

0-063-20

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

Cres. 039-2020

Applicant/Program: South Louisville Community Ministries-Families Helping Families
Applicant Requested Amount: \$12,000
Appropriation Request Amount: ~~\$5,000~~ ~~\$14,000~~ ~~\$12,000~~

Executive Summary of Request
 Organization request assistance for the 2020 annual dinner, Families Helping Families, as well as supporting SLCM's emergency rental assistance.

Is this program/project a fundraiser? Yes No
 Is this applicant a faith based organization? Yes No
 Does this application include funding for sub-grantee(s)? Yes No

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

15 District # *Kevin Tipton* Primary Sponsor Signature ~~\$3,000~~ Amount 2/10/2020 Date

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

Approved by: *Ril Bland* Appropriations Committee Chairman 2-27-20 Date
 Final Appropriations Amount: _____

Applicant/Program:

South Louisville Community Ministries-Families Helping Families

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><i>[Signature]</i></u>	\$	<u>250.00</u>	✓
District 2	_____	\$	_____	
District 3	<u><i>Keisha Chante Dorsey</i></u>	\$	<u>500.00</u>	✓
District 4	_____	\$	_____	
District 5	_____	\$	_____	
District 6	_____	\$	_____	
District 7	_____	\$	_____	
District 8	_____	\$	_____	
District 9	_____	\$	_____	
District 10	<u><i>Erasmus P. McIntire</i></u>	\$	<u>500.00</u>	✓
District 11	_____	\$	_____	
District 12	<small>DocuSigned by: <i>Rich Blackhall</i></small> _____	\$	<u>500.00</u>	✓
District 13	<u><i>Annex Ely</i></u>	\$	<u>1000</u>	✓
District 14	<u><i>Cindi Fowler</i></u>	\$	<u>500-</u>	✓
District 15	<u>_____</u>	\$	<u>_____</u>	

Applicant/Program:

South Louisville Community Ministries-Families Helping Families

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.

Active Board member of SCLM. - Nick George

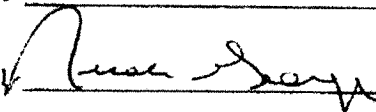
District 16 _____ \$ _____

District 17   _____ \$ 250.00 ✓

District 18 _____ \$ _____

District 19 _____ \$ _____


District 20 _____ \$ _____

District 21  _____ \$ 4,500.00 ✓

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25  _____ \$ 1,000.00 ✓

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization South Louisville Community Ministries

Program Name and Request Amount Family Helping Families 2020 \$12,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="No"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="Yes"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="Yes"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="Yes"/>
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="text" value="Yes"/>

Prepared by: **shughes**

Date: Feb 4, 2020

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: South Louisville Community Ministries Inc. <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: www.slcm.org			
Applicant Contact:	Clare Rutz Wallace	Title:	Executive Director
Phone:	(502) 361-7763	Email:	clarewallace@slcm.org
Financial Contact:	Joyce Whalin	Title:	Fund Development Chair
Phone:	(502) 361-7763	Email:	funddevelopment@slcm.org
Organization's Representative who attended NDF Training: Joyce Whalin			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 415 1/2 W Ashland Avenue, Louisville, KY 40214			
Council District(s): 6,12,13,15,21,25		Zip Code(s): 40208, -09, -14, -15, -19, & 40118	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Families Helping Families Annual Dinner and Eviction Prevention Program			
Total Request: (\$)	12,000	Total Metro Award (this program) in previous year: (\$)	9,500
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro Council	Amount: (\$)	172,100
Source:	NDF-Taste of South Louisville	Amount: (\$)	9,500
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="radio"/> Yes <input type="radio"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 -- AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

Emergency Assistance -

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

Referral Services and Connecting Resources -

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

Coaching and Case Management -

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

The impact of our services changes the lives of families in crisis. Last year, SLCM supplied food orders to 6463 families. Our weekly produce each Wednesday provided fresh produce to 60 to 80 families along with educational/learning opportunities about healthy eating and household management resources. We delivered senior commodities packages totaling 266 orders for the year. The Meals-On-Wheels program delivered 14,217 hot meals to 89 homebound seniors this past year.

Last year, SLCM also:

- helped 188 families ensure stable housing and prevent homelessness through financial aid,
- fed 3012 children through the food pantry,
- provided essential baby supplies to 449 households,
- prevented unsafe conditions in 971 households by providing financial assistance for water and gas/electric to avoid disconnection,
- provided 224 individuals with vital medication including insulin and cholesterol medication, and
- served 394 veterans with food and financial assistance.

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Michael Chinigo, President	September 2020
Jeff Oeswein, Vice President	September 2020
Terry Conway, Secretary	September 2020
Theresa Batliner, Treasurer	September 2020
Rev. Dr. James Dewey, Member-at-large	September 2020
Nicole George, Member-at-large	September 2021
Kathryn Matheny, Member-at-large	September 2021
Tracy McDonald, Member-at-large	September 2021
Donna Ngo, Member-at-large	September 2021
L.D. Nunnelley, Member-at-large	September 2021
Andrew Tucker, Member-at-large	September 2020
David Tummonds, Member-at-large	September 2021
Joyce Whalin, Member-at-large	
**All current board members are eligible for another term.	

Describe the Board term limit policy:

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This funding request is for the 2020 annual dinner, Families Helping Families, as well as supporting SLCM's emergency rental assistance with a focus on data collection to look at the long-term effects of this assistance preventing evictions and homelessness. The Families Helping Families Dinner will be held March 17, 2020 at Kosair Shrine Ballroom. This special dinner is an opportunity for families, friends, community and business leaders to celebrate the uniqueness and diversity of South Louisville. Families Helping Families celebrates the potential of community coming together and the tremendous opportunity to work collaboratively so that every person feels welcomed and supported. With more than 200 guests, we will honor our guest and keynote speaker, Dawne Gee, and award a Good Samaritan as the Neighbor of the Year, and enjoy music from Hora Certa. Metro Council's support will be highlighted throughout the evening, but will also be acknowledged as a partner in this important work as we gear up for the event! All proceeds from the fundraising events will support the services of South Louisville Community Ministries.

While we have partnerships that include funding with the utility companies to help prevent disconnection, we do not have a designated funding source for rental assistance when someone faces a crisis and cannot pay rent temporarily. The limited amount that only some of the Community Ministries are able to provide come from fundraising events and minimal pledges from churches. This limits the amount of rental assistance to just \$100 which rarely covers the cost to avoid eviction considering one month of rent is an average \$800. We are asking for additional assistance to cover some of the cost of a pilot program that will allow the opportunity to collect data around emergency assistance preventing evictions and therefore homelessness.

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

Families Helping Families Dinner: Cover cost of the meal and space, event program materials and pledge cards, signs/invitations as well as the musical entertainment.

