
<b>Phone:</b>	502 585-3787	<b>Email:</b>	jeffstreetbaptistcommunity@gmail.com
<b>Financial Contact:</b>	Cindy Brown Kinloch	<b>Title:</b>	Administrative Assistant
<b>Phone:</b>	502 585-3787	<b>Email:</b>	jeffstreetbaptistcommunity@gmail.com
<b>Organization's Representative who attended NDF Training:</b> Cindy Brown Kinloch			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	800 E. Liberty St, Louisville, KY 40204		
<b>Council District(s):</b>	4	<b>Zip Code(s):</b>	40204
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> At Liberty Hospitality Program			
<b>Total Request: (\$)</b>	5,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	5,000
<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 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"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<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>	CDBG	<b>Amount: (\$)</b>	18,600
<b>Source:</b>	ESG	<b>Amount: (\$)</b>	15,000
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials CBK



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The Jeff Street Baptist Community at Liberty is an urban Baptist congregation whose stated purpose is to love God and others. The church has provided homeless services in the Phoenix Hill neighborhood since the late 1890s when we were founded as the Union Gospel Mission. We have offered a Hospitality Program for homeless adults on weeday mornings since 1984, and have founded several successful housing programs, including Choices, Inc. for homeless women and children, Habitat for Humanity of metro Louisville, and the Phoenix Project (forerunner of the housing program now offered by the Louisville Rescue Mission, where our congregation was formerly housed.) In addition to the Hospitality Program, the congregation hosts a Sunday Welcome Table meal for homeless adults, and a monthly Urban Goatwalker Coffeehouse, which is a creative outlet for a diversity of people, many of whom are homeless.

The Hospitality Program has received CDBG funding for six years, ESG funding for one year, and City funding through Essential Services for twelve years prior to this. We passed a Louisville Metro Department of Community Services and Revitalization desk-review monitoring and site visit program year 2012 with no concerns or findings, and with commendations for providing a welcoming environment with services that were valued by a population that is difficult to serve (those homeless persons who sleep out) and for connecting these clients to Seven Counties and Phoenix Health Center.

The Hospitality Program participates with the Coalition for the Homeless in maintaining Quality Assurance Standards, and kitchen staff receive certification from the Board of Health.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The At Liberty Hospitality Program provides a safe environment and nutritious meals to approximately sixty chronically homeless men and women five mornings per week, year round. We offer our guests a clean, cheerful room with a bottomless pt of coffee, nutritious meals, newspapers to read, a phone, and good conversation. Operating hours are 7:00 - 10:00 a.m. Most of our guests are chronically homeless. Almost half of them report that they sleep out at night, which means that these men and women, who are on the margins of even the homeless population, are extremely vulnerable. They face serious weather and safety issues, and many of them are mentally ill, causing them to shy away from homeless providers who could help them to find housing and other services. For many of our guests, our program is their first and sometimes only point of engagement with the homeless provider system. In addition to meeting their immediate need for shelter and food, we also work with visiting agencies to provide medical care, mental health services, and casework.

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

The requested funding will be used for utilities. Funding for gas and electricity costs will enable us to provide a comfortable climate-controlled environment year-round for our guests, and a functional kitchen in which to prepare nutritious meals. Funding for our water costs enables us to provide the use of three bathrooms, which are in constant use during our program hours.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not applicable.

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Each year the At Liberty Hospitality Program serves approximately 700 homeless men and women. Last fiscal year, ending June 30, 2016, we provided services to 677 unduplicated persons with the following outcomes: A Mental Health Outreach Worker from Seven Counties Services provides mental health and housing assistance at our site. The Outreach Worker met through the fiscal year with 59 (9%) of our clients to work on Housing and Mental Health Stabilization. Despite working with this most vulnerable population, our staff and visiting agencies were able to assist 34 clients (5%) with securing permanent housing, and 25 clients (4%) with stabilizing their mental health. We also host a visiting doctor and caseworker from Phoenix Health Care who are able, through us, to connect with individuals to whom they would otherwise not have access. our goal is that 16% of our clients will receive health services. This fiscal year 216 (32%) of our clients saw the doctor and the medical caseworker. The Alcohol/Drug Support group that meets twice a week (provided by the Phoenix Health Center staff) involves an average of 8 clients each day. 100% of our clients are provided with a nutritious breakfast, coffee, and access to telephones and bathrooms on a daily basis. We also provided personal care items and clothing items and referrals to other services such as assistance with i.d. cards and application to our clients. The success of the At Liberty Hospitality Program lies in our ability to connect the most vulnerable persons within the homeless population to services that will eventually allow them to move out of homelessness. We are the first point of contact for many in the homeless population that do not stay in the shelters and are not comfortable with or connected to traditional social service agencies. We collect our data through HMIS (Homeless Management Information System). Each guest fills out an HMIS form, and our Administrative Assistant, Cindy Brown Kinloch, enters it in the computer. In addition, we ask our guests to fill out a survey one a year to evaluate the effectiveness of our program.

