

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

Applicant/Program: St. Matthews Area Ministries, Inc.
Applicant Requested Amount: \$1,500
Appropriation Request Amount: \$1,500

Executive Summary of Request

Grant to St. Matthews Area Ministries for the Emergency Assistance Program that provides financial relief to individuals living in the 40207 zip code.

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.

9 District # Bill Hollad Primary Sponsor Signature \$1,500 Amount 10/19/18 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization St. Matthews Area Ministries, Inc.

Program Name and Request Amount Emergency Assistance Program **\$1,500**

	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"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> N/A
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"/> N/A
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
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"/> Yes
Prepared by: <i>[Signature]</i>	Date: <i>10/18/18</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: St. Matthews Area Ministries, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 201 Biltmore Rd. Louisville, KY 40207			
Website: www.stmam.com			
Applicant Contact:	Sarah Banks	Title:	Director of Family Services
Phone:	502-893-0205	Email:	SarahBanks@stmam.com
Financial Contact:	Julie Abbott	Title:	Executive Director
Phone:	502-893-0205	Email:	JulieAbbott@stmam.com
Organization's Representative who attended NDF Training: Sarah Banks			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	201 Biltmore Rd, Louisville, KY 40207		
Council District(s):	7,9,16	Zip Code(s):	40207
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Emergency Assistance			
Total Request: (\$)	1,500	Total Metro Award (this program) in previous year: (\$)	1000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<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 type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF - Formula Grant	Amount: (\$)	25,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

St. Matthews Area Ministries seeks to unite the resources and people of area congregations to effectively meet community needs. Through St. MAM, area congregations collaborate and partner with government, schools, businesses, and other non-profits to meet emergency needs, to stabilize families in transitional situations, to provide a nurturing and healthy environment for children and youth, and to offer resources for the benefit of the whole community.

St. Matthews Area Ministries meets community needs with services that include emergency financial assistance with utilities, rent and medication, food and personal hygiene items, early essentials for infant and toddlers, school supplies, and winter coat closet. St. MAM also has numerous seasonal programs with Easter, Thanksgiving and Christmas food, as well as our Adopt-A-Child Christmas clothing and toy program.

Other off site services that are provided by St. MAM are Families in Transition in partnership with the Jefferson Country Court system, to provide counseling to individuals and their families who are going through a divorce. As well as with Waggener High School and their Food Den to provide food and toiletries to Waggener students and their families.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4: BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Chip Anderson	N/A
Jerry Cappell	N/A
Marty Cundiff	N/A
Millicent Evans	N/A
Clayton Farris	N/A
James Holden	N/A
David Horn	N/A
John Johnson	N/A
Paul Jones	N/A
Mary Lou Krieg	N/A
Larry McCrary	N/A
George McNair	N/A
Mike Norman	N/A
Harvey Roberts	N/A
Garry Rollins	N/A
John Shapanus	N/A
See Attached for Additional Board Members	

Describe the Board term limit policy:
 Term of Office: Members of the Board of Directors shall serve a minimum term of three years. They do not have a maximum number of terms they may serve.

Three Highest Paid Staff Names	Annual Salary
Julie Abbott	58,800
Sarah Banks	32,972
Suzanne De Gregorio	20,998

Additional Board Members

Board Member	Term End Date
Mike Unthank	N/A
Dr. Roy Upton	N/A
Angelo Vaccaro	N/A
Dave Williamson	N/A
Stephen Yates	N/A
Harrison Zoercher	N/A

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.):

St. Matthews Area Ministries Emergency Assistance program provides financial relief to individuals living in the 40207 zip code. We seek to provide financial stability for at minimum a 30 day period. St. MAM Emergency Assistance helps to prevent eviction, by assisting with rent, and to help keep utilities from being shut off, which will cause additional fees in order to be reconnected. It is the goal that by providing 30 days of stabilization, the individuals that seek assistance from St. Matthews Area Ministries will be able to make steps in improving their financial situation. Our program is seeking to provide a better financial support and understanding for our clients. Anyone being provided financial assistance must fill out a monthly income and expense budget as well as provide proof of income for the previous 30 days.