We are also requesting \$6000 for 10-20 families for 2020. We believe this amount of funding will be able to prevent an otherwise inevitable eviction for at least 6-months. We would then be able to bring this data proving emergency assistance prevents eviction and decreases homelessness to advocate for sustainable funding.

This funding would be available to individuals who are not eligible for rental assistance through the Neighborhood Place (which has a work requirement) or need the funding more immediately. It takes approximately four weeks for the Neighborhood Place to process a check so if a family is experiencing a time sensitive emergency, they often do not receive the assistance in time to prevent the eviction.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

All proceeds made from the annual Families Helping Families dinner will go directly to SLCM's programming. SLCM provides nutritional food from our pantry, delivers hot meals to homebound seniors daily, prevents eviction/ homelessness by providing financial assistance for housing, eliminates families living in dangerous housing conditions by assisting with utilities to avoid disconnection, helps with purchasing life saving medication and connects individuals and families with additional community services to address their challenges in a holistic manner. The requested rental assistance would be reserved to individuals who have or are experiencing a significant crisis that caused the need for assistance (ie. childbirth, car accident, layoff, sickness, death in the family, etc). We will also prioritize families with children.

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:

SLCM covers an area that has the second highest poverty rates in Jefferson County. In the first six months of this year, more than 1300 evictions were recorded in just two zip codes in South Louisville. Unfortunately, we have to turn away approximately half of the people who come through our doors because of the \$100 cap on rental assistance, which will not prevent the eviction.

Louisville is ranked 7th in the country for highest rate of evictions (5.3%) so it is not difficult to see the correlation between the city's relatively high rates of people without stable housing. By keeping people who are living paycheck to paycheck in their homes through their temporary crisis, we believe the number of evictions and families who are registered as homeless will decrease significantly.

The Coalition for the Homeless estimates saving roughly \$26,000 per person when the community prevents homelessness through rental and housing assistance rather than treating the symptoms of homelessness. A comprehensive study in Chicago also shows that emergency assistance reduces homelessness by 65%. Through our partnerships with the University of Louisville and New Directions Housing Corporation, we are working to collect data that considers Louisville's housing needs and resources. This comprehensive study will look at the benefit of an increased amount of funding toward rental assistance (\$100 → \$500), the effects of case management, and the long-term stability of these families. Our objectives are:

-110 families who are experiencing a temporary, but significant crisis causing an impending eviction will receive assistance

-85% of these families will avoid being evicted from their homes for at least one year

-Evictions will decrease by 15% in the areas where funding is available

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.

We are currently working with the Association of Community Ministries, the Coalition for the Homeless, the Eviction Prevention Workgroup led by Louisville Metro's Tina Ward-

Pugh, and University of Louisville's Kent School for Social Work to help collect this data and push this advocacy forward. We will be working with multiple agencies to collaborate around case management, and have an official partnership with New Directions Housing Corporation around this pilot program. We have seen through other national studies that case management is a key component to the success and continued stability of the recipients of emergency assistance.

South Louisville Community Ministries also has existing collaborative relationships with organizations that support some of the services offered by our agency and to also address needs beyond our programs. Dare to Care provides food for our food pantry. Catholic Health Initiatives and Metro Senior Nutrition Program supports our MealsOnWheels program. Kentucky One assists with medication for low income families. Kosair Charities grant provides baby diapers and other necessary infant supplies. LG&E and Louisville Water Company support assisting families to pay their extreme weather bills. We also partner with LG&E programs such as We Care to educate clients to explore various weatherization options to lower or manage their monthly bill. In addition to these partners, we work with many neighborhood agencies. Due to the extent of that list, we have attached the document to this application.

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)	6,000	30,000	36,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	6,000	2,300	8,300
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$12,000	\$32,300	\$44,300
% of Program Budget	27 %	73 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	7,300
Fees Collected from Program Participants	0
Other (please specify)	25,000 (Local Foundation)
Total Revenue for Columns 2 Expenses **	32,300

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Kosair Shrine: Dinner and Space	5,000	1,200	6,200
Musical Entertainment: Hora Certa	375	0	375
Postage for Invitations	0	400	400
Printing: Signs/Invitations/Brochures/Pledge Cards	625	700	1325
Rental Assistance if client is facing eviction (sent directly to landlord)	6,000	30,000	36,000
Total	12,000	32,300	44,300

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
300 hours @\$24.69	\$7,407	Estimated National Value in 201
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>	\$7,407	

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

Agency Fiscal Year Start Date: July 2019

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	1-13-2020
Legal Signatory: (please print):	Clare Rutz Wallace	Title:	Executive Director
Phone: (502) 361-7763	Extension:	Email:	clarewallace@slcm.org

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

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

Current Officers

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

Individuals / Entities listed at time of formation

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

Images available online

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

Annual Report	7/15/2019	1 page	PDF	
Registered Agent name/address change	2/7/2019 2:55:33 PM	1 page	PDF	
Annual Report	6/20/2018	1 page	PDF	
Registered Agent name/address change	5/3/2017 1:10:10 PM	1 page	PDF	
Annual Report	5/3/2017	1 page	PDF	
Annual Report	6/14/2016	1 page	PDF	
Annual Report	7/6/2015	1 page	PDF	
Amended and Restated Articles	9/12/2014	5 pages	tiff	PDF
Annual Report	4/15/2014	2 pages	tiff	PDF
	3/31/2014	1 page	tiff	PDF

<u>Principal Office Address Change</u>				
<u>Registered Agent name/address change</u>	3/31/2014	1 page	tiff	PDF
<u>Annual Report</u>	3/1/2013	1 page	tiff	PDF
<u>Registered Agent name/address change</u>	3/20/2012	1 page	tiff	PDF
<u>Annual Report</u>	2/22/2012	1 page	tiff	PDF
<u>Annual Report</u>	6/28/2011	1 page	tiff	PDF
<u>Annual Report</u>	3/16/2010	1 page	PDF	
<u>Annual Report</u>	6/26/2009	1 page	PDF	
<u>Registered Agent name/address change</u>	7/2/2008	1 page	tiff	PDF
<u>Annual Report</u>	6/18/2008	1 page	tiff	PDF
<u>Annual Report</u>	3/2/2007	1 page	tiff	PDF
<u>Annual Report</u>	6/1/2006	1 page	tiff	PDF
<u>Annual Report</u>	3/24/2005	1 page	tiff	PDF
<u>Annual Report</u>	5/12/2003	1 page	tiff	PDF
<u>Annual Report</u>	6/10/2002	1 page	tiff	PDF
<u>Annual Report</u>	5/1/2001	1 page	tiff	PDF
<u>Annual Report</u>	7/19/1999	2 pages	tiff	PDF
<u>Annual Report</u>	6/25/1998	2 pages	tiff	PDF
<u>Annual Report</u>	7/1/1997	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1996	2 pages	tiff	PDF
<u>Annual Report</u>	7/1/1995	3 pages	tiff	PDF
<u>Annual Report</u>	7/1/1994	2 pages	tiff	PDF
<u>Statement of Change</u>	11/23/1993	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1993	2 pages	tiff	PDF
<u>Annual Report</u>	7/1/1992	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1991	2 pages	tiff	PDF
<u>Restated Articles</u>	7/18/1989	4 pages	tiff	PDF
<u>Annual Report</u>	7/1/1989	2 pages	tiff	PDF
<u>Statement of Change</u>	6/4/1986	2 pages	tiff	PDF
<u>Statement of Change</u>	7/12/1982	2 pages	tiff	PDF
<u>Statement of Change</u>	11/8/1979	2 pages	tiff	PDF
<u>Annual Report</u>	11/7/1979	3 pages	tiff	PDF
<u>Articles of Incorporation</u>	3/30/1976	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/15/2019 12:17:40 PM	7/15/2019 12:17:40 PM	
Registered agent address change	2/7/2019 2:55:34 PM	2/7/2019	
Annual report	6/20/2018 2:04:55 PM	6/20/2018 2:04:55 PM	
Annual report	5/3/2017 1:20:25 PM	5/3/2017 1:20:25 PM	
Registered agent address change	5/3/2017 1:10:10 PM	5/3/2017 1:10:10 PM	