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

The Phoenix Health Center's Outreach Team visits our program weekly, offering on-the-spot check-ups, flu shots, and medical advice. In partnership with the Phoenix Health Care, we started an on-site chemical dependency support group that meets twice a week. A Seven Counties Homeless Outreach Team member visits bi-weekly, offering case management services to guests who are mentally ill. We work closely with Choices, Inc. whose offices were previously housed in our building, and have successfully referred a number of women for housing. Groups from several local churches, and an average of 15 volunteers a month from our own church, provide meals to our Hospitality Program guest on a regular basis. A number of other church groups provide personal care items, clothing, and other donations. The Louisville Presbyterian Theological Seminary provides a student intern who spends several hours each week helping to staff our program. Students from Berea College and Centre College help staff the Urban Goatwalker Coffeehouse, and eight other church provide volunteers for our weekly Welcome Table meal.





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>		32,239	32,239
<b>B: Rent/Utilities</b>	5000	1200	6200
<b>C: Office Supplies</b>			
<b>D: Telephone /Internet</b>		2000	2000
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>		800	800
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List) -see attached</b>		13800	13800
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5000	50,039	55,039
	9 %	91 %	100%

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

Other State, Federal or Local Government	33,600
United Way	
Private Contributions (do not include individual donor names)	16,439
Fees Collected from Program Participants	
Other (please specify)	
	50,039

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

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

*CBK*

Jeff Street Baptist Community  
At Liberty Hospitality Program  
Neighborhood Development Fund Grant Application  
Section 5

L: Other Expenses Detail List:

Janitorial Supplies	\$1500
Building Insurance	2000
Maintenance	1500
Equipment	200
Food	5200
Coffee	3100
Newspaper	300
Total:	\$13,800



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$39,101	2340 x \$16.71
Rent-free facility	\$15,000	Appraisal
Individual Donations (food)	\$2,600	\$50/wk, estimated
Organizational Donations (personnel)	\$5,200	\$100/wk, estimated
<i>total value of in-kind</i> <b>(to match Program Budget Line Item.</b> Volunteer Contribution & Other In Kind)	\$61,901	

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

Agency Fiscal Year Start Date: July 1, 2016

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 6 – CERTIFICATIONS & ASSURANCES

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

### Standard Assurances

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

### Standard Certifications

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

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

NA

## SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Cindy Weber</i>	Date:	8/8/16
Legal Signatory: (please print):	Rev. Cindy Weber	Title:	Pastor
Phone:	502 585-3787	Extension:	
Email:	jeffstreetbaptistcommunity@gmail.com		

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 03 1993

JEFF STREET BAPTIST COMMUNITY AT  
LIBERTY INCORPORATED  
C/O R C WEBBER  
800 E LIBERTY ST  
LOUISVILLE, KY 40204

Employer Identification Numbers:  
[REDACTED]  
Contact Person:  
CYNTHIA GRANT  
Contact Telephone Number:  
(513) 684-3578

Accounting Period Ending:  
September 30  
Form 990 Required:  
No  
Addendum Applies:  
No

Dear Applicants:

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

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

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

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

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

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947(DO/C6)

JEFF STREET BAPTIST COMMUNITY AT

part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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

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

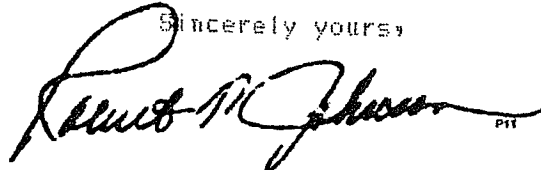
If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

JEFF STREET BAPTIST COMMUNITY AT

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

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

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert T. Johnson". The signature is written in dark ink and is positioned above the typed name. There is a small "PT" mark at the end of the signature.

