

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

Applicant/Program: South Louisville Community Ministries

Executive Summary of Request:
The seventh annual Taste of South Louisville tasting extravaganza fundraiser to be held August 20, 2016. Proceeds benefit programming provided by SLCM.

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

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

<u>15</u>		<u>2,000 -</u>	<u>6-23-16</u>
District #	Council Member Signature	Amount	Date

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

Approved by:

_____	_____
Appropriations Committee Chairman	Date

Clerk's Office Only:

Request Amount: _____	Committee Amended Appropriation: _____
Original Appropriation: _____	Council Amended Appropriation: _____

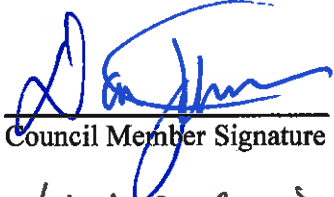

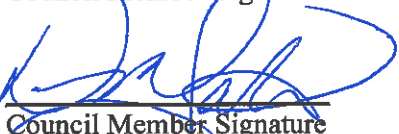

Applicant/Program:

SLCM Taste of South Louisville-2016

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.

<u>21</u> District #	 Council Member Signature	<u>2,000</u> Amount	<u>6/23/16</u> Date
<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$1,000</u> Amount	<u>6/23/16</u> Date
<u>6</u> District #	 Council Member Signature	<u>\$1,000</u> Amount	<u>6/23/16</u> Date
<u>10</u> District #	<u>Eamon P. McMillin</u> Council Member Signature	<u>\$250</u> Amount	<u>6/23/2016</u> Date
<u>25</u> District #	 Council Member Signature	<u>\$1,000</u> Amount	<u>6/23/2016</u> Date
<u>14</u> District #	<u>Stacie Fowler</u> Council Member Signature	<u>\$1,000 -</u> Amount	<u>6/23/16</u> Date
<u>12</u> District #	 Council Member Signature	<u>\$1,000</u> Amount	<u>6-23-16</u> Date

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: South Louisville Community Ministries

Program Name and Request Amount: Taste of South Louisville \$9,500

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

Prepared by:

Susan Hughes

Date:

June 24, 2016



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		South Louisville Community Ministries	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 415 1/2 W. Ashland Avenue, Louisville, Kentucky 40214			
Website: slcm.org			
Applicant Contact:	Yvette Livers	Title:	Executive Director
Phone:	502/361-7763	Email:	yvettelivers@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: Yvette Livers, Joyce Whalin and Kate Husk			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	415 1/2 W. Ashland Avenue, Lou., Ky 40214		
Council District(s):	6, 12, 13, 15, 21, 25	Zip Code(s):	40208(s.of Eastern Pkwy), 40209, 40214, 40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Seventh Annual Taste of South Louisville			
Total Request: (\$)	\$9,500	Total Metro Award (this program) in previous year: (\$)	8,500
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <i>Addendum A</i> <input checked="" type="checkbox"/> Current Year Projected Budget <i>Addendum B</i> <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits <i>Addendum C</i>) <input checked="" type="checkbox"/> Current financial statement <i>Addendum D</i> <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <i>Addendum E</i> <input checked="" type="checkbox"/> Articles of Incorporation <i>Addendum F</i> <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 <i>Addendum G</i> <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <i>Addendum H</i> <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff <i>Addendum I</i> <i>Addendum J</i>	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Lou. Metro Formula Grant	Amount: (\$)	\$172,100
Source:	NDF Families Helping Families	Amount: (\$)	\$ 7,000
Source:	NDF Taste of South Louisville	Amount: (\$)	\$ 8,500
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

South Louisville Community Ministries (SLCM)

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; practicing faithful stewardship; and providing: emergency assistance with food, medicine, housing and utilities; comprehensive referral services and partnerships (individual, family and marriage counseling); and daily enrichment services for senior adults.

South Louisville Community Ministries serves approximately 2,000 men, women and children every month, addressing multiple needs through a variety of program services. The Meals-On-Wheels program delivers 1600 lunches a month to homebound seniors. Volunteers deliver a hot lunch, dessert and beverage daily. The Emergency Assistance programs assist over 80 households a month with LG&E, water, rent and mortgage payments. Our medication program assists an additional 60 families monthly. We are able to purchase necessary medication up to \$300 per year, per person. The food pantry serves around 400 families or 1500-1600 individuals monthly. Families can receive weekly fresh produce and a monthly supply of basic food items.

Fund raisers such as The Taste of South Louisville help us to serve more families in crisis and unite or bring the community together to have fun, fellowship and make new friends or reconnect with old friends.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Seventh Annual Taste of South Louisville is a one-day event, open to the general public, which will be held on Saturday, August 20, 2016 from 6:00-8:30 p.m. at Churchill Downs Millionaires Row. It is a food tasting extravaganza in which patrons pay an admissions fee to receive a sample of various specialty foods from participating South Louisville and Metro Louisville restaurants.

In addition to admissions, restaurants donate their food samples to help offset the expenses of the event and to enhance the profitability of the event. Revenues by this event in excess of the NDF Grant dollars (\$9,500) will go directly back into the operation of the agency and to the programming it provides.

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

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

The 9,500 of NDF dollars requested by this application will be used as follows:

\$2,785: will be utilized to provide emergency assistance to qualifying residents residing in the South Louisville area. This assistance may be in the form of partial payments for rent, utilities and/or medications/prescription eye wear.

\$6,465: will be used to offset expenses incurred in holding the event, i.e., expenses associated with the venue (Churchill Downs) and miscellaneous costs including decorations, table cloth rental, and the cost of food that will be purchased (which is in addition to the food donated by participating restaurants). This allows us to make the event affordable to all residents in South Louisville.

