

Applicant/Program:

South Louisville Community Ministries/ Taste of South Louisville

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1	<u>Jessica Green</u>	\$ <u>750.00</u>
District 2		\$
District 3		\$
District 4	<u>Barbara Syton Smith</u>	\$ <u>#200-</u>
District 5		\$
District 6	<u>Dodd Jones</u>	\$ <u>750.-</u>
District 7		\$
District 8		\$
District 9	<u>Bill Hlarden</u>	\$ <u>500.00</u>
District 10	<u>Erinn P. Marshall</u>	\$ <u>250.00</u>
District 11		\$
District 12	<u>Paul Blumell</u>	\$ <u>1000</u>
District 13	<u>Vicki Aubrey Welch</u>	\$ <u>1,000.00</u>
District 14	<u>Cindi Goulet</u>	\$ <u>#950-</u>
District 15		\$

Applicant/Program:

South Louisville Community Ministries/ Taste of South Louisville

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 Dan Jensen \$ 2000

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 Madonna Flood \$ 100.00

District 25 [Signature] \$ 1,000.⁰⁰ ~~xx~~

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization	
Program Name and Request Amount	
	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"/> 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"/> Yes
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"/> 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: shughes	Date: Jul 12, 2017



*Thanks for
Metro Council
Sponsorship - 1.*

7-16-17

South Louisville Community Ministries (SLCM)

8th Annual Taste of South Louisville

Premier Lead Sponsor:



Louisville Gas & Electric

Hosted by Churchill Downs; Champion Sponsor Save-A-Lot

Saturday, August 19, 2017 6:00-8:30 p.m.

Churchill Downs Millionaires Row 4



Get your tickets early – over 700 attended last year!

**EARLY BIRD TICKET SALES: JUNE 30-JULY 22, \$35 ADULTS AGE 12 & OLDER
ADVANCE TICKET SALES: JULY 23-AUGUST 18, \$40 ADULTS AGE 12 & OLDER**

EVENT DAY – AT DOOR OF EVENT, \$45

**10:00 A.M.- 3:00 P.M., M-T-TH-F, WED. 1:00-4:00, SLCM OFFICE,
415 1/2 W. ASHLAND AVE., LOU., KY 40214 OR BY MAIL**

**ONLINE: WWW.SLCM.ORG (TICKETS AVAILABLE JUNE 30-AUGUST 19)
CHILDREN 5-11 / \$5**

Please bring canned goods to event to help neighbors in crisis

Restaurants and businesses of South Louisville and surrounding areas will be showcased. There will be drawings and a large Silent Auction!

For information, call SLCM, 502/361-7763

Restaurants/Vendors at last year's 2016 event:

Bill's Famous Cheese Spreads, China Coast, Fairdale Pizza, Famous Dave's, Franco's Restaurant, Gumby's Catering, Jimbo's Bar-B-Que, Khalil's, Levy Restaurant at Churchill Downs, Little Jerusalem, Lone Wolf Family Sports Pub, Nord's Bakery, Penn Station Subs, Rubbies, Seven-Up Snapple, Shack in the Back, Sunergos Coffee, Tuscany Italian Rest. Valley Dairy Freeze, ValuMarket, Vietnam Kitchen

SLCM MISSION: To empower our neighbors in crisis to move toward stability and self-sufficiency. We do this by demonstrating respectful compassion practicing faithful stewardship; and providing emergency assistance with food, medicine, housing and utilities; comprehensive referral services and partnerships (individual, family and marriage counseling) and daily enrichment services for senior adults.

TASTE OF SOUTH LOUISVILLE

Saturday, August 19

Millionaire's Row—Churchill Downs

6pm—8:30pm

Benefiting South Louisville Community Ministries

\$40 per ticket/\$45 at the door

Children ages 5-11—\$5/ under 4 years of age - free

Purchase or mail requests with payment to

415 1/2 West Ashland

Louisville, Kentucky 40215

Or call 502-361-7763

Or online: www.sbcm.org

Presented by:

LGE
&E

a PPL company

Hosted by:



CHURCHILL DOWNS

Champion Sponsor:

Save
a lot
food stores

Sponsored by: Councilmembers Butler,
Welch, Johnson, Yates, Blackwell,
Fowler, Hollander, Sexton Smith, Flood,
Green, James and Mulvihill

Silent Auction — many wonderful items to bid on!

Bring a canned good or personal hygiene item for the pantry

Taste food from: Shack in the Back, Jimbo's, ValuMarket, Rubbie's, Tuscany, Levy Restaurant at Churchill Downs, Vietnam Kitchen, Bill's Famous Cheese Spread, Jerusalem Kitchen, Black Italian Catering, Famous Dave's, Khalil's, Fairdale Pizza, Valley Dairy Freeze, Cocoberry Pops, Gumby's, Seven-Up Snapple, Great Day Wings, DaLat's, Sunergos Coffee and many others!

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: South Louisville Community Ministries <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 415 1/2 W. Ashland Avenue, Louisville, KY 40214			
Website:			
Applicant Contact:	Yvette Livers	Title:	Executive Director
Phone:	502-361-7763	Email:	yvettelivers@slcm.org
Financial Contact:	Joyce Whalin	Title:	Mission Advancement Sr. Dir.
Phone:	502-361-7763	Email:	funddevelopment@slcm.org
Organization's Representative who attended NDF Training: Yvette Livers, Joyce Whalin, Kate Husk			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Churchill Downs Millionaires Row, 700 Central Avenue, Lou., Ky 40208		
Council District(s):	15,6,10,12,13,14,21,25	Zip Code(s):	40214,40215,40209,part of 40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Eighth Annual Taste of South Louisville			
Total Request: (\$)	11,000	Total Metro Award (this program) in previous year: (\$)	9250
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<i>Addendum A</i> ■ IRS Exempt Status Determination Letter <i>Addendum B</i> ■ Current year projected budget <i>Addendum C</i> ■ Current financial statement <i>Addendum D</i> ■ Most recent IRS Form 990 or 1120-H <i>Addendum E</i> ■ Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense	Signed lease if rent costs are being requested ■ IRS Form W9 <i>Addendum F</i> Evaluation forms if used in the proposed program ■ Annual audit (if required by organization) <i>Addendum G</i> ■ Faith Based Organization Certification Form, if applicable <i>Addendum H</i>		
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:	Lou. Metro Formula Grant	Amount: (\$)	172,100
Source:	NDF Families Help. Fam./Golf	Amount: (\$)	9,000
Source:	NDF Taste of South Louisville '16	Amount: (\$)	9,250
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