The Emergency Assistance program for 2019 will begin January 1, 2019 and end December 31, 2019.

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

This funding will specifically be spent on direct client assistance. Individuals living in the 40207 zip code who are needing assistance with their rent or utilities, will be eligible for up to \$100 each.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The goal of St. Matthews Area Ministries Emergency Assistance program is to stabilize individuals for a minimum of 30 days. We want our clients to leave St. MAM feeling like their feet are firmly planted on the ground. Our proof of success comes from the number of individuals St. MAM is able to assist. If we are able to keep more people in their homes, with their utilities turned on, than the previous year that is deemed successful. When individuals are able to independently reach the ability to pay their rent, medical or utility bills, we have served our purpose. Success is also measured by knowing the individual is not going to be evicted from their home or have their utilities turned off. We are victorious and effective when a client completes a monthly budget and realizes that they are spending more money on non-necessities versus necessities. When a client attends one of many classes offered about financial empowerment and makes lifestyle changes, we consider that a success. When an individual or family doesn't need assistance from St. MAM and has stabilized their lifestyle, we have achieved the above goals.

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.

Through the Association of Community Ministries (ACM), St. Matthews Area Ministries partners with Louisville Gas & Electric and The Louisville Water Company to receive funds in order to assist individuals at risk of having their utilities turned off. St. MAM also receives support from area congregations in 40207 in order to provide assistance with rent, medication and utilities.

Other community partners that help support St. MAM are the City of St. Matthews and various small cities in the 40207 zip code. St. MAM also partners with Dare to Care and many other retail partners to provide canned goods and fresh produce on a weekly basis to individuals in need. Another community partnership we have is with Waggener High School. On a monthly basis St. MAM provides food and hygiene items for their Food Den. The students are able to shop weekly for themselves and their family.

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 Request (2016)	Column 2 Metro Funds	Column 3 Other Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	1500	118900	120400
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	1500	118900	120400
% of Program Budget	1.25 %	98.75 %	100%

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

Other State, Federal or Local Government	25000
United Way	
Private Contributions (do not include individual donor names)	28600
Fees Collected from Program Participants	
Other (please specify)	65300
Total Revenue for Column 2 Expenses **	118900

**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
Emergency Assistance (NDF)	1,500		1,500
External Agency Fund - Emergency Assistance Formula		25,000	15,000
Member Churches Contributions		14,400	14,440
Non-Member Churches		2,200	2,200
Private/Individual Donations		12,000	12,000
LG&E WinterHelp		3,300	3,300
LG&E - Association of Community Ministries (ACM) Grant		35,000	35,000
LG&E - ACM Advanced Meter Pilot Grant		24,000	24,000
Louisville Water - ACM Grant		3,000	3,000
Total	1,500	118,900	120,400

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
6 Volunteers	3 hours per week, per person	Sign in/out log
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: January 1, 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.

SECTION 8 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Sarah Banks</i>	Date:	Oct 17, 2018
Legal Signatory: (please print):	<i>Sarah Banks</i>	Title:	Director of Family Services
Phone: 502-893-0205	Extension:	Email:	SarahBanks@stmam.com

Internal Revenue Service

Department of the Treasury

2

District
Director

P.O. Box 2508
Cincinnati, OH 45201

St. Matthews Area Ministries
4006 Shelbyville Rd.
Louisville, KY 40207

Person to Contact:
Donna Carlisle
Telephone Number:
513-684-3578
Refer Reply to:
EP/EO
Date:

OCT 22 1987

Dear Sir or Madam:

This is in response to your letter of September 10, 1987.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code on May 24, 1972.*

Your letter indicates that your organization consists of twelve regional churches. Your By-Laws provide that only churches can become members of the organization. You conduct only charitable and religious activities.