Annual report	6/14/2016 6/14/2016 10:58:55 10:58:55 AM AM
Annual report	7/6/2015 7/6/2015 12:28:35 12:28:35 PM PM
Amendment - Amended and restated articles / CLP3	09:22 9/12/2014 PM 4/15/2014
Annual report	2:27:09 4/15/2014 PM 3/31/2014
Registered agent address change	2:03:06 3/31/2014 PM 3/31/2014
Principal office change	2:02:21 3/31/2014 PM 3/1/2013
Annual report	2:46:21 3/1/2013 PM 3/20/2012
Registered agent address change	12:35:16 3/20/2012 PM 2/22/2012
Annual report	11:18:26 2/22/2012 AM 6/28/2011
Annual report	8:51:57 6/28/2011 AM 3/16/2010 3/16/2010
Annual report	2:50:34 2:50:34 PM PM 6/26/2009 6/26/2009
Annual report	3:17:28 3:17:28 PM PM 7/2/2008
Registered agent address change	4:40:57 7/2/2008 PM 6/18/2008
Annual report	12:28:05 6/18/2008 PM 3/2/2007
Annual report	1:11:55 3/2/2007 PM 6/1/2006
Annual report	1:19:07 6/1/2006 PM 7/18/1989 7/18/1989
Restated articles	

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



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
Mar. 20, 2012 LTR 4168C E0
31-0891259 000000 00

00017552

BODC: TE

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

2242

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

Dear Taxpayer:

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

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

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

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

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

SLCM Annual Budget 2019-2020 (Approved)

EXPENSES		INCOME	
TOTAL	\$	TOTAL	\$
	565,694		568,933
Executive Director	\$ 57,000	Louisville Metro	\$ 172,100
Assistant Director	\$ 47,476	Utility Companies	\$ 90,033
Financial Assistance Coordinator	\$ 29,120	Meals on Wheels (Metro/CHI)	\$ 21,800
MOW and Volunteer Coordinator	\$ 27,040	Local Congregations	\$ 50,000
Data Entry Specialist	\$ 6,120	Grants/Foundations	\$ 80,000
Food Pantry Coordinator and Reception Assistant	\$ 21,840	Corporate Sponsors	\$ 55,000
Health/Life/Disability	\$ 41,710	Individual Donations	\$ 75,000
Payroll Taxes	\$ 13,752	Organizational Donations	\$ 25,000
Workers' Compensation	\$ 1,738		
Payroll Service Fee	\$ 3,500		
Janitorial Services	\$ 4,992		
Holiday Bonus	\$ 550		
Accounting - Contractor Labor	\$ 8,000		
TOTAL PERSONNEL	\$ 262,838		
Audit Fees	\$ 7,800		
Bank Services Fees	\$ 350		
Office Supplies	\$ 2,500		
Directors and Officers Insurance	\$ 2,101		
Copier Expenses	\$ 2,500		
Computer Software & Services (ie. icloud backup)	\$ 1,300		
Janitorial Supplies	\$ 700		
Postage	\$ 2,000		
TOTAL ADMINISTRATIVE	\$ 19,251		
Program Equipment	\$ 500		
Background Checks	\$ 200		
Telephone/Internet	\$ 2,950		
Mileage Reimbursement	\$ 800		
Rent Assistance	\$ 13,000		
RX Assistance	\$ 8,000		
LG&E Assistance	\$ 89,000		
Water Assistance	\$ 22,000		
Special Allocations - Client Assistance	\$ 60,000		
Capacity Building - Program Expansion	\$ 35,000		
Community Events (incl. Food/Beverages)	\$ 1,000		
TOTAL PROGRAM	\$ 232,450		
Dues and Subscriptions	\$ 580		
Volunteer/Partner Appreciation	\$ 1,000		
TOTAL DEVELOPMENT	\$ 1,580		
Rent	\$ 6,360		
Electricity	\$ 8,900		
General Liability & Building Insurance	\$ 3,970		
Repair and Maintenance of Bldg	\$ 900		
Equipment Maintenance & Repair	\$ 400		
TOTAL BUILDING	\$ 20,530		
Marketing - Printing/Video/Facebook Ad	\$ 1,500		
Online Support - Website/Domain/Donorbox/GLL	\$ 725		
Taste of South Louisville	\$ 8,500		
Misc. Fundraising Events	\$ 3,500		
Families Serving Families	\$ 6,000		
TOTAL MARKETING/FUNDRAISING	\$ 20,225		
Loan Payments	\$ 8,820		
TOTAL MISC	\$ 8,820		

South Louisville Community Ministries
Statement of Activities
For the Five Months Ending November 30, 2019