There are no sub-grantees involved in this project.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

As described on Page 2 of this application, detailed statistics on the numbers of individuals and families that the agency serves are maintained. Identifications of all individuals and families are logged into a master database. Services and dates of services rendered are subsequently entered into that same database.

Monthly reports are generated from each of our service areas and present to the SLCM Board of Directors for review.

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

The South Louisville Community Ministries realizes that to best serve the needy of South Louisville, it is essential to build partnerships with other community organizations. We currently have numerous relationships with other organizations that help support and sustain the programming offered by SLCM. A partnership with Dare-To-Care places in excess of \$200,000 worth of food into our pantry for distribution to those in need. A relationship with Kentucky One Health Foundation funds two of our seven Meals on Wheels routes and provides funding for financial assistance for medications. SLCM is very proud of the ongoing relationships it has built with Kosair Charities, LG&E and AT&T, to name a few.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)	\$2,785	\$55,215	\$58,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	\$6,715		\$6,715
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$9,500	\$55,215	\$64,715
% of Program Budget	15 %	85 %	100%

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

Other State, Federal or Local Government	\$38,900
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	\$16,315
Total Revenue for Columns 2 Expenses **	\$55,215

**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 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
Venue Rental (Churchill Downs)	\$8,000	Fair Market Value
Silent Auction Items	\$3,500	Fair Market Value
Donated Food (Vendors)	\$5,000	Fair Market Value
Volunteers	\$5,000	250 hrs @ \$20
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$21,500	

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

Agency Fiscal Year Start Date: **JULY 1, 2016**

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

If YES, please explain:

All costs associated with Adult Day Center, which closed December 31, 2015, (mid-fiscal year) have been adjusted in the current year budget. The 2016-17 budget will reflect a decrease from the current fiscal year.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Yvette Livers</i>	Date:	June 17, 2016
Legal Signatory: (please print):	Yvette Livers	Title:	Executive Director
Phone:	(502) 361-7763	Extension:	
Email:	yvettelivers@slcm.org		

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION
SECTION 5 – I. COMMUNITY EVENTS & FESTIVALS**

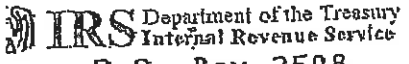
Page 6A

Program Expense Category	Proposed Budget	Total
F. Client Assistance	\$2,785	\$2,785
I. Community Events & Festivals	\$6,715	
Churchill Downs		\$2,100
Doo-Wop Shop Sound System, Speakers, 4 cordless microphones		\$ 230
Video, revision of 2015 version		\$ 200
Printing/Signage/Office Supplies		\$1,000
Flowers & Decorations		\$ 266
Purchase of Food		\$2,000
Paper Supplies for Food Servings		\$ 400
Permit, City of Louisville Health Dept.		\$ 25
Postage, 2 rolls @ .47 per 1 st class stamp		\$ 94
Advertising		\$ 100
Awards (Recognition)		\$ 300
GRAND TOTAL	\$9,500	\$9,500

Page 6A

Applicant's Initials 

Addendum A



P.O. Box 2508
Cincinnati OH 45201

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

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

Employer Identification Number: [REDACTED]
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.

Addendum G

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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

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

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

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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

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

6 City, state, and ZIP code
Louisville KY 40214

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

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

OR

Employer identification number

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

Part II Certification

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

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

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/wo9.

Purpose of Form

- An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
- Form 1099-INT (interest earned or paid)
 - Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

EXTENDED TO MAY 16, 2016

Form 990

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: C Name of organization SOUTH LOUISVILLE COMMUNITY MINISTRIES, I
D Employer identification number
E Telephone number 502-681-4983
G Gross receipts \$ 879,571.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.SLCM.ORG
K Form of organization: Corporation
L Year of formation: 1976
M State of legal domicile: KY

Part I Summary
Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

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.

Signature of officer YVETTE LIVERS, EXECUTIVE DIRECTOR
Preparer BARBARA A. LASKY
Firm ANDERSON, BRYANT, LASKY & WINSLOW, PSC
Address 943 SOUTH FIRST STREET, LOUISVILLE, KY 40203
Phone (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 [X]

1 Briefly describe the 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:

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 [X] No

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

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 \$ 511,497. including grants of \$ 417,099.) (Revenue \$) EMERGENCY ASSISTANCE:

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 PROVIDE FINANCIAL ASSISTANCE WITH UTILITY BILLS AND HOUSING PAYMENTS, AS WELL AS PAYMENT ASSISTANCE FOR MEDICATION. IN ADDITION, THE PROGRAM MAINTAINS AN EXTENSIVE DARE TO CARE FOOD PANTRY EVERY WEEKDAY.

THE EMERGENCY ASSISTANCE PROGRAMS ASSIST APPROXIMATELY 80 HOUSEHOLDS A MONTH WITH LG&E, WATER, RENT AND MORTGAGE PAYMENTS. OVER THE LAST YEAR, THE FOOD PANTRY HAS BEEN SERVING AROUND 400 FAMILIES OR 1500 INDIVIDUALS MONTHLY.

4b (Code:) (Expenses \$ 264,514. including grants of \$) (Revenue \$ 220,725.) ADULT DAY CENTER:

THE ADULT DAY CENTER HAS BEEN IN OPERATION SINCE OCTOBER OF 1990. ADULT DAY SERVICES ARE AVAILABLE FOR THOSE 18 AND OVER OR THOSE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE. THE CENTER PROVIDES SOCIALIZATION, A WELL-BALANCED NUTRITION PROGRAM, AND STRUCTURED ACTIVITIES WHICH ARE DESIGNED TO PROMOTE THE PHYSICAL, SOCIAL, MENTAL, EMOTIONAL, AND SPIRITUAL WELL-BEING OF PARTICIPANTS, WHILE OFFERING RESPITE TO FAMILY MEMBERS AND CAREGIVERS. SERVICES INCLUDE: BREAKFAST, A HOT LUNCH (THROUGH METRO LOUISVILLE SENIOR NUTRITION PROGRAM,) SNACKS, NURSING SERVICES, TRANSPORTATION, RECREATION, INTER-GENERATIONAL ACTIVITIES, AND FIELD TRIPS.