The impact of our services changes the lives of families in crisis. Last year, South Louisville Community Ministries provided food to over 6,200 families. Our pantry distributed food orders daily totaling over 195,000 lbs. of food during the year. Our weekly produce each Wednesday provided fresh vegetables to over 60 families along with educational information about healthy eating and budget management. Each month, we picked up and delivered food packages to 25 seniors. The Meals-On-Wheels program delivered over 18,692 hot meals to seniors this past year.

Over \$65,000 in financial assistance with utilities, housing payments and medication was provided to 1,400 families. Baby supplies such as diapers, wipes and baby wash went to over 439 families. Clothing and furniture vouchers were given to 150 families. In addition, we helped individuals with resume writing, online job search, clothes for their interview or proper garments to start the first week of work. Information referrals for partner services were given to over 7,000 individuals.

South Louisville Community Ministries supports families to stabilize their crisis situation for 30 days while seeking employment, establishing benefits or recovering from a major life event.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

	Board Member	Term End Date
Michael Chinigo, President	Humana (eligible for another term)	June 2017
Stacy Herdt, Vice President	Republic Bank (eligible for another term)	June 2017
Terry Conway, Secretary	Retired (active in community)	June 2018
Theresa Batliner, CPA, Treasurer	Mountjoy Chilton Medley (eligible for another term)	June 2017
Nancy Strapp, Immediate Past Pres.	Pastor, Iroquois Presbyterian Church	June 2017
Rev. Dr. James A Dewey	Retired Pastor	June 2018
elissa Davis, Attorney	PCUSA & Private Law	June 2017
Father Jeff Gatlin	Priest, Sts.SimonJude,MBS (eligible for another term)	June 2017
Dr. Shamika Johnson	Vice Principal, JCPS	June 2017
Stephan Kirby	Pastor Ekklesia Christian Life	June 2017
Jeffrey Oeswein	Senior Engineer, LG&E	June 2018

Describe the Board term limit policy:

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

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

Three Highest Paid Staff Names	Annual Salary
Yvette Livers, Executive Director	60,000
Kate Husk	47,450
Joyce Whalin \$15/hr, part-time	

Applicant's Initials 

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.):

The Eighth Annual Taste of South Louisville is a one-day event, open to the general public. It is held on Saturday, August 19, 2017 from 6:00 - 8:30 p.m. at Churchill Downs Millionaires Row. It is a food tasting extravaganza in which patrons pay an admission fee to receive a sample of various specialty foods from participating South Louisville, and area restaurants.

In addition to admissions, restaurants donate their food samples to help offset the expenses of the event and to enhance the profitability of the event. Revenues by this event in excess of the NDF Grant dollars (\$11,000) will go directly back into the operation of the agency and to the programming it provides.

NDF dollars are requested to offset the general operating expenses that are the major expense in this community event/fundraiser.

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

The \$11,000 of NDF dollars requested by this application will be used as follows:

\$4,072: will be utilized to provide emergency assistance to qualifying residents residing in the South Louisville area. This assistance may be in the form of partial payments for rent, utilities and/or medications.

\$6,928: will be used to offset expenses incurred in holding the event, i.e., expenses associated with the venue (Churchill Downs) and miscellaneous costs including decorations, table cloth rental, and the cost of food that will be purchased (which is in addition to the food donated by participating restaurants). This allows SLCM to make the event affordable to all residents in South Louisville.

There are no sub-grantees in this project.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The NDF dollars requested are to offset the general costs that are major expenses of the SLCM event and to generate more funds for the services.

Funds generated by this event will go directly back to the agency and to the programming it provides (described on page 2).

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:

Part of our SLCM mission is stability for families and individuals. The emergency assistance which helps to avoid eviction from one's home, prevents utilities from being shut off, and provides assistance to purchase medication for health and wellness issues. The benefits to families/individuals being served are significant and measurable for daily survival. Food and medication support the overall health of 75% individuals or families. We decrease the number of homeless families by approximately 50%. Our utilities assistance prevents 90% of clients from having their services shut off or disconnected.

We maintain records of all checks written on behalf of clients from the grant funds. Also, we have client stories about how we have made a difference.

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

South Louisville Community Ministries has existing collaborative relationship with other organizations that support some of the program services our agency offers. Dare to Care provides food for our pantry. We distribute over 195,000 lbs. of food a year to those in need. Catholic Health Initiatives provides financial support to individuals in need of assistance for their monthly medications and limited number counseling due to a traumatic life situation. Kosair Charities matching funds grant assists with baby diapers and other necessary infant supplies.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	\$4,072	\$30,928	\$35,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	\$6,928		\$6,928
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$11,000	\$30,928	\$41,928
% of Program Budget	26 %	74 %	100%

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

Other State, Federal or Local Government	\$6,000 (Metro Formula)
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	\$24,928 (Churches, utility grants)
Total Revenue for Columns 2 Expenses **	\$30,928

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

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



2017 Neighborhood Development Fund Grant Application

TASTE OF SOUTH LOUISVILLE, AUGUST 19, 2017

Budget Expenses

Event Expenses

Churchill Downs	\$1,100
Doo-Wop Shop – sound system rental	\$ 200
Printing/Signage/Office Supplies	\$2,592
Flowers & Decorations	\$ 300
Purchase of Food	\$2,075
Paper Supplies for Food Serving	\$ 325
Permit – City of Louisville Health Dept.	\$ 50
Postage	\$ 186
Awards	\$ 100
TOTAL	<u>\$6,928</u>



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
370 @\$17.83	\$6,597.10	NMV
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$6,597.10	

*** 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, 2017

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:

South Louisville Community Ministries received a decrease in funding from Kentucky One Health and some of our local churches due to significant changes in their church memberships.