	YTD Actual Current Year	Annual Budget	Variance	% of Budget Collected/Spent	YTD Actual Prior Year
Individual Giving	\$ 22,213	\$ 55,000	\$ (32,787)	40.39%	\$ 36,951
Business/Corporation Giving	\$ 28,360	\$ 25,000	\$ 3,360	113.44%	\$ 18,750
Memorial Giving	\$ 250	\$ 0	\$ 250	100.00%	\$ -
Church Giving	\$ 22,959	\$ 50,000	\$ (27,041)	45.92%	\$ 19,105
Fundraising (Net) and Misc. Income	\$ 40,845	\$ 42,000	\$ (1,155)	97.25%	\$ 29,681
Grants	\$ 184,808	\$ 378,931	\$ (194,123)	48.77%	\$ 138,868
Program Pass-Thru: Net Donations/Expense	\$ -	\$ -	\$ -	0.00%	\$ -
Other Income	\$ -	\$ -	\$ -	0.00%	\$ 10
Total Revenue	\$ 299,435	\$ 550,931	\$ (251,496)	54.35%	\$ 243,365
Personnel Expenses	\$ 101,250	\$ 246,346	\$ 145,096	41.10%	\$ 77,099
Professional Fees	\$ 16,103	\$ 24,642	\$ 8,539	65.35%	\$ 9,982
Supplies/Services	\$ 6,583	\$ 7,700	\$ 1,117	85.49%	\$ 7,012
Telephone	\$ 1,302	\$ 2,950	\$ 1,648	44.14%	\$ 1,139
Postage & Shipping	\$ 220	\$ 2,000	\$ 1,780	11.00%	\$ 650
Occupancy Expenses	\$ 13,690	\$ 16,160	\$ 2,470	84.72%	\$ 6,355
Rentals & Technology	\$ 2,707	\$ 2,925	\$ 218	92.56%	\$ 2,413
Printing Expenses	\$ 23	\$ 1,500	\$ 1,477	1.54%	\$ 405
Travel Expenses	\$ 708	\$ 800	\$ 92	88.50%	\$ 234
Client Services	\$ 109,599	\$ 227,000	\$ 117,401	48.28%	\$ 84,524
Dues & Subscriptions	\$ 50	\$ 580	\$ 530	8.62%	\$ 50
Insurance	\$ 1,118	\$ 6,071	\$ 4,953	18.42%	\$ 932
Interest	\$ 657	\$ 1,336	\$ 679	49.17%	\$ 776
Misc. Expenses	\$ 15	\$ 200	\$ 185	7.50%	\$ 183
Depreciation	\$ -	\$ -	\$ -	0.00%	\$ -
Total Expenses	\$ 254,026	\$ 540,210	\$ 286,184	47.02%	\$ 191,755
Revenue in Excess (Deficit) of Expenses	\$ 45,410	\$ 10,722	\$ 34,688		\$ 51,610
In Kind Income	\$ -	\$ -	\$ -		\$ -
In Kind Expense	\$ -	\$ -	\$ -		\$ -
Net In-Kind Activity	\$ -	\$ -	\$ -		\$ -
Net Agency Activity	\$ 45,410	\$ 10,722	\$ 34,688		\$ 51,610

Balance Sheet
As of 11/30/2019

So. Louisville Community Ministries (SLC)

	Year to Date	Prior Year to Date
Assets		
Current Assets		
Cash - Republic Bank Operating	103,923.29	56,855.98
Cash - Emergency Assistanc 769	9,031.71	5,244.22
Cash-Republic-Restricted Funds-0249	0.00	4,862.50
Cash-Republic Bank-Emer Assistance	13,800.79	15,289.97
Republic Bank-Gaming-xx9574	521.35	1,049.35
Petty Cash	50.00	50.00
Accounts Receivable	5.29	0.00
Accts Rec Metro MOW	886.17	0.00
Health Ins-Dependent	4,301.20	1,670.80
G/R CHI MOW Reimbursement	1,000.00	3,000.00
Promises to Give	4,000.00	0.00
Prepaid Rent	1,500.00	0.00
Total Current Assets:	139,019.80	88,022.82
Other Assets		
Deposits	1,500.00	0.00
Total Other Assets:	1,500.00	0.00
Fixed Assets		
Furniture & Fixtures	4,046.92	4,046.92
Accum. Depr. - Furn & Fixtures	-8,232.40	-8,095.40
Equipment	4,880.13	4,880.13
Accum. Depr. - Equipment	-2,463.00	-1,828.00
Leasehold Improvements	54,175.32	54,175.32
Accum. Depr. - Leasehold Imprv	-17,052.00	-13,440.00
Total Fixed Assets:	35,354.97	39,738.97
Total Assets:	175,874.77	127,761.79
Liabilities		
Current Liabilities		
Accounts Payable	1,124.88	582.75
LOC - Republic Bank#25596233	24,275.39	36,043.74
Aflac Withholding	194.10	0.00
Roth 401k Withholding	-74.17	0.00
Accrued Sales Tax	0.00	18.00
Total Current Liabilities:	25,520.20	36,644.49
Total Liabilities:	25,520.20	36,644.49
Equity		
Net Assets - Temp Restricted	15,650.44	12,880.44
Retained Earnings-Current Year	45,409.74	51,610.16
Net Assets	89,294.39	28,626.70
Total Equity:	150,354.57	91,117.30
Total Liabilities & Equity:	175,874.77	127,761.79

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)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
 Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization South Louisville Community Ministries, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 415-1/2 West Ashland Avenue City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40214	D Employer identification number 31-0891259 E Telephone number 502-681-4983 G Gross receipts \$ 920,788
F Name and address of principal officer: Clare Wallace		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)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **M** State of legal domicile:

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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	165
	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 38	7b	0
Revenue		Prior Year	
	8 Contributions and grants (Part VIII, line 1h)	780,984	831,172
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,370	72,651
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	844,354	903,823
Expenses		Current Year	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	492,603	550,391
	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)	225,210	208,883
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,041		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	89,903	81,362
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	807,716	840,636
	19 Revenue less expenses. Subtract line 18 from line 12	36,638	63,187
Net Assets or Fund Balances		Beginning of Current Year	
	20 Total assets (Part X, line 16)	97,145	148,359
	21 Total liabilities (Part X, line 26)	46,637	34,664
	22 Net assets or fund balances. Subtract line 21 from line 20	50,508	113,695

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 Clare Wallace Type or print name and title	Date Executive Director
------------------	--	-----------------------------------

Paid Preparer Use Only	Print/Type preparer's name Barbara Lasky	Preparer's signature Barbara Lasky	Date 10/29/19	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00015280
	Firm's name ▶ Baldwin CPAs, PLLC 943 S 1st Street Firm's address ▶ Louisville, KY 40203	Firm's EIN ▶ 20-1416603 Phone no. 502-584-9793		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ **727,532** including grants of \$ **550,391**) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **40,091** including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ **36,372** including grants of \$) (Revenue \$)

See Schedule O

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

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

4e Total program service expenses **803,995**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10
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?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 6		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
15a			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