Section 6033(a)(1), in part, provides that every organization exempt from taxation under section 501(a) shall file an annual return, stating specifically the items of gross income, receipts, and disbursements, and such other information for the purpose of carrying out the internal revenue laws as the Secretary may by forms or regulations prescribe. Section 6033(a)(2)(B) provides that the Secretary may relieve any organization required under paragraph (1) to file an information return from filing such a return where he determines that such filing is not necessary to the efficient administration of the internal revenue laws.

Revenue Procedure 86-23, 1986-1 C.B. 564, in part, provides that an organization that is affiliated with a church or a convention or association of churches may be excused from the annual filing requirement if it is operated, supervised, or controlled by or in connection with a church or convention or association of churches.

St. Matthews Area Ministries meets the requirements of Revenue Procedure 86-23 and is hereby excluded from the filing requirements of section 6033 of the Code. You are no longer required to file Form 990.

Please let us know of any future change in the name, address, character, or method of operation of your organization. This is a requirements for maintaining your exempt status.

Internal Revenue Service

**District
Director**

St. Matthews Area Ministries
4006 Shelbyville Rd.
Louisville, KY 40207

Department of the Treasury
P.O. Box 3159
Cincinnati, OH 45201

Person to Contact:

Kay McMullin

Telephone Number:

513-684-3863

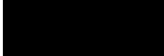
Refer Reply to:

EP/EO Processing

Date:

SEP 10 1986

Employer Identification Number:



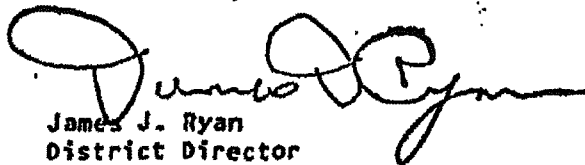
Dear Sir:

Our records indicate that your organization was recognized as exempt from Federal income tax in April, 1972, under section 501(c)(3) of the Internal Revenue Code of 1954.

In addition, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) of the Code.

This classification was based on the assumption that your operations would continue as stated in the application. If your sources of support or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status.

Sincerely yours,



James J. Ryan
District Director

St. Matthews Area Ministries
Agency Budget 2018
 January through December 2018

Accrual Basis

	Central Pro...	Child Care	Director of ...	E.A. Metro	Emergency ...	Total Emer...	E.I.T.	Family Serv...	Total Famil...	TOTAL
	Jan - Dec 18	Jan - Dec 18	Jan - Dec 18	(Emergency...	(Emergency...	Jan - Dec 18	(Family Ser...	Jan - Dec 18	Jan - Dec 18	Jan - Dec 18
Income										
Childcare Fees		332,700								332,700
Church Donations	65,250			14,400	14,400	14,400				79,650
Family Services	0						500	21,500	22,000	22,000
Fundraising	68,200									68,200
General Revenues	14,000	1,000		14,200	14,200	14,200		500	500	29,700
Governmental	16,000					25,000				41,000
Grants - Cash	16,600	3,500	720	41,300	41,300	41,300		2,750	2,750	64,870
Total Income	180,050	337,200	720	69,900	94,900	94,900	500	24,750	25,250	638,120
Gross Profit	180,050	337,200	720	69,900	94,900	94,900	500	24,750	25,250	638,120
Expense										
Operating Expense	196,592	270,112	0	15,000	15,000	15,000		24,291	24,291	505,995
Other Expense	5,100									5,100
Program Expenses	2,000	8,975		10,000	77,300	87,300	500	10,500	11,000	109,275
Total Expense	203,692	279,087	0	25,000	77,300	102,300	500	34,791	36,291	620,370
Net Income	-23,642	58,113	720	0	-7,400	-7,400	0	-10,041	-10,041	17,750

St. Matthews Area Ministries
Statement of Financial Income and Expense
January through September 2018