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>Yvette Livers</i>	Date:	7-10-17
Legal Signatory: (please print):	Yvette Livers	Title:	EXECUTIVE DIRECTOR
Phone:	502-361-7763	Extension:	
		Email:	YVETTELIVERS@SLCM.ORG

Addendum A

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
Mar. 20, 2012 LTR 4168C EO
000000 00
00017552
BODC: TE

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

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

Dear Taxpayer:

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

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

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

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

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

**South Louisville Community Ministries
Budget Overview
2016-2017**

Proposed 2017-2018

Income	
<u>3030 Total Individual Giving</u>	30050
<u>3035 Total Business/Corporation Giving</u>	7000
<u>3040 Total Memorial Giving</u>	600
<u>3100 Total Church Giving</u>	43000
<u>3200 Fundraising and Misc Income</u>	66000
Grants Misc Total	25000
Metro Govt Grants Total	202350
Annual EA Grants Total	21500
Utility Grants Total	67000
<u>3258-3628 All Grants Total</u>	315850
Total Income	462500

Expense	
Salary Total	192847
Insurance Totals	28525
Payroll Taxes	14700
Workman's Comp Totals:	1300
<u>7000 · Personnel Expenses</u>	237372
8008- Audit Fees -	7500
8009- Payroll Service Fee	2000
8011 Contractor Labor (Janitorial) -	7300
8012- Contractor Labor-Accounting -	6500
8013-Bank Service Fees -	350
<u>8000 · Professional Fees</u>	23650
8104 Food & Beverages -	7960
8106 Office Supplies -	2775
8107 Copier Expense	3200
8140 Janitorial Supplies -	400
8150 Program Supplies -	4425
8155 Volunteer/Partner Appreciation -	2700
<u>8100 · Supplies/Services</u>	21460

<u>8200 · Telephone</u>	2850
<u>8300 · Postage & Shipping</u>	2700
8401 Rent Expense -	6360
8405 Electricity -	9200
8409 and 8415- Rep & Maint of Bldg -	650
<u>8400 · Occupancy Expenses</u>	16210
8501 Rentals, Equipment Expenses -	1750
8502 Equipment Maintenance & Repair	350
8504 Computer Hardware/Software-Admin	300
8505 Computer Services (Website, Backups)-Admin	2800
<u>8500 Rentals and Technology</u>	5200
8601 Printing -	3250
8602- Artwork -	25
<u>8600 · Printing Expenses</u>	3275
<u>8700 · Travel Expenses</u>	750
Rent Assistance - EA	20000
RX Assistance - EA	9000
LG & E Assistance - EA	67108
Water Assistance EA	32000
Food - EA	3000
Baby Supplies - EA	9500
<u>8900 Client Services</u>	140608
9001 Dues and Subscriptions	400
<u>9000 · Dues & Subscriptions</u>	400
9203 Interest Long term short term debt	1700
<u>9200 Interest</u>	1700
9330 Gen Liability & Umbrella - Admin	3950
9350 Directors & Officers Insurance	2100
<u>9300 · Insurance</u>	6050
9456- License and Permits	275
<u>9400-Misc expenses</u>	275
Total Expense	462500
Net Profit/Loss	0

South Louisville Community Ministries
Statement of Activities
For the Eleven Months Ending May 31, 2017

	YTD Actual	Annual Budget	Variance	% of Budget Collected/Spent
Individual Giving	\$ 24,725	\$ 35,600	\$ (10,875)	69.45%
Business/Corporation Giving	\$ 4,814	\$ 10,000	\$ (5,186)	48.14%
Memorial Giving	\$ 595	\$ 800	\$ (205)	74.38%
Church Giving	\$ 38,405	\$ 42,000	\$ (3,595)	91.44%
Fundraising and Misc. Income	\$ 62,142	\$ 96,400	\$ (34,258)	64.46%
Grants	\$ 316,061	\$ 348,676	\$ (32,615)	90.65%
Total Revenue	\$ 446,742	\$ 533,476	\$ (86,734)	83.74%
Personnel Expenses	\$ 216,454	\$ 241,861	\$ 25,407	89.50%
Professional Fees	\$ 17,107	\$ 24,382	\$ 7,275	70.16%
Supplies/Services	\$ 19,074	\$ 20,450	\$ 1,376	93.27%
Telephone	\$ 2,511	\$ 3,150	\$ 639	79.71%
Postage & Shipping	\$ 1,796	\$ 2,800	\$ 1,004	64.13%
Occupancy Expenses	\$ 13,616	\$ 16,865	\$ 3,249	80.73%
Rentals & Technology	\$ 7,032	\$ 8,200	\$ 1,168	85.75%
Printing Expenses	\$ 3,781	\$ 5,650	\$ 1,869	66.93%
Travel Expenses	\$ 685	\$ 1,150	\$ 465	59.57%
Client Services	\$ 160,273	\$ 199,488	\$ 39,215	80.34%
Dues & Subscriptions	\$ 275	\$ 700	\$ 425	39.29%
Insurance	\$ 5,047	\$ 6,080	\$ 1,033	83.01%
Interest	\$ 1,584	\$ 2,400	\$ 816	65.99%
Misc. Expenses	\$ 259	\$ 300	\$ 41	86.37%
Total Expenses	\$ 449,493	\$ 533,476	\$ 83,983	84.26%
Revenue in Excess (Deficit) of Expense	\$ (2,750)	\$ 0	\$ (2,750)	
In Kind Income	\$ -	\$ (335,393)	\$ (335,393)	
In Kind Expense	\$ -	\$ 335,393	\$ 335,393	
Net In-Kind Activity	\$ -	\$ -	\$ -	
Net Agency Activity	\$ (2,750)	\$ 0	\$ (2,750)	