The Company
Louisville

415 1/2 Ashland Ave

KY 40214

502-681-4983

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael T. Chinigo	1.00									
President	0.00	X		X			0	0	0	
(2) Theresa Batliner	1.00									
Treasurer	0.00	X		X			0	0	0	
(3) Terry Conway	1.00									
Secretary	0.00	X		X			0	0	0	
(4) Jeffery V. Oeswein	1.00									
Vice President	0.00	X		X			0	0	0	
(5) Rev. Dr. James A. Dewey	1.00									
Board Member	0.00	X					0	0	0	
(6) Kathryn Matheny	1.00									
Board Member	0.00	X					0	0	0	
(7) Nicole George	1.00									
Board Member	0.00	X					0	0	0	
(8) David Tummonds	1.00									
Board Member	0.00	X					0	0	0	
(9) Donna Ngo	1.00									
Board Member	0.00	X					0	0	0	
(10) Joyce Whalin	1.00									
Board Member	0.00	X					0	0	0	
(11) Tracy McDonald	1.00									
Board Member	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			
(12) L. D. Nunnelle Board Member	1.00 0.00	X					0	0	0
(13) Kate Husk Assistant Director	40.00 0.00			X			48,585	0	0
(14) Clare Wallace Executive Director	40.00 0.00			X			13,386	0	0
1b Sub-total							61,971		
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							61,971		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	831,172			
	g Noncash contributions included in lines 1a-1f: \$		339,686			
h Total. Add lines 1a-1f			831,172			
Program Service Revenue			Busn. Code			
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	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			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	89,616			
	b Less: direct expenses	b	16,965			
	c Net income or (loss) from fundraising events			72,651		72,651
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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			903,823	0	0	72,651

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	550,391	550,391		
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	90,471	75,476	6,618	8,377
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	72,868	68,265	765	3,838
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	33,092	31,176	870	1,046
10 Payroll taxes	12,452	11,731	328	393
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,988	7,337	8,405	246
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	17,527	16,512	462	553
14 Information technology				
15 Royalties				
16 Occupancy	14,369	13,538	378	453
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,354	5,986	167	201
20 Interest	1,648	1,554	43	51
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,384	4,129	115	140
23 Insurance	7,669	7,224	202	243
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 Repairs & Maintenance	9,353	8,811	246	296
b Non Program Assistance	2,090		949	1,141
c Miscellaneous	1,980	1,865	52	63
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	840,636	803,995	19,600	17,041
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	37,688	1	84,478
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,878	3	14,035
	4 Accounts receivable, net	1,960	4	2,839
	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 63,104		
	b Less: accumulated depreciation	10b 27,747	39,739	10c 35,357
	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		7,880	15 11,650
16 Total assets. Add lines 1 through 15 (must equal line 34)		97,145	16 148,359	
Liabilities	17 Accounts payable and accrued expenses	2,913	17	2,588
	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	43,724	23	32,076
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		46,637	26 34,664
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	26,628	27	89,295
	28 Temporarily restricted net assets	23,880	28	24,400
	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	50,508	33	113,695	
34 Total liabilities and net assets/fund balances		97,145	34 148,359	

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	903,823
2	Total expenses (must equal Part IX, column (A), line 25)	2	840,636
3	Revenue less expenses. Subtract line 2 from line 1	3	63,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,508
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	113,695

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **South Louisville Community Ministries, Inc.** Employer identification number **31-0891259**

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

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

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	621,169	676,807	707,057	780,984	831,172	3,617,189
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	621,169	676,807	707,057	780,984	831,172	3,617,189
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.						3,617,189

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	621,169	676,807	707,057	780,984	831,172	3,617,189
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.)	131	57,910	59,438	85,772	89,441	292,692
11 Total support. Add lines 7 through 10						3,909,881

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 92.51%

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 94.27%

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

\$ 203,251

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization South Louisville Community Ministries, Inc.	Employer identification number 31-0891259
--	---

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization South Louisville Community	Employer identification number 31-0891259
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Louisville Metro Government Office of Resilience & Community 701 West Ormsby Avenue Suite 201 Louisville KY 40203	\$ 193,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Dare to Care 5803 Fern Valley Road Louisville KY 40228	\$ 339,986	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Community Foundation of Louisville 325 West Main Street, Suite 1110 Louisville KY 40202	\$ 38,196	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Hope City Church 7515 3rd Street Louisville KY 40214	\$ 18,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Gheens Foundation 401 W Main Street No. 705 Louisville KY 40202	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization South Louisville Community	Employer identification number 31-0891259
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Food	\$ 339,986	07/01/18
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

South Louisville Community Ministries, Inc.

Employer identification number

31-0891259

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f 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:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		54,175	17,052	37,123
d Equipment		8,929	10,695	-1,766
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,357

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) Restricted Cash	11,650
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	11,650

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	903,823
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	903,823
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	903,823

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	840,636
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	840,636
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	840,636

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 XIII - Supplemental Financial Information

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

South Louisville Community Ministries, Inc.

Employer identification number
31-0891259

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (f)	(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	
		Taste of South (event type)	Families Helpin (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	46,594	35,544	7,303	89,441
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	46,594	35,544	7,303	89,441
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,665	6,082	2,218	16,965
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					72,476

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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

**South Louisville Community
Ministries, Inc.**

Employer identification number

31-0891259

Part I General Information on Grants and Assistance

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

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

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

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Assistance	25000	210,705	339,686	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

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Employer identification number
31-0891259

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	339,686	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018Open to Public
InspectionName of the organization **South Louisville Community
Ministries, Inc.**Employer identification number
31-0891259**Form 990 - Organization's Mission**

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

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

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

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 familys 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 230 families each month, and this program assists over 100 of those families in most critical need each month. Additionally, South Louisville Community Ministries assists between 25-40 families monthly by providing funds for necessary medications and individualized counseling - distributing up to \$200 per year/per person. Over the last year, the food pantry has been serving around 535 families or 1750 individuals monthly,

Name of the organization South Louisville Community	Employer identification number 31-0891259
---	---

including an average of 75 families with fresh produce during weekly distributions. We provide information and referral services to over 7,000 families each year. Funding and in-kind donations for this Emergency Assistance Program comes from supporting churches, Metro Louisville government, CHI/Jewish Hospital and St. Marys Healthcare, Dare to Care Food Bank, special grants, local businesses, and individuals.

2018-2019 EMERGENCY ASSISTANCE PROGRAM:

-Rent (Metro/Church funds)- 188

-Water (Metro/Church funds) - 178

-LGE (Metro/Church funds) -333

-Medication (Metro and Sisters of Charity of Nazareth) - 224

-Food (orders) - 6391

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

Program for Homebound Seniors

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

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

SLCM volunteers delivered approximately 60 hot meals per day to our frail, home bound elderly in the south end of Louisville. During the year, 89

Name of the organization

Employer identification number

South Louisville Community

31-0891259

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

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

Volunteer Services

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

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

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

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

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

Board Members complete a conflict of interest form annually.