	<u>Jan - Sep 18</u>
Income	
Childcare Fees	193,901.50
Church Donations	62,884.30
Family Services	8,581.00
Fundraising	27,965.06
General Revenues	38,094.83
Governmental	34,000.00
Grants - Cash	64,772.31
Total Income	<u>430,199.00</u>
Cost of Goods Sold	
50000 - Cost of Goods Sold	3,471.70
Total COGS	<u>3,471.70</u>
Gross Profit	426,727.30
Expense	
Operating Expense	357,547.28
Other Expense	3,914.22
Program Expenses	90,310.01
Total Expense	<u>451,771.51</u>
Net Income	<u><u>-25,044.21</u></u>

Commonwealth of Kentucky

Department of State



Office of Secretary of State

THELMA L. STOVALL, SECRETARY

DOMESTIC CORPORATION DEPARTMENT

NON-STOCK CORPORATION

I, THELMA L. STOVALL, Secretary of the State of Kentucky, hereby certify that Articles of Incorporation of the

ST. MATTHEWS AREA MINISTRIES, INC.

(Louisville, Kentucky)

has this day been filed in my office.

It appearing from said Articles of Incorporation that the said Corporation has no capital stock, and no private pecuniary profit is to be derived therefrom, the said Corporation is not required by law to pay a tax on organization; and it further appearing that the aforesaid Corporation has complied with all the requirements of the law, this certificate is issued as evidence of the fact that the said Corporation is now authorized and empowered to do business in this State under its charter, subject to the restrictions imposed by the statutes of Kentucky.

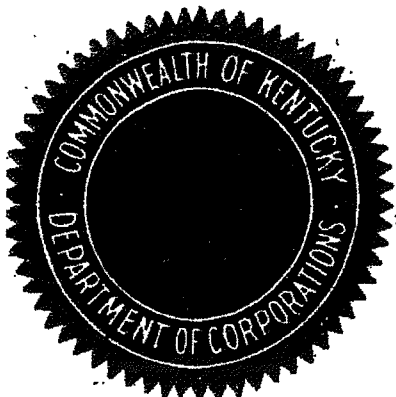
Given under my hand as Secretary of State,

this 4th day of February 19 72

Thelma L. Stovall

Secretary of State

Assistant Secretary of State



ARTICLES OF INCORPORATION
OF
ST. MATTHEWS AREA MINISTRIES, INC.

THE DIRECTORS listed hereinafter hereby associate themselves to form a corporation for religious, educational and charitable purposes under the provisions of Chapter 273 of the Kentucky Revised Statutes in accordance with the following Articles of Incorporation.

Article 1. Name of Corporation

The name of the corporation shall be ST. MATTHEWS AREA MINISTRIES, INC., by which name it may sue and be sued, contract and be contracted with, and employ a corporate seal.

Article 2. Situs

The principal office and place of business of the corporation shall be ~~Louisville, Jefferson County, Kentucky.~~ The address of the initial registered office of the corporation is 311 Browns Lane, Louisville, Kentucky, and the name of its initial registered agent at that address is Rev. Thomas L. Jones.

Article 3. Duration

The corporation shall have perpetual existence.

Article 4. Purpose of Corporation

The corporation is organized and shall be operated exclusively for religious, charitable and educational purposes, and it is authorized to accept, hold, administer, invest and disburse for charitable, religious and educational purposes such funds as may from time to time be given to it by any

person, persons or corporations, to receive gifts and make financial and other types of contributions and assistance to charitable, religious and educational organizations, and in general to do all things that may appear necessary and useful in accomplishing the purposes thus set out.

All of the assets and earnings shall be used exclusively for the purposes hereinabove set out, including the payment of expenses incidental thereto; and no part of the net earnings shall inure to the benefit of any private shareholder or individual and no substantial part of its activities or of any organization to which it may contribute shall be for carrying on propaganda, or otherwise attempting to influence legislation or participate in or influence any political campaign, or any other activity which would disqualify the corporation from tax exemption under Sec. 501 of the Internal Revenue Code or other applicable federal, state or local law.