Balance Sheet
As of 5/31/2017

So. Louisville Community Ministries (SLC)

	Year to Date	Prior Year to Date
Assets		
Current Assets		
Cash - Republic Bank Operating	5,338.31	9,025.60
Cash - Emergency Assistanc 769	723.22	4,944.22
Cash-Republic-Restricted Funds-0249	6,144.50	8,039.73
Cash-Republic Bank-Emer Assistance	8,413.81	20,251.00
Republic Bank-Gaming-xx9574	242.00	257.00
Petty Cash	50.00	50.00
Petty Cash - ADC	0.00	247.39
Accts Rec Metro MOW	3,088.80	3,897.90
Grant Receivable CHI Medical Assistance	1,500.29	8,249.36
Health Ins-Dependent	1,878.50	1,611.90
G/R CHI MOW Reimbursement	1,491.71	8,248.64
Total Current Assets:	28,871.14	64,822.74
Fixed Assets		
Furniture & Fixtures	18,877.92	19,316.92
Accum. Depr. - Furn & Fixtures	-17,937.40	-18,098.00
Equipment	2,225.39	4,654.39
Accum. Depr. - Equipment	-1,828.00	-2,475.00
Vehicles	0.00	21,959.60
Accum. Depr. - Vehicles	0.00	-20,667.29
Leasehold Improvements	54,175.32	54,175.32
Accum. Depr. - Leasehold Imprv	-9,829.00	-10,957.00
Total Fixed Assets:	45,684.23	47,908.94
Total Assets:	74,555.37	112,731.68
Liabilities		
Current Liabilities		
Accounts Payable	694.91	4,948.91
Month End Accruals	0.00	3,899.47
Client Cash - Pass-Thru	0.00	340.00
LOC - Republic Bank#25596233	37,600.95	28,720.21
Unearned Revenue	0.00	14,341.63
Total Current Liabilities:	38,295.86	52,250.22
Total Liabilities:	38,295.86	52,250.22
Equity		
Net Assets - Temp Restricted	128.44	9,798.58
Net Assets	38,881.49	74,820.29
Retained Earnings-Current Year	-2,750.42	-24,137.41
Total Equity:	36,259.51	60,481.46
Total Liabilities & Equity:	74,555.37	112,731.68

No CPA provides any assurance on these financial statements.

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization South Louisville Community Ministries, Inc.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 415-1/2 West Ashland Avenue</p> <p>City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40214</p> <p>F Name and address of principal officer: Yvette Livers</p>	<p>D Employer identification number 502-681-4983</p> <p>G Gross receipts\$ 807,868</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ N/A</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p>L Year of formation: M State of legal domicile:</p>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To empower our neighbors in crisis to move toward stability and self-sufficiency.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	160
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 634,975	Current Year 676,807
	9 Program service revenue (Part VIII, line 2g)	220,725	66,251
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,396
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,222	49,559
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	868,922	798,013
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	417,099
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		366,605	258,041
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,490			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		121,542	111,195
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	905,246	843,622	
19 Revenue less expenses. Subtract line 18 from line 12	-36,324	-45,609	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 126,455	End of Year 80,018
	21 Total liabilities (Part X, line 26)	41,836	41,008
	22 Net assets or fund balances. Subtract line 21 from line 20	84,619	39,010

Part II Signature Block

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

Sign Here	Signature of officer Yvette Livers	Date		
	Type or print name and title Executive Director			
Paid Preparer Use Only	Print/Type preparer's name Barbara Lasky	Preparer's signature Barbara Lasky	Date 03/02/17	Check <input type="checkbox"/> ir <input type="checkbox"/> PTIN self-emplo
	Firm's name ▶ Baldwin CPAs, PLLC	Firm's EIN ▶		
	Firm's address ▶ 943 S 1st Street Louisville, KY 40203	Phone no. 502-584-9793		

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

For Paperwork Reduction Act Notice, see the separate Instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ **558,775** including grants of \$ **474,386**) (Revenue \$)

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

The Emergency Assistance program receives inquiries for assistance with LG&E, water, rent and mortgage payments from over 235 families each month,

4b (Code:) (Expenses \$ **97,499** including grants of \$) (Revenue \$)

Adult Day Center:

The adult day center has been in operation since October of 1990. Adult Day Services are available for those 18 and over or those in the early stages of Alzheimer's disease. The center provides socialization, a well-balanced nutrition program, and structured activities which are designed to promote the physical, social, mental, emotional, and spiritual well-being of participants, while offering respite to family members and caregivers. Services include: breakfast, a hot lunch (through Metro Louisville Senior Nutrition Program), snacks, nursing services, transportation, recreation, inter-generational activities, and field trips. This program is funded in part, under a contract with KIPDA and the Cabinet

4c (Code:) (Expenses \$ **32,954** including grants of \$) (Revenue \$)

Program for Homebound Seniors

Meals on Wheels provides a hot meal and friendly visit daily to homebound seniors in South Louisville with a goal to increase nutritional health and provide daily personal interaction. This program relies on volunteers who deliver approximately 1650 lunches a month. This includes lunch, dessert, and a beverage delivered directly to homebound seniors every weekday. There are seven delivery routes in South Louisville in zip codes 40209, 40214, 40215 and part of 40208.