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

Name of the organization

Employer identification number

South Louisville Community

31-0891259

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

Federal Statements

Cash - EOY

<u>Description</u>	<u>Amount</u>
Cash	\$ 84,478
Total	\$ <u>84,478</u>

Grants receivable - EOY

<u>Description</u>	<u>Amount</u>
Grants Receivable	\$ 10,035
Total	\$ <u>10,035</u>

Accounts receivable - BOY

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

Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
Accounts Receivable	\$ 2,839
Total	\$ <u>2,839</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
A/P	\$ 2,586
Total	\$ <u>2,586</u>

Golf Scramble

Gross receipts

<u>Description</u>	<u>Amount</u>
Golf Scramble	\$ 7,303
Total	\$ <u>7,303</u>

Federal Statements

Taste of South Louisville

Gross receipts

<u>Description</u>	<u>Amount</u>
Taste of South Louisville	\$ 46,594
Total	\$ <u>46,594</u>

Federal Statements

Families Helping Families

Gross receipts

<u>Description</u>	<u>Amount</u>
Families Helping Families	\$ 35,544
Total	\$ 35,544

Federal Statements

Marianne's Retirement Roast

Gross receipts

<u>Description</u>	<u>Amount</u>
Marianne Butler's Roast	\$ 175
Total	<u>\$ 175</u>

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

ARTICLE IV

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

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue
Louisville, KY 40214

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

ARTICLE VI

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

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

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

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

- 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later tax laws.
- 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

ARTICLE VIII

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

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

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

A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;

B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

C. For any transaction from which the director derived an improper personal benefit.

ARTICLE IX

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

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

ARTICLE X

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

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

Joyce Whalin
Joyce Whalin, Secretary

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

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

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

My Commission Expires: August 27, 2016

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

William J. Johnson
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

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

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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

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

Other (see instructions) ▶ **501c3**

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *Clare Pugh* Date ▶ **6/11/19**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



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

About You

How many people are in your household? _____

How often do you visit SLCM?

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

How long have you been getting help here?

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

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

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

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

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

About SLCM

Do you feel you understand the process to receive help?

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

Do you feel welcome when you arrive at SLCM?

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

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

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

- Yes
- No
- Sometimes

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

- Yes
- No
- Maybe

Since visiting SLCM have you or someone in your household:

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

What might you need help with from SLCM in the future?

- LG&E or water bills
- Food assistance
- Baby supplies
- Medication
- Finding different housing
- Finding a job
- Counseling
- Other: _____

Can you describe a time that SLCM made a difference in your life? It can be as simple as receiving a certain item!

Any other questions, comments, or concerns:

Please answer if you received FOOD from SLCM:

Where else do you get your food?

- Purchased at a store
- Friends and family
- Other pantries/soup kitchens
- Food stamps
- No other regular food source

Without SLCM's food assistance, would you or your family have ever been hungry?

- Yes
- No
- I don't know.

What types of food/drink would you like to see more of?

Please answer if you received FINANCIAL ASSISTANCE from SLCM:

What did you receive financial assistance with?

- Rent
- Mortgage
- Housing deposit
- Water bill
- LG&E bill
- Medication
- Counseling

If you received housing assistance, do you think it prevented homelessness?

- Yes
- No
- Maybe

If you received utility assistance, do you think it prevented disconnection?

- Yes
- No
- Maybe
- My utilities were already disconnected.

For medication: Would you have been able to get your medicine without SLCM's help?

- Yes
- No
- Maybe

In addition to agency funding, were you required to raise additional funds to pay the balance of your bill?

- Yes
- No

Were you able to obtain the amount needed?

- Yes
- No

What was the source of any additional funds? (Check all that apply.)

- Self
- Friends and family
- Church pledges
- Other agency
- Other: _____

*Please note, VofL is creating a new survey/process for collecting data re: eviction prevention.



*South Louisville
Community Ministries*

South Louisville

Community Ministries, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2019 and 2018

Contents

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



www.baldwincpas.com

Independent Auditors' Report

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

We have audited the accompanying financial statements of South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky
October 22, 2019

South Louisville Community Ministries, Inc.
 Statements of Financial Position
 June 30, 2019 and 2018

	Assets	<u>2019</u>	<u>2018</u>
Assets			
Cash		\$ 84,478	\$ 37,688
Accounts receivable		2,839	1,960
Promises to give		4,000	5,000
Grants receivable		10,035	4,878
Restricted cash		11,650	7,880
Leasehold improvements and equipment, net		<u>35,355</u>	<u>39,739</u>
Total Assets		<u><u>\$ 148,357</u></u>	<u><u>\$ 97,145</u></u>
Liabilities and Net Assets			
Liabilities			
Accounts payable		\$ 2,586	\$ 2,913
Note payable		<u>32,076</u>	<u>43,724</u>
Total Liabilities		<u>34,662</u>	<u>46,637</u>
Net Assets			
Without donor restriction		89,295	26,628
With donor restriction		<u>24,400</u>	<u>23,880</u>
Total Net Assets		<u>113,695</u>	<u>50,508</u>
Total Liabilities and Net Assets		<u><u>\$ 148,357</u></u>	<u><u>\$ 97,145</u></u>

South Louisville Community Ministries, Inc.
Statements of Activities
For the Years Ended June 30, 2019 and 2018

	2019			2018		
	Without Donor Restriction	With Donor Restriction	Total	Without Donor Restriction	With Donor Restriction	Total
Revenue and Support:						
Contributions and grants	\$ 819,652	\$ 11,520	\$ 831,172	\$ 757,104	\$ 23,880	\$ 780,984
Special events	89,616	-	89,616	85,772	-	85,772
Special events expense	(16,965)	-	(16,965)	(22,402)	-	(22,402)
	892,303	11,520	903,823	820,474	23,880	844,354
Net Assets Released from Restrictions:						
Restrictions satisfied by payments	11,000	(11,000)	-	3,848	(3,848)	-
Total Revenue, Support and Releases	<u>903,303</u>	<u>520</u>	<u>903,823</u>	<u>824,322</u>	<u>20,032</u>	<u>844,354</u>
Expenses:						
Program services	803,995	-	803,995	706,822	-	706,822
Management and general	19,600	-	19,600	39,605	-	39,605
Fund raising	17,041	-	17,041	61,289	-	61,289
Total Expenses	<u>840,636</u>	<u>-</u>	<u>840,636</u>	<u>807,716</u>	<u>-</u>	<u>807,716</u>
Change in Net Assets						
Net Assets at Beginning of Year	62,667	520	63,187	16,606	20,032	36,638
	26,628	23,880	50,508	10,022	3,848	13,870
Net Assets at End of Year	<u>\$ 89,295</u>	<u>\$ 24,400</u>	<u>\$ 113,695</u>	<u>\$ 26,628</u>	<u>\$ 23,880</u>	<u>\$ 50,508</u>

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

South Louisville Community Ministries, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2019