In the event of dissolution, all of the remaining assets of the corporation shall be distributed only for religious, charitable and educational purposes.

Article 5. Powers of Corporation

The corporation shall have the power and authority to borrow money and to receive, buy, pledge, mortgage, incumber, sell, lease and otherwise acquire by gift, devise or inheritance, real and personal property of any kind or character necessary to promote the objects of the corporation, and to hold, use, pledge, mortgage, incumber, sell, invest and reinvest the same and collect and disburse the income and the principal thereof for such purposes. A recitation in any deed of conveyance made

by the corporation that the sale has been authorized by a majority of the Board of Directors shall protect the purchaser of such property. The corporation shall not engage in prohibited transactions as defined in Sec. 503 (c) of the Internal Revenue Code.

Article 6. No Capital Stock

The corporation shall have no capital stock and the private property of the incorporators and members shall not be liable for the debts of the corporation.

Article 7. Board of Directors

The affairs of the corporation shall be managed by a Board of Directors. The names and post office addresses of the persons who shall serve as directors until their successors are duly qualified are as follows:

Thomas L. Jones	3304 Sutton Lane Louisville, Kentucky, 40222
Fred W. Pfisterer	4008 Norbourne Blvd. Louisville, Kentucky, 40207
Willard R. Van Nostrand	8705 Banbridge Road Louisville, Kentucky, 40222

The number of directors, their qualifications, terms of office, manner of election, removal, change of number, filling of vacancies, and of newly created directorships, powers, duties and liabilities, shall, except as otherwise provided in these articles or by the laws of the State of Kentucky, be as prescribed by the By-Laws.

Article 8. Amendment

These articles of incorporation may be amended by a two-thirds majority vote of all of the members of the Board of

Directors present at a duly called meeting of the Board of Directors.

I, the undersigned, one of the directors, apply to the State of Kentucky, by virtue of the laws of the land, for a Charter of Incorporation for the purpose declared in the foregoing instrument.

WITNESS my hand this 3rd day of February, 1972.

Thomas L. Jones

STATE OF KENTUCKY)
COUNTY OF JEFFERSON) ss

Personally appeared before me this _____ day of _____, 1972, the above-named incorporator, Thomas L. Jones, to me known to be the person who executed the foregoing instrument and acknowledged the act to be his free act and deed this 3rd day of February, 1972.

Witness my signature and seal this 3rd day of February, 1972.

My commission expires _____

June 24 1975
R. L. [Signature]
Notary Public

This instrument was prepared by

Norman L. Wilson, Jr.
Norman L. Wilson, Jr.
Attorney at Law

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, 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 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.
St. Matthews Area 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) ▶ **501(C)3 Charitable Non-Profit** (Applies to accounts maintained outside the U.S.)

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) _____

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)
201 Biltmore Road

6 City, state, and ZIP code
Louisville, KY 40207

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

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

Social security number

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

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- 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 ▶ Jillie Abbott Date ▶ 10/17/18

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

**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:

St. Matthews Area 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: *Sarah Banks*

Date: 10/19/18

Legal Signatory (please print): *Sarah Banks*

Title: Director of Family Services

Phone: 502-893-0205 Extension:

Email: SarahBanks@stmam.com

ST. MATTHEWS AREA MINISTRIES, INC.

General Information

Organization Number	0045956
Name	ST. MATTHEWS AREA MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/4/1972
Organization Date	2/4/1972
Last Annual Report	6/4/2018
Principal Office	201 BILTMORE ROAD LOUISVILLE, KY 40207
Registered Agent	JULIE ABBOTT 201 BILTMORE ROAD LOUISVILLE, KY 40207