2015-2016 Home Delivered Meals Program (Meals On Wheels)

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

(Expenses \$ **6,305** including grants of \$) (Revenue \$)

4e Total program service expenses **695,533**

Part IV Checklist of Required Schedules

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

Form 990 (2015) **South Louisville Community**
Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Com

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	10
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
The Company 415 1/2 Ashland Ave
Louisville KY 40214 502-681-4983

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael T. Chinigo	1.00									
Interim President	0.00	X		X			0	0	0	
(2) Joyce Whalin	1.00									
Secretary	0.00	X		X			0	0	0	
(3) Theresa Batliner	1.00									
Board Member	0.00	X					0	0	0	
(4) Craig Oeswein	1.00									
Immediate Past Pres	0.00	X		X			0	0	0	
(5) Annette Darnell	1.00									
Board Member	0.00	X					0	0	0	
(6) Melissa Davis	1.00									
Board Member	0.00	X					0	0	0	
(7) Father Jeff Gatlin	1.00									
Board Member	0.00	X					0	0	0	
(8) Stacy Herdt	1.00									
Board Member	0.00	X					0	0	0	
(9) Shamika Johnson	1.00									
Board Member	0.00	X					0	0	0	
(10) Stephen Kirby	1.00									
Board Member	0.00	X					0	0	0	
(11) Ollye Clark	1.00									
Emeritus	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Karen Compton	1.00									
..... Emeritus	0.00	X					0	0	0	
(13) Donna Harper	1.00									
..... Emeritus	0.00	X					0	0	0	
(14) Yvette Livers	1.00									
..... Executive Director	0.00			X			58,708	0	0	
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
.....										
1b Sub-total							58,708			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							58,708			

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

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

Section B. Independent Contractors

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

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

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

Form 990 (2015) **South Louisville Community**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events	3,087				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	673,720				
	g Noncash contributions included in lines 1a-1f: \$	288,973				
	h Total. Add lines 1a-1f	676,807				
Program Service Revenue	2a Adult Day Care	66,251	66,251			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	66,251				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	6,900			
	b Less: cost or other basis & sales exps.		1,504			
	c Gain or (loss)		5,396			
	d Net gain or (loss)		5,396		5,396	
	8a Gross income from fundraising events (not including \$ 3,087 of contributions reported on line 1c). See Part IV, line 18	a	57,910			
		b Less: direct expenses		8,351		
c Net income or (loss) from fundraising events			49,559		49,559	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11a	Busn. Code					
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		798,013	66,251	0	54,955	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	474,386	474,386		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	58,708		58,708	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	149,211	93,640	32,715	22,856
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	50,122	46,281	1,497	2,344
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,441	8,629	1,096	1,716
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	11,543	8,974	1,001	1,568
14 Information technology				
15 Royalties				
16 Occupancy	20,329	16,983	1,304	2,042
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,325	2,325		
20 Interest	1,731	1,305	166	260
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,730	6,730		
23 Insurance	17,616	15,214	936	1,466
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Miscellaneous	13,871		5,406	8,465
b Repairs & Maintenance	10,207	9,143	415	649
c Telephone	5,394	4,655	288	451
d Other Program Expenses	4,461	4,461		
e All other expenses	5,547	2,807	1,067	1,673
25 Total functional expenses. Add lines 1 through 24e	843,622	695,533	104,599	43,490
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	27,186	1	17,871
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	28,670	3	16,097
	4 Accounts receivable, net	6,881	4	238
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 75,278		
	b Less: accumulated depreciation	10b 29,594	53,919	10c 45,684
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,799	15	128
16 Total assets. Add lines 1 through 15 (must equal line 34)	126,455	16	80,018	
Liabilities	17 Accounts payable and accrued expenses	6,837	17	6,487
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,999	25	34,521
	26 Total liabilities. Add lines 17 through 25	41,836	26	41,008
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	74,820	27	38,882
	28 Temporarily restricted net assets	9,799	28	128
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	84,619	33	39,010	
34 Total liabilities and net assets/fund balances	126,455	34	80,018	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	798,013
2	Total expenses (must equal Part IX, column (A), line 25)	2	843,622
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,619
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,010

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015 **South Louisville Community**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	626,599	589,852	692,395	621,169	676,807	3,206,822
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	626,599	589,852	692,395	621,169	676,807	3,206,822
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,206,822

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	626,599	589,852	692,395	621,169	676,807	3,206,822
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		8,068	8,070	131	57,910	74,179
11 Total support. Add lines 7 through 10						3,281,001
12 Gross receipts from related activities, etc. (see instructions)					12	66,251
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.74%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.49%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2015 **South Louisville Community**

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015 **South Louisville Community**



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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			



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

Part II, Line 10 - Other Income Detail

\$ 16,269

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

South Louisville Community Ministries, Inc.

Employer identification number



Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		54,175	9,828	44,347
d Equipment		21,103	19,766	1,337
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **45,684**



Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Line of Credit	34,521
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,521

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



Schedule D (Form 990) 2015 **South Louisville Community**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	798,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	798,013
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	798,013

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

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

1	Total expenses and losses per audited financial statements		1	843,622
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	843,622
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	843,622

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

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

Schedule D (Form 990) 2015 **South Louisville Community**
Part XIII Supplemental Information (continued)



Area with horizontal dotted lines for supplemental information.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

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

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Taste of South</u> (event type)	<u>Families Helpin</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	41,653	13,987	5,357	60,997
	2 Less: Contributions		1,237	1,850	3,087
	3 Gross income (line 1 minus line 2)	41,653	12,750	3,507	57,910
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,660	3,923	1,768	8,351
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,351
11 Net income summary. Subtract line 10 from line 3, column (d)				49,559	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**South Louisville Community
Ministries, Inc.**

per

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

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

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

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) **South Louisville Community**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Emergency Assistance	25000	185,413	288,973	FMV	Food
2					
3					
4					
5					
6					
7					

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

Part IV - Additional Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization

**South Louisville Community
Ministries, Inc.**

Employer identification number



Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Food Donations)	X	1	288,973	Provided by donor
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

South Louisville Community Ministries, Inc.