Robert T. Johnson  
District Director

# Budget for Fiscal Year 2016-17

## Jeff St. Baptist Community at Liberty

	<u>16-17</u>
<b>Income</b>	
Min. to Congregation Income	
Designated Receipts	
Church Retreat	2,400.00
Bequest: Building	-
Seminary Student Intern	-
Wednesday Night Supper	500.00
Youth Fundraising Unidiversity	600.00
Total Designated Receipts	3,500.00
Gifts from Other Churches	10,000.00
Kroger Gift Cards	1,000.00
Private Donors	
Private Donors--Undesignated	1,300.00
Total Private Donors	<u>1,300.00</u>
Revenue for Services	1,300.00
Housing Rental	
Narcotics Anonymous	2,040.00
Total Revenue for Services	<u>300.00</u>
Sunday Collections	2,340.00
Other Giving	
Pledged Giving	5,000.00
Total Sunday Collections	<u>85,000.00</u>
Total Min. to Congregation Income	<u>90,000.00</u>
Ministry to the Homeless	<u>108,140.00</u>
Direct Donors (fundraising team)	-
Gifts from Other Churches	500.00
Carry-forward from 2015-16	5,000.00
Bequest: At Liberty (year 4 of 4)	5,000.00
ESG	15,000.00
CDB Grant	
Current Fiscal Year Grants	18,600.00
Previous Fiscal Year Grants	
Total Grants	<u>33,600.00</u>
Other Income--designated gift	3,000.00
Total Ministry to the Homeless	<u>47,100.00</u>
Total Income	<u>155,240.00</u>
<b>Expense</b>	
Min. to Congregation Expenses	
Building Operations/Maint.	
Equipment & Furniture	600.00



Insurance--Building & Property	4,000.00
Janitorial & Kitchen Supplies	2,500.00
LG&E	7,500.00
Maintenance & Repairs	5,000.00
Telephone/Internet	2,000.00
Water	1,800.00
<b>Total Building Operations/Maint.</b>	<b>23,400.00</b>
<b>Ministry/Program Expenses</b>	
<b>Benevolence Fund</b>	
Children's Ministry	750.00
Church Life	
Music	350.00
Supply Preaching	150.00
Worship Resources & Supplies	400.00
Church Life - Other	50.00
<b>Total Church Life</b>	<b>950.00</b>
Church Retreat	
Facility	
Church Retreat - Other	3,000.00
<b>Total Church Retreat</b>	<b>3,000.00</b>
Goatwalker Coffee House	-
Pastor's Discretionary Fund	1,000.00
Wednesday Night Supper	1,600.00
Youth Ministry	
Unidiversity	600.00
Youth Ministry - Other	300.00
<b>Total Youth Ministry</b>	<b>900.00</b>
<b>Total Ministry/Program Expenses</b>	<b>8,200.00</b>
<b>Missions</b>	
Alliance of Baptists	200.00
Baptist Peace Fellowship of NA	200.00
Choices	200.00
CLOUT	750.00
Special Offerings	
Welcoming & Affirming Baptists	200.00
Welcoming the Stranger	-
<b>Total Missions</b>	<b>1,550.00</b>
<b>Organizational Expenses</b>	
Copier	375.00
Financial Fees	100.00
Insurance--Worker's Comp.	1,089.72
Office Supplies	250.00
Postage and Shipping	100.00
<b>Total Organizational Expenses</b>	<b>1,914.72</b>
<b>Other Expenses</b>	

<b>Payroll Expenses</b>	
Administrative Assistants	4,225.18
Children's Minister	7,042.03
Custodian	2,547.35
Minister to the Homeless	3,098.38
Pastor	52,191.36
Payroll Services	1,556.75
Long-term Disability Policy allocation	500.00
Seminary Student Intern	-
Youth Minister	7,895.20
<b>Total Payroll Expenses</b>	<b>79,056.25</b>
<b>Total Min. to Congregation Expenses</b>	<b>114,120.97</b>
<b>Min. to the Homeless Expenses</b>	
<b>Ministry/Program Expenses</b>	
Food	3,120.00
Coffee, sugar, creamer	3,780.00
Newspaper Subscription	340.00
<b>Total Ministry/Program Expenses</b>	<b>7,240.00</b>
<b>Payroll Expenses</b>	
Administrative Assistant	4,929.42
Custodian	10,925.29
Minister to the Homeless	16,385.68
<b>Total Payroll Expenses</b>	<b>32,240.39</b>
<b>Total Min. to the Homeless Expenses</b>	<b>39,480.39</b>
<b>Total Expense</b>	<b>153,601.36</b>
<b>Net Income</b>	<b>1,638.64</b>

**Jeff Street Baptist Community at Liberty Board of Directors**

**(Coordinating Council)**

**2016/2017**

Vernon Town, President

Beverly Duncan

Susan Borders, Treasurer

Beth Akins

Michelle Lori

Lisa Freeman, Church Clerk

Donna Trabue

Janet Schneider

Anne Smith

(Coordinating Council terms are not set, but are according to representation of various committees)

AMENDED ARTICLES OF INCORPORATION

THE JEFFERSON STREET BAPTIST CONGREGATION, INCORPORATED

(Xerox)

These amended articles of incorporation, in their entirety, supersede the original articles of incorporation of the Jefferson Street Baptist Congregation, Incorporated. The Secretary of State of the Commonwealth of Kentucky received and filed the original document on August 14, 1993.