4c (Code:) (Expenses \$ 40,330. including grants of \$) (Revenue \$) MEALS-ON-WHEELS

PROGRAM FOR HOMEBOUND SENIORS OUR VOLUNTEERS DELIVER APPROXIMATELY 1600 LUNCHES A MONTH!

WE HAVE SEVEN ROUTES IN SOUTH LOUISVILLE IN ZIP CODES 40209, 40214, 40215 AND PART OF 40208. OUR VOLUNTEERS DELIVER A HOT LUNCH, DESSERT AND BEVERAGE DIRECTLY TO HOMEBOUND SENIORS. IT TAKES MANY VOLUNTEERS TO COVER SEVEN ROUTES MONDAY THROUGH FRIDAY.

2014-2015 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS) SLCM VOLUNTEERS DELIVERED APPROXIMATELY 89 HOT MEALS PER DAY TO OUR FRAIL, HOME BOUND ELDERLY IN THE SOUTH END OF LOUISVILLE. DURING THE

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 816,341.

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> ?	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>		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?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		15												
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

Section C. Disclosure

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

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 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) ROB FUHR PRESIDENT	1.00	X		X				0.	0.	0.
(2) CRAIG OWESWEIN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(3) NANCY STRAPP VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) JOYCE WHALIN SECRETARY	1.00	X		X				0.	0.	0.
(5) THERESA BATLINER, CPA BOARD MEMBER	1.00	X						0.	0.	0.
(6) JANET BOYD BOARD MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL T. CHINIGO BOARD MEMBER	1.00	X						0.	0.	0.
(8) MELISSA DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(9) STEPHAN KIRBY BOARD MEMBER	1.00	X						0.	0.	0.
(10) FATHER JEFF GATLIN BOARD MEMBER	1.00	X						0.	0.	0.
(11) STACY HERDT BOARD MEMBER	1.00	X						0.	0.	0.
(12) LAUREN JONES MAYFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(13) OLLYE CLARK EMERTIUS	1.00	X						0.	0.	0.
(14) KAREN COMPTON EMERTIUS	1.00	X						0.	0.	0.
(15) DONNA HARPER EMERTIUS	1.00	X						0.	0.	0.
(16) YVETTE LIVERS EXECUTIVE DIRECTOR	40.00			X				19,785.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

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

Table with 3 rows and 3 columns (Yes/No) for questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE'.

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	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	13,806.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	621,169.					
	g	Noncash contributions included in lines 1a-1f: \$	244,349.					
	h	Total. Add lines 1a-1f		634,975.				
Program Service Revenue	2 a	ADULT DAY CARE	Business Code 624110	220,725.	220,725.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		220,725.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 13,806. of contributions reported on line 1c). See Part IV, line 18	a	23,871.				
b			Less: direct expenses	10,649.				
c			Net income or (loss) from fundraising events		13,222.		13,222.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		868,922.	220,725.	0.	13,222.		



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	417,099.	417,099.		
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	50,000.	25,000.	20,000.	5,000.
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	254,111.	207,168.	37,554.	9,389.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,460.	38,699.	709.	52.
10 Payroll taxes	23,034.	22,340.	647.	47.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,500.	5,494.	7,951.	55.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	14,154.	13,044.	1,034.	76.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	22,970.	21,077.	1,765.	128.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,326.	6,323.	3.	
20 Interest	1,209.	1,054.	144.	11.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,716.	7,601.	1,039.	76.
23 Insurance	21,293.	19,721.	1,465.	107.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	12,427.	12,427.		
b MISCELLANEOUS	6,893.	6,010.	823.	60.
c TELEPHONE	6,192.	5,961.	215.	16.
d REPAIRS & MAINTENANCE	4,393.	4,278.	107.	8.
e All other expenses	3,469.	3,045.	394.	30.
25 Total functional expenses. Add lines 1 through 24e	905,246.	816,341.	73,850.	15,055.
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 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	10,858.	1	27,186.
	2		2	
	3	34,755.	3	28,670.
	4	4,565.	4	6,881.
	5		5	
	6		6	
	7		7	
	8		8	
	9	1,384.	9	
	10a	100,106.		
	10b	46,187.		
		65,970.	10c	53,919.
	11		11	
	12		12	
	13		13	
	14		14	
15	9,756.	15	9,799.	
16	127,288.	16	126,455.	
17	6,345.	17	6,837.	
Liabilities	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25	0.	25	34,999.
	26	6,345.	26	41,836.
	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		106,864.	27	74,820.
28		14,079.	28	9,799.
29			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30			30	
31			31	
32			32	
33		120,943.	33	84,619.
34		127,288.	34	126,455.