Employer identification number



Form 990 - Organization's Mission

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

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

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

and this program assists over 100 of those families in most critical need each month. Additionally, South Louisville Community Ministries assists between 25-60 families monthly by providing funds for necessary medications, glasses, durable medical goods, and individualized counseling -distributing up to \$300 per year/per person. Over the last year, the food pantry has been serving around 500 families or 1600 individuals monthly, including an average of 55 families with fresh produce during weekly distributions.

Funding and in-kind donations for this Emergency Assistance Program comes from supporting churches, Metro Louisville government, CHI/Jewish Hospital and St. Mary's Healthcare, Dare to Care Food Bank, special grants, local businesses, and individuals.

2015-2016 EMERGENCY ASSISTANCE PROGRAM:

Name of the organization

South Louisville Community

Number

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

"Rent (Metro/Church funds) - 204

"Water (Metro/Church funds) - 275

"LGE (Metro/Church funds) - 413

"Medication (Metro and CHI) - 317

"Food (orders) - 6326

"Special Utility Grants - 340

"Job Coaching - 4

"Clothing/Furniture Vouchers - 103

"Baby supplies - 396

"General I & R - 6637

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

for Health Services with funds from the U.S. Department of Health and Human Services and with funds from Metro Louisville.

The Adult Day Center ceased operations on 12/31/15.

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

SLCM volunteers delivered approximately 70 hot meals per day to our frail, home bound elderly in the south end of Louisville. During the year, 115 seniors were provided a total of 19,221 meals.

For two routes, the food and funding is provided by Sts. Mary and Elizabeth Hospital/KY One Health, while for the other five routes the food is provided by Mastersons' Catering at the Beechmont Community Center with

Name of the organization

Employer identification number

South Louisville Community



coordination and funding provided by the Louisville Metro Senior Nutrition Program and KIPDA.

Form 990, Part III, Line 4d - All Other Accomplishment
Volunteer Services

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The 990 is reviewed by the Executive Director and Board Treasurer.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board Members complete a conflict of interest form annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents available upon request, 990 available upon request and via Guidestar's website

Form 990, Part XII, Line 2c - Change in Financial Review Process
The process has not changed since the previous year's filing.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return **South Louisville Community Ministries, Inc.**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,730

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,730
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

ARTICLE IV

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

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue
Louisville, KY 40214

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

ARTICLE VI

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

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

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

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

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

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

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

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

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

ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

ARTICLE VIII

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

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

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

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

ARTICLE IX

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

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

ARTICLE X

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

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

Joyce Whalin
Joyce Whalin, Secretary

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

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

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

My Commission Expires: August 27, 2016

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

William J. Johnson
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

Addendum

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SOUTH LOUISVILLE COMMUNITY MINISTRIES

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. 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.
 Other (see instructions) ▶ **Nonprofit 501(c)(3)**
 C Corporation
 S Corporation
 Partnership
 Trust/estate

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

5 Address (number, street, and apt. or suite no.)
415 - 1/2 West Ashland Avenue

6 City, state, and ZIP code
Louisville KY 40214

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

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

OR
Employer identification number

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.

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 on page 3.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ **2/15/2016**

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

**SOUTH LOUISVILLE
COMMUNITY MINISTRIES, INC.**

JUNE 30, 2016 AND 2015

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky
January XX, 2017

STATEMENTS OF FINANCIAL POSITION
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

	2016	2015
ASSETS		
Cash	\$ 17,871	\$ 27,186
Accounts receivable	238	6,881
Grants receivable	16,097	28,670
Restricted cash	128	9,799
Leasehold improvements and equipment, net	45,684	53,919
Total assets	\$ 80,018	\$ 126,455
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 6,487	\$ 6,837
Line of credit	34,521	34,999
Total liabilities	41,008	41,836
 NET ASSETS		
Unrestricted	38,882	74,820
Temporarily restricted	128	9,799
Total net assets	39,010	84,619
Total liabilities and net assets	\$ 80,018	\$ 126,455

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

STATEMENTS OF ACTIVITIES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	2016		2015		Total
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted	
Revenue and support:					
Contributions and grants	\$ 673,720	-	\$ 673,720	\$ 79,148	\$ 621,169
Program revenue	66,251	-	66,251	-	220,725
Special events	60,997	-	60,997	-	37,677
Special events expense	(8,351)	-	(8,351)	-	(10,649)
Gain (loss) on sale of equipment	5,396	-	5,396	-	(5,044)
Total revenue and support	798,013	-	798,013	79,148	863,878
Net assets released from restrictions:					
Restrictions satisfied by payments	9,671	(9,671)	-	(83,428)	-
Total revenue, support and reclassifications	807,684	(9,671)	798,013	(4,280)	863,878
Expenses:					
Program services	695,533	-	695,533	-	811,943
Management and general	104,599	-	104,599	-	73,248
Fund raising	43,490	-	43,490	-	15,011
Total expenses	843,622	-	843,622	-	900,202
Decrease in net assets	(35,938)	(9,671)	(45,609)	(4,280)	(36,324)
Net assets at beginning of year	74,820	9,799	84,619	14,079	120,943
Net assets at end of year	\$ 38,882	\$ 128	\$ 39,010	\$ 9,799	\$ 84,619