Current Officers

CEO	<u>Julie Abbott</u>
President	<u>David Williamson</u>
Vice President	<u>Roy Upton</u>
Secretary	<u>Mary Lou Krieg</u>
Treasurer	<u>George McNair</u>
Director	<u>Millicent Evans</u>
Director	<u>Clayton Farris</u>
Director	<u>Robert Blackburn</u>
Director	<u>John Johnson</u>
Director	<u>John Ballard</u>
Director	<u>Mike Unthank</u>
Director	<u>Angelo Vaccaro</u>
Director	<u>Harrison Zoercher</u>
Director	<u>David Horn</u>
Director	<u>Martin Cundiff</u>
Director	<u>Paul Jones</u>
Director	<u>Donna Rand</u>
Director	<u>Stephen Yates</u>
Director	<u>Larry McCrary</u>
Director	<u>Gary Rollins</u>
Director	<u>Harvey Roberts</u>
Director	<u>Jerry Cappell</u>
Director	<u>Chip Anderson</u>

Director Mike Norman
Director John Shapanus

Individuals / Entities listed at time of formation

Director THOMAS L JONES
Director FRED W PFISTERER
Director WILLARD R VAN NOSTRAND
Incorporator THOMAS L JONES

Images available online

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

<u>Annual Report</u>	6/4/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/1/2017	1 page	<u>PDF</u>	
<u>Certificate of Assumed Name</u>	3/15/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/8/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/5/2015	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	6/24/2014 11:28:57 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/24/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/3/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/11/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/10/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/26/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/24/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/18/2007	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/23/2006	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/9/2005	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/6/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/11/2002	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/22/2001	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/19/1999	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/2/1998	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	5/16/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/14/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	4/16/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	1/19/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1990	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>

<u>Statement of Change</u>	7/1/1986	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	8/21/1981	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/22/1977	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/25/1972	6 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	2/4/1972	6 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

ST. MAM

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/4/2018 3:10:59 PM	6/4/2018 3:10:59 PM	
Annual report	5/1/2017 3:24:48 PM	5/1/2017 3:24:48 PM	
Added assumed name	3/15/2016 2:47:44 PM	3/15/2016	<u>ST. MAM</u>
Annual report	3/8/2016 12:33:22 PM	3/8/2016 12:33:22 PM	
Annual report	6/5/2015 12:26:28 PM	6/5/2015 12:26:28 PM	
Annual report	6/24/2014 11:50:36 AM	6/24/2014 11:50:36 AM	
Registered agent address change	6/24/2014 11:28:57 AM	6/24/2014 11:28:57 AM	
Annual report	7/3/2013 7:58:09 PM	7/3/2013 7:58:09 PM	
Annual report	6/28/2012 5:01:02 PM	6/28/2012 5:01:02 PM	
Annual report	2/11/2011 12:15:29 PM	2/11/2011 12:15:29 PM	
Annual report	3/10/2010 3:39:34 PM	3/10/2010 3:39:34 PM	
Annual report	2/26/2009 12:00:26 PM	2/26/2009 12:00:26 PM	
Annual report	1/24/2008 2:14:32 PM	1/24/2008	
Annual report	1/18/2007 9:17:27 AM	1/18/2007	
Annual report	2/23/2006 10:58:07 AM	2/23/2006	
Registered agent address change	5/16/1997	5/16/1997	

Microfilmed Images

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

Annual Report	3/4/2005	2 pages
Annual Report	5/28/2004	2 pages
Annual Report	5/6/2003	1 page
Annual Report	4/11/2002	3 pages

Annual Report	5/22/2001	3 pages
Annual Report	4/25/2000	1 page
Annual Report	5/19/1999	3 pages
Annual Report	4/2/1998	3 pages
Annual Report	7/1/1997	3 pages
Statement of Change	5/16/1997	1 page
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	1 page
Statement of Change	6/14/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	1 page
Statement of Change	4/16/1992	1 page
Statement of Change	1/19/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	4 pages
Annual Report	7/1/1989	1 page
Statement of Change	7/1/1986	2 pages
Statement of Change	8/21/1981	2 pages
Statement of Change	7/22/1977	2 pages
Annual Report	7/25/1972	7 pages
Articles of Incorporation	2/4/1972	5 pages