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	868,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	905,246.
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,943.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,619.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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.
- 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?
- b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SOUTH LOUISVILLE COMMUNITY MINISTRIES, I** Employer identification number [REDACTED]

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

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

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	647,950.	626,599.	589,852.	692,395.	621,169.	3,177,965.
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	647,950.	626,599.	589,852.	692,395.	621,169.	3,177,965.
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.						3,177,965.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	647,950.	626,599.	589,852.	692,395.	621,169.	3,177,965.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17.					17.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		8,068.	8,070.	131.		16,269.
11 Total support. Add lines 7 through 10						3,194,251.
12 Gross receipts from related activities, etc. (see instructions)					12	1,453,087.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.49 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.48 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete line 2 below.
- b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

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

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

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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I



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	CRAIG OESWEIN SAVE-A-LOT, 4148 TAYLOR BLVD LOUISVILLE, KY 40215	\$ 5,000.	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	\$ 244,349.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$	Person <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I



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	\$ 244,349.	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I



Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of a historically important land area
 - Preservation of a certified historic structure
- 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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" to Form 990, Part IV, line 8.

- 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.
 - 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 in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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.	6,216.	47,959.
d Equipment		45,931.	39,971.	5,960.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				53,919.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RESTRICTED CASH	9,799.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,799.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) LINE OF CREDIT	34,999.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,999.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	868,922.
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		0.
3	Subtract line 2e from line 1		3	868,922.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	868,922.

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

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

1	Total expenses and losses per audited financial statements		1	905,246.
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		0.
3	Subtract line 2e from line 1		3	905,246.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	905,246.

Part XIII Supplemental Information.

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

PART X, LINE 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. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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" to 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 (add col. (a) through col. (c))
		TASTE OF SOUTH LOUISVILLE (event type)	GOLF SCRAMBLE (event type)	(total number)	
Revenue	1	24,979.	6,606.	6,092.	37,677.
	2	5,749.	4,321.	3,736.	13,806.
	3	19,230.	2,285.	2,356.	23,871.
Direct Expenses	4				
	5				
	6	898.	1,224.	4,098.	6,220.
	7	1,716.			1,716.
	8				
	9	781.	326.	1,606.	2,713.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			10,649.
	11	Net income summary. Subtract line 10 from line 3, column (d)			13,222.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<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 ▶ \$ _____

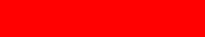
Description of services provided ▶ _____

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).



Part IV Supplemental Information (continued)

Lined area for supplemental information

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

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 criteria used to award the grants or assistance?
- 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" to Form 990, Part IV, line 21 or 22. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance

- 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

LHA 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" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
EMERGENCY ASSISTANCE - INCLUDES PAYMENTS FOR RENT, UTILITIES, PRESCRIPTIONS AND MANAGING A DARE TO CARE FOOD PANTRY FOR QUALIFIED LOW-INCOME RESIDENTS	24529	172,750.	244,349.	VALUE PROVIDED BY DONOR

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	244,349.	PROVIDED BY DONOR
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 8263 received by the organization during the tax year for contributions for which the organization completed Form 8263, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

- 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, PROGRAM SERVICE ACCOMPLISHMENTS:

2014-2015 EMERGENCY ASSISTANCE PROGRAM:

THE EMERGENCY ASSISTANCE PROGRAM (EA) SERVED (NUMBER OF HOUSEHOLDS):

RENT (METRO/CHURCH FUNDS) - 213

WATER (METRO/CHURCH FUNDS) - 159

LGE (METRO/CHURCH FUNDS) - 378

MEDICATION (METRO AND CHI) - 324

FOOD (ORDERS) - 6834

SPECIAL UTILITY GRANTS - 292

JOB COACHING - 15

CLOTHING/FURNITURE VOUCHERS - 139

DIAPERS - 302

TARC TICKETS - 102

GENERAL I & R - 4051

MEDICATION:

SOUTH LOUISVILLE COMMUNITY MINISTRIES ASSISTS FAMILIES MONTHLY TO

PURCHASE NECESSARY MEDICATIONS - UP TO \$300 PER YEAR/PER PERSON -

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number

THROUGH THE HELP OF GRANTS FROM STS. MARY AND ELIZABETH, METRO
GOVERNMENT, AND OTHERS. WE ALSO REFER CLIENTS TO VARIOUS AGENCIES TO
HELP THEM MEET THEIR MEDICAL NEEDS

FUNDING FOR OUR EMERGENCY ASSISTANCE PROGRAM COMES FROM OUR SUPPORTING
CHURCHES, METRO LOUISVILLE GOVERNMENT, CHI/JEWISH HOSPITAL AND ST.
MARY'S HEALTHCARE, DARE TO CARE FOOD BANK, SPECIAL GRANTS, LOCAL
BUSINESSES, AND INDIVIDUALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS PROGRAM IS FUNDED IN PART, UNDER A CONTRACT WITH KIPDA AND THE
CABINET FOR HEALTH SERVICES WITH FUNDS FROM THE U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES AND WITH FUNDS FROM METRO LOUISVILLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR, WE PROVIDED 89 INDIVIDUALS 18,637 MEALS. LAST YEAR, 60 VOLUNTEERS
GAVE OVER 3,000 HOURS OF TIME DELIVERING THESE MEALS.

FOR TWO ROUTES, THE FOOD AND FUNDING IS PROVIDED BY JEWISH AND ST.