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

**STATEMENTS OF FUNCTIONAL EXPENSES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEAR ENDED JUNE 30, 2016**

	2016									
	Program					Management and				
	Adult Day Care	Food Pantry	Emergency Assistance	Meals on Wheels	Volunteer Services	Total Program	General	Fund Raising	Total	
Salaries and wages	\$ 57,699	\$ -	\$ 29,407	\$ 6,534	\$ -	\$ 93,640	\$ 91,423	\$ 22,856	\$ 207,919	
Employee benefits and payroll taxes	16,576	3,125	22,487	3,377	716	46,281	1,497	2,344	50,122	
Assistance to individuals	-	11,286	450,402	10,113	2,585	474,386	5,406	8,465	488,257	
Other program expense	4,324	24	87	21	5	4,461	-	-	4,461	
Professional fees and contract services	-	2,288	3,767	2,050	524	8,629	1,096	1,716	11,441	
Supplies	395	1,737	3,504	1,557	398	7,591	832	1,303	9,726	
Telephone	2,265	601	990	661	138	4,655	288	451	5,394	
Utilities	-	1,516	3,038	1,359	347	6,260	726	1,137	8,123	
Postage	32	353	600	317	81	1,383	169	265	1,817	
Occupancy	6,175	1,206	1,985	1,081	276	10,723	578	905	12,206	
Repair and maintenance	599	866	6,704	776	198	9,143	415	649	10,207	
Travel, training and conferences	1,494	-	-	831	-	2,325	-	-	2,325	
Insurance	7,672	1,955	3,387	1,752	448	15,214	936	1,466	17,616	
Bank fees	-	68	111	61	15	255	32	51	338	
Dues and subscriptions	-	129	213	116	30	488	62	97	647	
Meals and entertainment	-	38	62	34	9	143	18	28	189	
Interest expense	-	346	570	310	79	1,305	166	260	1,731	
Fund raising expense	-	356	586	319	81	1,342	170	267	1,779	
Miscellaneous	268	293	1,126	479	67	2,233	140	220	2,593	
Total expenses before depreciation	97,499	26,187	529,026	31,748	5,997	690,457	103,954	42,480	836,891	
Depreciation	-	1,346	2,216	1,206	308	5,076	645	1,010	6,731	
Total expenses	\$ 97,499	\$ 27,533	\$ 531,242	\$ 32,954	\$ 6,305	\$ 695,533	\$ 104,599	\$ 43,490	\$ 843,622	

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

**STATEMENTS OF FUNCTIONAL EXPENSES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEAR ENDED JUNE 30, 2015**

	Program			Management and		Fund Raising	Total
	Adult Day Care	Emergency Assistance	Meals on Wheels	Program	General		
Salaries and wages	\$ 154,030	\$ 56,629	\$ 21,509	\$ 232,168	\$ 57,554	\$ 14,389	\$ 304,111
Employee benefits and payroll taxes	37,460	15,025	8,554	61,039	1,356	99	62,494
Assistance to individuals	-	417,099	-	417,099	-	-	417,099
Other program expense	12,395	32	-	12,427	-	-	12,427
Professional fees and contract services	3,453	1,397	644	5,494	7,951	55	13,500
Supplies	7,547	2,593	1,301	11,441	843	62	12,346
Telephone	4,330	1,447	184	5,961	215	16	6,192
Utilities	844	4,374	157	5,375	183	13	5,571
Postage	1,077	362	164	1,603	191	14	1,808
Occupancy	11,400	2,945	1,357	15,702	1,582	115	17,399
Repair and maintenance	3,548	639	91	4,278	107	8	4,393
Travel, training and conferences	5,396	5	922	6,323	3	-	6,326
Insurance	12,004	4,327	3,390	19,721	1,465	107	21,293
Bank fees	186	234	35	455	40	3	498
Dues and subscriptions	412	167	77	656	90	7	753
Meals and entertainment	286	116	53	455	62	5	522
Interest expense	662	268	124	1,054	144	11	1,209
Fund raising expense	930	376	173	1,479	202	15	1,696
Miscellaneous	1,013	410	189	1,612	221	16	1,849
Total expenses before depreciation	256,973	508,445	38,924	804,342	72,209	14,935	891,486
Depreciation	4,777	1,933	891	7,601	1,039	76	8,716
Total expenses	\$ 261,750	\$ 510,378	\$ 39,815	\$ 811,943	\$ 73,248	\$ 15,011	\$ 900,202

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

STATEMENTS OF CASH FLOWS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (45,609)	\$ (36,324)
Adjustments to reconcile change in net cash from operating activities:		
Depreciation	6,731	8,716
(Gain)/loss on disposal of fixed assets	(5,396)	5,044
(Increase) decrease in operating assets:		
Accounts receivable	6,643	(2,316)
Grants receivable	12,573	6,085
Prepaid expenses	-	1,384
Restricted cash	9,671	(43)
Increase (decrease) in operating liabilities:		
Accounts payable	<u>(350)</u>	<u>492</u>
Net cash provided (used) by operating activities	<u>(15,737)</u>	<u>(16,962)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from disposal of fixed assets	6,900	-
Purchase of leasehold improvements and equipment	<u>-</u>	<u>(1,709)</u>
Net cash provided (used) by investing activities	<u>6,900</u>	<u>(1,709)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds (borrowings) from line of credit, net	<u>(478)</u>	<u>34,999</u>
Net cash provided (used) by financing activities	<u>(478)</u>	<u>34,999</u>
Net increase (decrease) in cash	(9,315)	16,328
Cash at beginning of year	<u>27,186</u>	<u>10,858</u>
Cash at end of year	<u>\$ 17,871</u>	<u>\$ 27,186</u>
SUPPLEMENTAL DISCLOSURES:		
Cash paid for interest	<u>\$ 1,731</u>	<u>\$ 1,209</u>

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

**NOTES TO FINANCIAL STATEMENTS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015**

NOTE 1. NATURE OF THE BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

South Louisville Community Ministries, Inc. (SLCM), located in Louisville, Kentucky, is a not-for-profit organization founded in 1976. The purpose of SLCM is to be an interfaith organization of representatives of churches, established to coordinate the efforts of the various segments of the community in order to enhance the religious, educational, social, health, economic, and community development of children, youth, and adults, and thus improve their quality of life.

SLCM's program services include:

Services for the Elderly: These services include an adult day care center, and various recreational, wellness, meals, and social activities for senior citizens in the areas served by the organization. Also, over 75 homebound seniors are provided one hot meal per day, five days per week, delivered by the Meals on Wheels Program operated by SLCM.

Assistance: These emergency assistance services include payments for rent, utilities, and prescriptions, and managing a Dare to Care Food Pantry for qualified low-income residents in the areas served by the organization.