The church's new legal name is Jeff Street Baptist Community at Liberty, Incorporated. The church is a domestic non-stock corporation under the provisions of KRS 273-247. This church exists for the following purpose, as described in its mission statement: "as Christians..., to love God and others by helping them, believing that as God loves us, we should love others."

The Jeff Street Baptist Community at Liberty, Incorporated is organized exclusively for charitable, educational, religious, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The internal affairs of the Jeff Street Baptist Community at Liberty, Incorporated will be conducted in accordance with the bylaws, the initial draft of which is under consideration by the congregation as of March 14, 1993. In all cases, the congregation will follow the Baptist traditions of congregational autonomy and polity.

No part of the net earnings of the Jeff Street Baptist Community at Liberty, Incorporated shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that the church 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 the purpose clause hereof. No substantial part of the activities of the church shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the church 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. Notwithstanding any other provision of this document, the church shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The street and mailing address of the Jeff Street Baptist Community at Liberty, Incorporated 's initial registered and principal office is 800 E. Liberty St., Louisville, KY 40204. The registered agent is the chairman of the board; the current one is Randall C. Webber.

The Jeff Street Baptist Community at Liberty, Incorporated releases all directors and officers from liability for monetary damages for breach of duties as director or officer, within the limits specified by KRS 273.215.

RECEIVED & FILED  
MAY 25 9 44 AM '93  
BOB RABRAGE  
SECRETARY OF STATE  
COMMONWEALTH OF KENTUCKY

Upon the dissolution of the Jeff Street Baptist Community at Liberty, Incorporated, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Initial directors and incorporators (a total of five persons):

- Mary M. Davis, 2825 Lexington Rd., Louisville, KY 40280.
- Shawn R. Fridenstine, 1715 Bardstown Rd., Louisville, KY 40205.
- Elizabeth B. Hedges, 309 Westport Dr., 40207.
- Tracy Leeper Irwin, 1617 Story Ave., Louisville, KY 40206.
- Randall C. Webber, 2134 Vernon Court, Louisville, KY 40206.

Directors' \incorporators' signatures:

Mary M. Davis  
(Mary M. Davis)

Tracy Leeper Irwin  
(Tracy Leeper Irwin)

Shawn R. Fridenstine  
(Shawn R. Fridenstine)

Elizabeth B. Hedges  
(Elizabeth B. Hedges)

Randall C. Webber  
(Randall C. Webber)

Sunday, March 14, 1993, 1:00 PM  
(Date of church approval)

A 35935

Document No: 1993035935  
 Lodged By: Mail  
 Recorded On: Mar 29, 1993 01:32:14 P.M.  
 Total Fees: \$5.50  
 County Clerk: Rebecca Jackson  
 Deputy Clerk: FRANKIE

2  
END OF DOCUMENT



## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Jeff Street Baptist Community at Liberty</b>		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>church</b>		<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) <b>800 E. Liberty St.</b>		<b>Requester's name and address (optional)</b> <b>Metro Louisville</b>
	<b>6</b> City, state, and ZIP code <b>Louisville, KY 40204</b>		
	<b>7</b> List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

<b>Social security number</b>		

**or**

<b>Employer identification number</b>		

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Susan Borders</i>	Date ▶ <i>8-8-16</i>
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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

**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:

*Jeff Street Baptist Community at Liberty*

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:

*Susan Borders*

Date:

*8-8-16*

Legal Signatory (please print):

*Susan Borders*

Title:

*Treasurer*

Phone:

*502 585-3787*

Extension:

Email:

*jeffstreetbaptistcommunity@gmail.com*

Jeff Street Baptist Community at Liberty Staff  
2016 – 2017

*** Rev. Cindy Weber	Pastor	Church
**Rev. Diane Moten	Homeless Minister	Church and At Liberty Program
*Christy Thomas	Children’s Minister	Church
Jessa Warner	Youth Minister	Church
Sue Fridenstine	Administrative Asst	Church
Cindy Brown Kinloch	Administrative Asst	Church and At Liberty Program
David Collins	Janitor	Church and At Liberty Program

\*\*\* Highest paid staff person  
\*\* 2<sup>nd</sup> highest paid staff person  
\*3<sup>rd</sup> highest paid staff person





**Louisville Metro Council**

**David W. Tandy**  
District 4 Councilman

**Keidra D.C. King**  
Legislative Aide

August 22, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following  
Neighborhood Development Funds: Kentucky Science Center, Molo Village, Jeff Street Baptist  
Community at Liberty, Phoenix Hill Neighborhood Association.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy  
Fourth District Councilman