MARY'S HEALTHCARE, 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 VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization SOUTH LOUISVILLE COMMUNITY MINISTRIES, I	Employer identification number 
--	---

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AVAILABLE UPON REQUEST, 990 AVAILABLE UPON REQUEST AND VIA GUIDESTAR'S WEBSITE

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PREVIOUS YEAR'S FILING.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SOUTH LOUISVILLE COMMUNITY MINISTRIES, I	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. 415 1/2 ASHLAND AVE.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40214	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ORGANIZATION

• The books are in the care of **415-1/2 WEST ASHLAND AVENUE - LOUISVILLE, KY 40214**
Telephone No. **502-681-4983** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **BOOKS ARE NOT COMPLETE.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR** Date

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. Galloway
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

South Louisville Community Ministries
Proposed Budget
FY 2016

Addendum B

Income	TOTAL
4010-01 · Individual Giving - Admin/Board	5,000.00
4010-15 · Individual Giving - FD	10,000.00
4010-40 · Individual Giving - MOW	1,400.00
4010-50 · Individual Giving - ADC	
4020-15 · Found. & Corps - FD	7,500.00
4030-40 · Memorials - MOW	100.00
4070-00 · Special Fundraising Events	65,000.00
4099-15 · Miscellaneous - FD	3,000.00
4000 · Unrestricted Public Support	<u>92,000.00</u>
4110-25 · Individual Giving - EA	12,100.00
4120-15 · Foundations, Corporations - FD	4,000.00
4120-25 · Foundations, Corporations - EA	6,500.00
4170-15 · Special Fundraising Events - FD	1,200.00
4180-25 · Churches- EA	45,500.00
4410-05 · Metro Louisville Formula - BS	72,000.00
4410-25 · Metro Louisville Formula - EA	103,280.94
4420-40 · Metro MOW reimbursement	10,800.00
4430-15 · NDF - FD	16,000.00
4430-25 · NDF - EA	8,000.00
4510-25 · CHI Prescription Reimb- EA	18,000.00
4510-40 · CHI Grants - MOW	18,000.00
4520-15 · Foundation Grants - FD	4,000.00
4520-25 · Foundation Grants - EA	13,000.00
4530-25 · Corporate - EA	72,000.00
4599-25 · Miscellaneous - EA	1,000.00
4811-00 Medicaid	17,000.00
4812-00 KIPDA	20,000.00
4816-00 Private Pay	2,904.00
4100 · Restricted Public Support	<u>443,284.94</u>
Total Income	<u><u>535,284.94</u></u>

South Louisville Community Ministries
 Proposed Budget
 FY 2016

Expense	TOTAL
7001-01 - Exempt Salaries - Adm	66,300.00
7001-25 - Exempt Salaries - EA	36,060.00
7001-50 - Exempt Salaries - ADC	10,000.00
7004-05 - Hourly Salaries - BS	9,360.00
7004-25 - Hourly Salaries - EA	28,600.00
7004-40 - Hourly Salaries - MOW	9,360.00
7004-50 - Hourly Salaries - ADC	20,000.00
7101-01 - Accident Ins. Premiums - Adm	6.00
7101-05 - Accident Ins. Premiums - BS	12.00
7101-25 - Accident Ins. Premiums - EA	12.00
7101-40 - Accident Ins. Premiums - MOW	6.00
7101-50 - Accident Ins. Premiums - ADC	38.00
7102-01 - Disability Ins. Premiums - Adm	634.20
7102-05 - Disability Ins. Premiums - BS	442.12
7102-25 - Disability Ins. Premiums - EA	593.68
7102-40 - Disability Ins. Premiums - MOW	79.72
7102-50 - Disability Ins. Premiums - ADC	500.00
7103-01 - Life Ins. Premiums - Adm	60.00
7103-05 - Life Ins. Premiums - BS	120.00
7103-25 - Life Ins. Premium - EA	120.00
7103-40 - Life Ins. Premiums - MOW	60.00
7103-50 - Life Ins. Premiums - ADC	120.00
7104-01 - Health Plan Premiums - Adm	7,504.24
7104-05 - Health Plan Premiums - BS	7,504.24
7104-25 - Health Plan Premiums - EA	8,715.88
7104-50 - Health Plan Premiums - ADC	5,000.00
7105-01 - Retirement Benefits- Adm	1,657.50
7105-05 - Retirement Benefits- BS	883.92
7105-25 - Retirement Benefits- EA	1,618.43
7105-50 - Retirement Benefits- ADC	3,965.88
7201-01 - FICA Payment - Adm/Board	4,972.00
7201-05 - FICA Payment - BS	3,354.00
7201-25 - FICA Payment - EA	4,908.01
7201-40 - FICA Payment - MOW	1,404.00
7201-50 - FICA Payment - ADC	2,400.00
7203-01 - Workers' Compensation - Adm	48.40
7203-04 - Workers' Compensation - BS	97.00
7203-25 - Workers' Compensation - EA	97.00
7203-40 - Workers' Compensation - MOW	45.00
7203-50 - Workers' Compensation - ADC	2,000.00
7000 - Personnel Expenses	238,657.22
8008-00 - Accounting Fees	15,000.00
8009-00 - Bank Service Fees	408.00
8010-00 Contractor Labor (janitorial)	8,400.00
8011-00 - Payroll Services Fee	2,142.00
8000 - Professional Fees	25,950.00