Adult Day Care: As of December 31, 2015, the Adult Day Care was closed. The revenue earned approximated the expenses.

Estimates

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

Basis of Accounting

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

Basis of Presentation

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

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

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

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

Cash

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

Accounts Receivable

Accounts receivable consists primarily of amounts billed for services performed. It is SLCM's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. All accounts are deemed to be fully collectible.

Grants Receivable

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

Leasehold Improvements and Equipment

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

Contributions

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

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

In-kind Materials, Equipment, Services and Space

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

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

Expense Allocation

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

Income Tax Status

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

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

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

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

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

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that changes how a not-for-profit organization classifies its net assets, as well as the

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for SLCM for the year ending June 30, 2019. Early adoption is permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

Reclassifications

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

NOTE 2. LEASEHOLD IMPROVEMENTS AND EQUIPMENT

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. At June 30, 2016 and 2015 the cost and accumulated depreciation of such assets were as follows:

	<u>2016</u>	<u>2015</u>
Vehicles	\$ -	\$ 21,960
Equipment	2,225	4,654
Furniture & fixtures	18,878	19,317
Leasehold improvements	<u>54,175</u>	<u>54,175</u>
	75,278	100,106
Less accumulated depreciation	<u>(29,594)</u>	<u>(46,187)</u>
Leasehold improvements and equipment, net	<u>\$ 45,684</u>	<u>\$ 53,919</u>
Depreciation expense	<u>\$ 6,731</u>	<u>\$ 8,716</u>

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

NOTE 3. LINE OF CREDIT

SLCM has a \$50,000 bank line of credit available that expires in July 2017, secured by general business assets. The line of credit bears interest at prime plus 1.0%, minimum of 4.5% (the prime rate was 3.75% at June 30, 2016). At June 30, 2016, SLCM had an outstanding balance of \$34,521 against the line.

NOTE 4. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2016	2015
Programs	\$ 128	\$ 9,799

NOTE 5. LEASE COMMITMENTS

SLCM leases office space and office equipment under operating leases. Monthly office space lease payments are \$500 and increase to a maximum of \$540. Monthly equipment lease payments are \$97. These leases expire at various times throughout 2021. Future minimum payments under the leases are as follows:

6/30/17	\$ 7,494
6/30/18	6,554
6/30/19	6,360
6/30/20	6,470
6/30/21	540
Total	\$ 27,418

Rent expense was \$12,206 and \$17, for the years ended June 30, 2016 and 2015, respectively.

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

NOTE 6. IN-KIND DONATIONS

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

Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind support are offset by like amounts included in expenses or assets. Food donations of \$288,973 and \$244,349 were recognized for the years ended June 30, 2016 and 2015, respectively.

NOTE 7. GOING CONCERN

SLCM has experienced significant decreases in unrestricted net assets for the last several years, and is having difficulty obtaining sufficient unrestricted funds to provide working capital. Also, SLCM is currently under audit by Medicaid, which is questioning \$42,000 of reimbursements for prior years (see Note 8).

SLCM is evaluating its options in order to increase revenue and decrease operating expenditures. SLCM has already implemented some measures, such as staff reductions.

The ability of SLCM to continue as a going concern is dependent on the success of these actions. These financial statements do not include any adjustments that might be necessary if SLCM is unable to continue as a going concern.

NOTES TO FINANCIAL STATEMENTS – CONTINUED
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2016 AND 2015

NOTE 8. SUBSEQUENT EVENT

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 24, 2017, which was the date at which the financial statements were available to be issued.

SLCM is currently under audit by Medicaid, which is questioning \$42,000 of reimbursements for prior years. SLCM is defending itself, however, as of the date of the audit report, the outcome is unknown.

Addendum
H

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

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

Legal Name of Applicant Organization: South Louisville Community Ministries, Inc.

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

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

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

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

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

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

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

SIGNATURE

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

Signature of Legal Signatory: *Yvette Livers* Date: 7-6-17

Legal Signatory (please print): YVETTE LIVERS Title: Executive Director

Phone: (502) 361-7763 Extension: Email: YVETTELIVERS@SLCM.ORG

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.**General Information**

Organization Number	0066952
Name	SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/30/1976
Organization Date	3/30/1976
Last Annual Report	5/3/2017
Principal Office	415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111
Registered Agent	YVETTE LIVERS 415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111

Current Officers

President	<u>Mike Chinigo</u>
Secretary	<u>Terry Conway</u>
Treasurer	<u>Theresa Batliner</u>
Director	<u>Mike Chinigo</u>
Director	<u>Terry Conway</u>
Director	<u>Theresa Batliner</u>

Individuals / Entities listed at time of formation

Director	<u>LOWELL LAWSON</u>
Director	<u>DONNA M MAIER</u>
Director	<u>MICHAEL T PRICE</u>
Director	<u>JOSEPHINE NOEL</u>
Director	<u>PEGGY ANNE KAREM</u>
Incorporator	<u>LOWELL LAWSON</u>

Images available online

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

<u>Registered Agent name/address change</u>	5/3/2017 1:10:10 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	5/3/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	6/14/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	7/6/2015	1 page	<u>PDF</u>
<u>Amended and Restated</u>	9/12/2014	5 pages	<u>tiff</u> <u>PDF</u>

Articles

<u>Annual Report</u>	4/15/2014	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	3/31/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	3/31/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/1/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	3/20/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/22/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/28/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/16/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/26/2009	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	7/2/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/2/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/1/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/24/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/12/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/1/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/19/1999	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/25/1998	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	2 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	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	11/23/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Restated Articles</u>	7/18/1989	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/4/1986	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/12/1982	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	11/8/1979	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	11/7/1979	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	3/30/1976	5 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/3/2017 1:20:25 PM	5/3/2017 1:20:25 PM	
Registered agent address change	5/3/2017 1:10:10 PM	5/3/2017 1:10:10 PM	
Annual report	6/14/2016	6/14/2016	

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

Microfilmed Images

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

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

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