2019

	Programs						Total	Fund Raising	Total
	Food Pantry	Emergency Assistance	Meals on Wheels	Volunteer Services	Management and General	Program			
Salaries and wages	\$ 28,129	\$ 70,448	\$ 20,453	\$ 24,711	\$ 7,383	\$ 143,741	\$ 12,215	\$ 163,339	
Employee benefits and payroll taxes	10,548	20,135	7,670	4,554	1,198	42,907	1,439	45,544	
Assistance to individuals	8,358	532,347	6,077	3,609	949	550,391	1,141	552,481	
Professional fees and contract services	1,804	3,443	1,311	779	8,405	7,337	246	15,988	
Supplies	3,034	5,792	2,206	1,310	345	12,342	414	13,101	
Telephone	650	1,240	472	281	74	2,643	88	2,805	
Utilities	1,855	3,541	1,349	801	211	7,546	252	8,009	
Postage	375	717	273	162	43	1,527	51	1,621	
Occupancy	1,473	2,812	1,071	636	167	5,992	201	6,360	
Repair and maintenance	2,166	4,135	1,575	935	246	8,811	296	9,353	
Travel, training and conferences	1,472	2,809	1,070	635	167	5,986	201	6,354	
Insurance	1,776	3,390	1,291	767	202	7,224	243	7,669	
Interest expense	382	729	278	165	43	1,554	51	1,648	
Miscellaneous	458	875	334	198	52	1,865	63	1,980	
Depreciation	1,015	1,938	738	438	115	4,129	140	4,384	
Direct costs of special events	-	-	-	-	-	-	16,965	16,965	
Total expenses by function	63,495	654,351	46,168	39,981	19,600	803,995	34,006	857,601	
Less direct costs of special events	-	-	-	-	-	-	(16,965)	(16,965)	
Total expenses included in expense section of statement of activities	\$ 63,495	\$ 654,351	\$ 46,168	\$ 39,981	\$ 19,600	\$ 803,995	\$ 17,041	\$ 840,636	
Percentage						95.64%	2.03%	100.00%	

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

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

2018

	Programs							Total	Fund Raising	Total
	Food Pantry	Emergency Assistance	Meals on Wheels	Volunteer Services	Management and General	Program	Management and General			
Salaries and wages	\$ 30,033	\$ 46,436	\$ 26,533	\$ 14,836	\$ 19,261	\$ 117,838	\$ 42,973	\$ 180,072		
Employee benefits and payroll taxes	10,093	16,205	8,788	2,234	2,785	37,320	5,033	45,138		
Assistance to individuals	10,662	470,312	9,284	2,360	2,942	492,618	5,317	500,877		
Professional fees and contract services	1,655	2,657	1,441	366	10,668	6,119	826	17,613		
Supplies	2,652	4,258	2,310	587	732	9,807	1,323	11,862		
Telephone	625	1,003	544	138	172	2,310	312	2,794		
Utilities	1,874	3,009	1,632	415	517	6,930	935	8,382		
Postage	406	652	354	90	112	1,502	202	1,816		
Occupancy	1,422	2,283	1,238	315	392	5,258	710	6,360		
Repair and maintenance	1,864	2,993	1,623	413	514	6,893	929	8,336		
Travel, training and conferences	1,626	2,611	1,416	360	449	6,013	810	7,272		
Insurance	1,754	2,816	1,527	388	484	6,485	876	7,845		
Interest expense	452	726	393	100	125	1,671	225	2,021		
Depreciation	950	1,526	827	210	262	3,513	475	4,250		
Miscellaneous	689	1,104	600	152	190	2,545	343	3,078		
Special events expense	-	-	-	-	-	-	22,402	22,402		
Total expense by function	66,757	558,591	58,510	22,964	39,605	706,822	83,691	830,118		
Less direct costs of special events	-	-	-	-	-	-	(22,402)	(22,402)		
Total expenses included in expense section of statement of activities	\$ 66,757	\$ 558,591	\$ 58,510	\$ 22,964	\$ 39,605	\$ 706,822	\$ 61,289	\$ 807,716		
						87.51%	7.59%	100.00%		

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

South Louisville Community Ministries, Inc.
 Statements of Cash Flows
 For the Years Ended June 30, 2019 and 2018

	2019	2018
Cash Flow From Operating Activities:		
Change in net assets	\$ 63,187	\$ 36,638
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation expense	4,384	4,250
Changes in operating assets and liabilities		
Accounts receivable	(879)	(841)
Promises to give	1,000	(5,000)
Grants receivable	(5,157)	5,885
Prepaid Expenses	-	61
Restricted cash	(3,770)	(7,342)
Accounts payable	(327)	(2,713)
Net Cash Provided by Operating Activities	58,438	30,938
Cash Flows From Investing Activities:		
Purchase of fixed assets	-	(2,655)
Cash Flows From Financing Activities:		
Proceeds from note payable	-	6,532
Payments on note payable	(11,649)	(6,276)
Net Cash Provided (Used) by Financing Activities	(11,649)	256
Net Increase in Cash	46,789	28,539
Cash at Beginning of Year	37,688	9,149
Cash at End of Year	\$ 84,478	\$ 37,688
Supplemental Disclosures:		
Cash paid for interest	\$ 1,648	\$ 2,021

South Louisville Community Ministries, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

Note 1 - Summary of Significant Accounting Policies

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

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

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

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

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

Basis of Accounting

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

Estimates

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

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 two classes of net assets. A description of the net asset categories follows:

South Louisville Community Ministries, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

Note 1 - Summary of Significant Accounting Policies (continued)

Net assets without donor restriction: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Net assets with donor restriction: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Cash

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

Accounts Receivable

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

Promises to Give

Promises to give that are expected to be collected within one year are recorded as contributions receivable at net realizable value. Promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Conditional promises to give are not included as support until the conditions are substantially met.

Grants Receivable

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

Leasehold Improvements and Equipment

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

Contributions

Contributions received are recorded as net assets without donor restriction, or net assets with donor restriction, depending on the existence and/or nature of any donor restrictions.

SLCM treats net assets with donor restriction, whose restrictions are met in the same reporting period, as net assets without donor restriction. All other donor-restricted support is reported as an increase in net assets with donor restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restriction are reclassified to net assets without donor restriction and reported in the statements of activities as net assets released from restrictions.

South Louisville Community Ministries, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

Note 1 - Summary of Significant Accounting Policies (continued)

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 net assets with donor restriction.

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, occupancy expense, office expense and contract expense, which are allocated on the basis of estimates of time and effort.