South Louisville Community Ministries
 Proposed Budget
 FY 2016

	TOTAL
8104-01 · Food & Beverages - Admin/Board	300.00
8104-15 · Food & Beverage - FD	400.00
8104-30 · Food & Beverages - CD	500.00
8104-40 · Food & Beverages - MOW	500.00
8104-50 · Food & Beverages - ADC	2,000.00
8104-80 · Food & Beverages - VS	800.00
8106-01 · Office Supplies - Admin/Board	100.00
8106-05 · Office Supplies - BS	600.00
8106-15 · Office Supplies - FD	300.00
8106-30 · Office Supplies - CD	100.00
8106-40 · Office Supplies - MOW	100.00
8106-50 · Office Supplies - ADC	300.00
8106-80 · Office Supplies - VS	200.00
8107-01 · Copier Expenses - Admin/Board	150.00
8107-05 · Copier Expense - BS	2,313.15
8107-15 · Copier Expense - FD	200.00
8130-05 · Health Supplies - BS	700.00
8130-50 · Health Supplies - ADC	100.00
8140-05 · Janitorial Supplies - BS	1,265.00
8140-50 · Janitorial Supplies - ADC	200.00
8160-30 · Program Supplies - CD	500.00
8150-40 · Program Supplies - MOW	500.00
8150-50 · Program Supplies - ADC	130.00
8151-30 · Training Supplies - CD	400.00
8151-80 · Training Supplies - VS	500.00
8155-01 · Tokens of Appreciation - Adm/Bd	200.00
8155-15 · Tokens of Appreciation - FD	200.00
8155-80 · Tokens of Appreciation - VS	900.00
8100 · Supplies	14,458.15
8201-05 · Telephone - BS	3,151.00
8201-15 · Telephone - FD	100.00
8201-40 · Telephone - MOW	300.00
8201-50 · Telephone - ADC	1,500.00
8200 · Telephone	5,051.00
8301-05 · Postage - BS	1,568.00
8301-15 · Postage - FD	150.00
8301-50 · Postage - ADC	100.00
8300 · Postage & Shipping	1,818.00
8401-05 · Rent Expense - BS	8,000.00
8401-50 · Rent Expense - ADC	7,000.00
8405-05 · Electricity - Bus Support	7,207.00
8415-05 · Rep & Maint of Bldg - BS	1,275.00
8415-50 · Rep & Maint of Bldg - ADC	500.00
8400 · Occupancy Expenses	21,982.00
8500 · Rentals, Equipment Expenses - FD	100.00

South Louisville Community Ministries
 Proposed Budget
 FY 2016

	TOTAL
In- Kind Activity	
9801-25 · Food Donations- EA	438,000.00
9802-15 · Material Donations - FD	11,200.00
9802-15 · Material Donations - EA	1,500.00
9803-15 · Gift Donations - FD	15,300.00
9804-15 · Volunteer Hours - FD	6,600.00
9804-25 · Volunteer Hours - EA	101,804.00
9804-40 · Volunteer Hours - MOW	52,000.00
9899-05 · Miscellaneous - BS	8,800.00
9800 · In Kind Income	<u>635,204.00</u>
9901-25 · Food Donations- EA	438,000.00
9902-15 · Material Donations - FD	11,200.00
9902-15 · Material Donations - EA	1,500.00
9903-15 · Gift Donations - FD	15,300.00
9904-15 · Volunteer Hours - FD	6,600.00
9904-25 · Volunteer Hours - EA	101,804.00
9904-40 · Volunteer Hours - MOW	52,000.00
9999-05 · Miscellaneous - BS	8,800.00
Total 9900 · In Kind Expense	<u>635,204.00</u>
Net In- Kind Activity	<u>0.00</u>
Net Agency Activity	<u>0.00</u>

SOUTH LOUISVILLE COMMUNITY MINISTRIES BOARD OF DIRECTORS 6/16

	<u>Term Ends</u>		<u>Term Ends</u>
<p><i>Leave of Absence eff. 3/28/16:</i> Nancy Strapp, Pastor, President Iroquois Presbyterian Church [REDACTED] Louisville, KY 40214 368-1230 (church) [REDACTED] nancy.strapp@my.LPTS.edu</p>	2017	<p>Melissa Davis, Attorney PCUSA (part-time) & Private Law Practice [REDACTED] Louisville, KY 40206 [REDACTED] Melissa.davis@pcusa.org</p>	2017
<p><i>Interim President eff. 3/28/16:</i> Michael T. (Mike) Chinigo, Vice Pres. Humana Inc. National Sales Manager [REDACTED] Louisville, KY 40245 439-3200 (work cell); [REDACTED] [REDACTED]</p>	2017	<p>Father Jeff Gatlin Sts. Simon & Jude/Most Blessed Sacrament Catholic Church [REDACTED] Louisville, Kentucky 40215 502/368-4887 [REDACTED]</p>	2017
<p>Joyce Whalin, Secretary Lynnhurst United Church of Christ [REDACTED] Louisville, KY 40214 [REDACTED]</p>	2016	<p>Stacy Herdt Banking Center Manager Republic Bank & Trust [REDACTED] Louisville, KY 40219 [REDACTED] 428-1757 (work) sherdt@republicbank.com</p>	2017
<p>Theresa Batliner, CPA Mountjoy Chilton Medley 2000 Meidinger Tower [REDACTED] Louisville, KY 40202 587-1719 (work) Theresa.Batliner@mcmcpa.com</p>	2017	<p>Dr. Shamika Johnson Iroquois High School Vice Principal [REDACTED] Louisville, Ky 40291 [REDACTED] 485-8269 (work) [REDACTED]</p>	2018
<p>Craig Oeswein, Immediate Past President Save-a-Lot [REDACTED] Louisville, Ky 40215 367-8433 (work) [REDACTED]</p>	2016	<p>Stephan Kirby, Pastor Ekklesia Christian Life Church [REDACTED] Louisville, KY 40215 [REDACTED]</p>	2016

Balance Sheet
As of 5/31/2016

So. Louisville Community Ministries (SLC)

	Year to Date	Prior Year to Date
Assets		
Current Assets		
Cash - Republic Bank Operating	9,025.60	-2,147.52
Cash - Emergency Assistance 769	4,944.22	1,313.38
Cash-Republic-Restricted Funds-0249	8,039.73	12,526.49
Cash-Republic Bank-Emer Assistance	20,251.00	24,327.63
Republic Bank-Gaming-xx9574	257.00	0.00
Petty Cash	50.00	-200.00
Petty Cash - ADC	247.39	250.00
Accts Rec IIC-Meals on Wheels	3,897.90	578.85
Acct Rec - ADC - KIPDA	0.00	12,060.00
Acct Rec - ADC - Client Fees	0.00	4,323.00
Acct Rec - ADC - Medical	0.00	14,898.64
Grants Receivable City of Lou	0.00	-14,341.70
Grant Rec CHI Medical Asst	8,249.36	2,957.47
Health Ins-Dependent	422.35	1,183.15
G/R CHI MOW Reimbursement	8,248.64	-1,529.81
Prepaid - Miscellaneous	0.00	3,119.28
Total Current Assets:	63,633.19	59,318.86
Fixed Assets		
Furniture & Fixtures	19,316.92	21,025.77
Accum. Depr. - Furn & Fixtures	-18,098.00	-18,118.00
Equipment	4,654.39	4,654.39
Accum. Depr. - Equipment	-2,475.00	-2,474.00
Vehicles	21,959.60	21,959.60
Accum. Depr. - Vehicles	-20,667.29	-20,266.29
Leasehold Improvements	54,175.32	49,297.07
Accum. Depr. - Leasehold Imprv	-10,957.00	5,590.47
Total Fixed Assets:	47,908.94	61,669.01
Total Assets:	111,542.13	120,987.87
Liabilities		
Current Liabilities		
Accounts Payable	4,180.91	2,518.26
Month End Accruals	3,899.47	1,349.72
Client Cash - Pass-Thru	340.00	0.00
LOC - Republic Bank#25596233	28,720.21	30,814.21
Unnamed Revenue	14,341.63	0.00
Total Current Liabilities:	51,482.22	34,682.19
Total Liabilities:	51,482.22	34,682.19
Equity		
Net Assets - Temp Restricted	9,798.58	14,079.21
Retained Earnings-Current Year	-24,558.96	-34,638.32
Net Assets	74,820.29	106,864.79
Total Equity:	60,059.91	86,305.68
Total Liabilities & Equity:	111,542.13	120,987.87

No CPA provides any assurance on these financial statements.

Income Statement

For The 11 Periods Ended 5/31/2016

So. Louisville Community Ministries (SLC)

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
Revenue								
Unrestricted Public Support								
Federal Employee Donations	0.00	-178.69	178.69	100.00	0.00	732.92	-732.92	-100.00
Donations - Individual Giving	85.00	-3,725.47	3,810.47	102.28	7,235.19	21,401.85	-14,166.66	-66.19
Foundations & Corporations	0.00	120.00	-120.00	-100.00	1,180.00	450.00	730.00	162.22
Memorials	0.00	0.00	0.00	0.00	0.00	20.00	-20.00	-100.00
Association of Comm Ministries	0.00	0.00	0.00	0.00	450.00	13,917.59	-13,467.59	-96.77
Total Unrestricted Public Support:	85.00	-3,784.16	3,869.16	102.25	8,865.19	36,522.96	-27,657.77	-75.73
Restricted Public Support								
Churches	0.00	0.00	0.00	0.00	1,398.50	1,740.25	-341.75	-19.64
Miscellaneous	413.70	0.00	413.70	0.00	8,075.45	0.00	8,075.45	0.00
CHI Prescription Reimb - EA	0.00	1,499.52	-1,499.52	-100.00	0.00	15,206.95	-15,206.95	-100.00
Total Restricted Public Support:	413.70	1,499.52	-1,085.82	-72.41	9,473.95	16,947.20	-7,473.25	-44.10
Fundraising Efforts								
Golf Scramble	3,891.70	553.97	3,337.73	802.51	5,356.70	5,999.97	-643.27	-10.72
Annual Fund-Families Helping Families	0.00	0.00	0.00	0.00	19,987.00	6,697.00	7,290.00	108.85
Kroger Cards	0.00	0.00	0.00	0.00	192.16	616.96	-424.80	-68.85
Night of Stars	0.00	0.00	0.00	0.00	310.00	200.00	110.00	55.00
Christmas Turkeys/Baskets	0.00	0.00	0.00	0.00	0.00	706.00	-706.00	-100.00
Taste of Louisville	0.00	200.00	-200.00	-100.00	36,802.72	24,979.22	11,823.50	47.33
\$15,000 Matching Challenge	0.00	0.00	0.00	0.00	160.00	70.00	90.00	128.57
\$10,000 Matching Challenge	35.00	175.00	-140.00	-80.00	335.00	620.00	-285.00	-45.97
Peel and Save	0.00	0.00	0.00	0.00	410.00	2,940.00	-2,530.00	-86.05
Total Fundraising Efforts:	3,926.70	928.97	2,997.73	322.69	57,553.58	42,829.15	14,724.43	34.33
Adult Day Care								
KIPDA Grant	0.00	5,496.00	-5,496.00	-100.00	21,818.97	81,919.20	-60,100.23	-73.37
Medicaid Fees	0.00	6,679.12	-6,679.12	-100.00	33,522.60	89,129.67	-55,607.07	-62.39
Private Pay	0.00	2,879.60	-2,879.60	-100.00	9,760.00	32,610.40	-22,850.40	-70.07
Total Adult Day Care:	0.00	15,054.72	-15,054.72	-100.00	55,101.57	203,659.27	-138,557.70	-68.03
Grants								
Grants - Miscellaneous	0.00	0.00	0.00	0.00	0.00	699.00	-699.00	-100.00
Metro Formula Louisvill	14,341.67	10,175.83	4,165.84	40.94	157,758.37	111,934.17	45,824.20	40.94
Metro MOW Reimbursement	2,745.27	770.22	1,975.05	286.43	11,915.03	9,632.70	2,282.33	23.69
CHI Grants - MOW	1,572.06	1,500.28	71.78	4.78	18,182.95	16,299.08	1,883.87	11.63
2016 Challenge Grant	0.00	0.00	0.00	0.00	21,960.00	0.00	21,960.00	0.00

No CPA provides any assurance on these financial statements.