Income Tax Status

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

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

Reclassifications

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

Recently Issued Accounting Standards

For the year ended December 31, 2018, SLCM adopted the Financial Accounting Standards Board's Accounting Standards Update (ASU) No. 2016-14 – *Not-for-profits (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. The changes required by the update have been applied retrospectively to all periods presented. A key change required by ASU 2016-14 are the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

South Louisville Community Ministries, Inc.
 Statements of Cash Flows
 For the Years Ended June 30, 2019 and 2018

Note 2. Promises to Give

Promises to give are all current and consist of the following:

	2019	2018
Programs	\$ 4,000	\$ 5,000

Note 3 - 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, 2019 and 2018 the cost and accumulated depreciation of such assets were as follows:

	2019	2018
Equipment	\$ 4,880	\$ 4,880
Furniture & fixtures	4,047	4,047
Leasehold improvements	54,175	54,175
	63,102	63,102
Less accumulated depreciation	(27,747)	(23,363)
Leasehold improvements and equipment, net	\$ 35,355	\$ 39,739
Depreciation expense	\$ 4,384	\$ 4,250

Note 4 – Note Payable

The note payable consists of a loan to a bank, secured by general business assets, with an annual interest rate of 4.28%, due June 20, 2024. SLCM is required to make monthly interest payments at the end of each month along with the monthly principal payments. The outstanding balance as of June 30, 2019 was \$32,076. The annual maturities for each of the next five years are as follows:

6/30/2020	\$ 7,061
6/30/2021	7,369
6/30/2022	7,691
6/30/2023	8,027
6/30/2024	1,928
Total	\$ 32,076

South Louisville Community Ministries, Inc.
 Statements of Cash Flows
 For the Years Ended June 30, 2019 and 2018

Note 5 – Net Assets with Donor Restriction

Net assets with donor restrictions are available for the following purposes:

	2019	0
Programs	<u>\$ 24,400</u>	<u>\$ 23,880</u>

Note 6 - Lease Commitments

SLCM leases office space and office equipment under operating leases. SLCM added additional office space as of October 2019. Monthly office space lease payments are \$530 and increase to \$2,030 in October 2019. Monthly equipment lease payments are \$101. These leases expire at various times throughout 2021 and 2022. Future minimum payments under the leases are as follows:

6/30/20	\$ 21,182
6/30/21	19,752
6/30/22	5,712
6/30/23	<u>202</u>
Total	<u>\$ 46,848</u>

Rent expense was \$7,572 and \$7,564, for the years ended June 30, 2019 and 2018, respectively.

Note 7 – Liquidity and Availability

The following table reflects SLCM's financial assets as of June 30, 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid or not convertible to cash within one year.

	2019
Financial Assets	
Cash and cash equivalents	\$ 84,478
Accounts receivable	2,839
Grants receivable	10,035
Promises to give, net	<u>4,000</u>
Financial assets, at year-end	\$ 101,352
Less those unavailable for general expenditure within one year	
Restricted for program activities	<u>(24,400)</u>
Financial assets available to meet cash needs	
for general expenditures within one year	<u>\$ 76,952</u>

South Louisville Community Ministries, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

Note 8 - 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 \$339,686 and \$323,645 were recognized for the years ended June 30, 2019 and 2018, respectively.

Note 9 – Accounting Standards Updates

Accounting Standards Update 2016-02, Leases

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, 2022, with early adoption permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2014-09, Revenue from Contracts with Customers

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. The updated standard will be effective for the year ending June 30, 2020. SLCM evaluated the impact of the adoption of ASU 2014-09 on the financial statements and did not record any material impact from the adoption of ASU 2014-09 as of July 1, 2019.

South Louisville Community Ministries, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

Note 9 – Accounting Standards Updates (continued)

Accounting Standards Update 2018-08, Not-for-Profit Entities

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The ASU will be effective for SLCM for the year ending June 30, 2020. SLCM evaluated the impact of the adoption of ASU 2018-08 on the financial statements and did not record any material impact from the adoption of ASU 2018-08 as of July 1, 2019.

Note 10 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through October 22, 2019, which was the date at which the financial statements were available to be issued.

SLCM entered into a 2 year building lease commitment at a rate of \$1,500 per month. This lease was signed on September 19, 2019 and the first rental payment will be due October 1, 2019. The building is going to be used as an expansion location. Future lease payments are included in the schedule in Note 6.

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

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

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

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

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

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

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

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

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

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

SIGNATURE

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

Signature of Legal Signatory:
Clare Rutz Wallace

Date: 01-24-2019

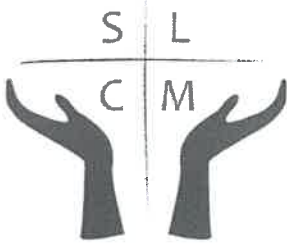
Legal Signatory (please print):
Clare Rutz Wallace

Title: Executive Director

Phone:
(502) 361-7763

Extension:

Email: clarewallace@slcm.org



SOUTH LOUISVILLE COMMUNITY MINISTRIES

EMERGENCY ASSISTANCE AND COMPASSIONATE ADVOCACY FOR NEIGHBORS IN CRISIS

OUR PROGRAMS



FOOD PANTRY & ASSISTANCE

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



FINANCIAL ASSISTANCE

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



ITEM ASSISTANCE

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



COACHING, REFERRALS, & CONNECTION

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



EDUCATION & TRAINING

- The Rosewater** - A volunteer-powered bookstore building relational networks and financial mobility for low-income neighbors which also offers job training for building soft skills while connecting participants to employers
- Applied Digital Skills Class** - 10-hour course to learn the basics of GSuite and other tools for a free used computer after completion



NEIGHBORHOOD DEVELOPMENT

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

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

SOUTH LOUISVILLE COMMUNITY MINISTRIES

PROGRAM PARTNERS

IN-HOUSE PROGRAMS

Emerging Workforce Initiative/The Book Works

Louisville Metro - Department of Information Technology

Passport Health Plan - Medicaid Assistance

United Healthcare - Medicaid Assistance

Integrity Staffing

L&N Federal Credit Union - Financial Literacy

BB&T Bank - Financial Literacy

Republic Bank - Financial Literacy

NEIGHBORHOOD REFERRALS

Iroquois Library

Americana Community Center

Gathering Club - Adult Day Center

Temple of Faith Baptist Church - Food

Neighborhood Place

Hope Place

DATA COLLECTION & CAPACITY BUILDING

Spalding University

University of Louisville Kent School of Social Work

Association of Community Ministries

Metro United Way - Unite Us

Coalition for the Homeless

NEIGHBORHOOD DEVELOPMENT

Center for Neighborhoods

Southwest Dream Team

Food Literacy Project

The Green Heart Project

Leadership Louisville

Local Neighborhood Associations

DIRECT ASSISTANCE SUPPORT

Louisville Metro Nutrition Program - Meals on Wheels

Louisville Gas and Electric

Louisville Water Company/MSD

Taylor Boulevard Save-A-Lot

Cox's Pharmacy - Medication

Iroquois Eyecare - Glasses

LHome - Property Tax Assistance

Choices Counseling

Sts. Simon and Jude Clothing Closet

Sitio Clothing Ministries

Wayside Christian Mission Furniture Warehouse

Dress for Success

Pedal Power - Beargrass Christian Church