**Income Statement
For The 11 Periods Ended 5/31/2016**

So. Louisville Community Ministries (SLC)

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
(Continued)								
Grants	7,000.00	0.00	7,000.00	0.00	7,000.00	0.00	7,000.00	0.00
Neighborhood Development Grants - Metro	25,659.00	12,446.33	13,212.67	106.16	216,806.35	198,554.95	78,251.40	56.48
Total Grants:								
Church Contributions	850.00	0.00	850.00	0.00	850.00	1,475.00	-625.00	-42.37
Church Donations	0.00	0.00	0.00	0.00	0.00	36.00	-36.00	-100.00
Church Relations								
Total Church Contributions:	850.00	0.00	850.00	0.00	850.00	1,511.00	-661.00	-43.75
Total Revenue:	30,934.40	26,145.38	4,789.02	18.32	358,650.64	440,023.93	-81,373.29	-18.49
Gross Profit:	30,934.40	26,145.38	4,789.02	18.32	358,650.64	440,023.93	-81,373.29	-18.49
Expenses								
Payroll & Employee Benefits	15,060.93	26,041.41	9,980.48	38.33	193,351.47	279,504.45	86,152.98	30.82
Salaries	1,214.69	1,954.73	740.04	37.86	14,184.90	21,199.32	7,014.42	33.09
Payroll Taxes	2,244.37	4,458.79	2,214.42	49.66	33,919.22	43,986.83	10,067.61	22.89
Insurance								
Total Payroll & Employee Benefits:	19,519.99	32,454.93	12,934.94	39.86	241,455.59	344,690.60	103,235.01	29.95
Operating Expenses	520.00	510.00	-10.00	-1.96	5,700.00	5,745.50	45.50	0.79
Accounting Service Fee	192.00	0.00	-192.00	0.00	192.00	0.00	-192.00	0.00
Advertising	-3.00	-17.88	-14.88	-83.03	335.25	497.02	161.77	32.55
Bank Service Charges	0.00	15.00	15.00	100.00	0.00	1,275.00	1,275.00	100.00
Bingo Supplies - ADC	0.00	110.00	110.00	100.00	188.12	490.48	292.36	60.85
Business Meals & Enter.	0.00	100.00	100.00	100.00	0.00	292.87	292.87	100.00
Church Relations	0.00	542.00	542.00	100.00	0.00	664.90	664.90	100.00
Computer Expenses	300.48	-2.00	-302.48	-15.124.00	3,377.63	2,313.43	-1,064.20	-46.00
Copier Expense - Toshiba	546.39	546.39	0.00	0.00	6,010.29	6,010.29	0.00	0.00
Depreciation Expense	0.00	18.02	18.02	100.00	646.65	534.57	-112.08	-20.97
Dues & Subscriptions	149.00	0.00	-149.00	0.00	4,813.15	5,703.79	890.64	15.61
Annual Fund-Families Helping Families	800.00	0.00	-800.00	0.00	800.00	1,696.00	896.00	52.83
Fundraising	1,500.00	91.86	-1,408.14	-1,532.92	1,408.14	1,550.11	141.97	9.16
Golf Scramble Expense	975.00	0.00	-975.00	0.00	13,439.41	13,474.25	34.84	0.26
Insurance	0.00	333.00	333.00	100.00	2,998.00	3,702.00	704.00	19.02
Insurance	0.00	56.71	56.71	100.00	6,159.00	332.83	-5,826.17	-1,750.49
Janitorial Expense	0.00	0.00	0.00	0.00	58.00	213.00	155.00	72.77
License & Permits	0.00	7.91	7.91	100.00	0.00	-15.91	-15.91	-100.00
Miscellaneous Expense	0.00	0.00	0.00	0.00	0.00	14.58	14.58	100.00
Nursing Supplies								

No CPA provides any assurance on these financial statements.

**Income Statement
For The 11 Periods Ended 5/31/2016**

So. Louisville Community Ministries (SLC)

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
(Continued)								
Operating Expenses								
Office Supplies	188.12	489.31	281.19	59.92	2,449.23	3,601.39	1,152.16	31.99
Outings - ADC	0.00	0.00	0.00	0.00	0.00	403.57	403.57	100.00
Payroll Service Fee	152.74	180.61	27.87	15.43	1,881.09	1,905.39	24.30	1.28
Feed and Save	0.00	0.00	0.00	0.00	265.00	1,200.00	935.00	77.92
Postage	94.00	301.98	207.98	68.87	1,722.88	1,807.93	85.25	4.72
Printing	0.00	0.00	0.00	0.00	1,173.02	0.00	-1,173.02	0.00
Professional Fees	0.00	1,044.00	1,044.00	100.00	5,222.00	4,044.00	-1,178.00	-29.13
Program Supplies	57.89	299.23	241.34	80.85	556.89	2,694.89	2,138.00	79.34
Program Food Supplies	0.00	455.61	455.61	100.00	3,904.14	6,078.69	2,174.55	35.77
Rent Expense	500.00	1,450.00	950.00	65.52	11,675.00	15,950.00	4,275.00	26.80
Repairs & Maintenance	136.47	763.43	626.96	82.12	2,424.19	1,949.44	-474.75	-24.35
Taste of South Louisville	0.00	18.46	18.46	100.00	2,659.33	3,394.81	735.48	21.66
Telephone	0.55	516.43	515.88	99.89	5,139.34	6,177.17	1,037.83	16.80
Training	0.00	0.00	0.00	0.00	250.00	207.79	-42.21	-20.31
Travel	0.00	39.66	39.66	100.00	1,172.66	2,686.78	1,514.12	56.35
Utilities	349.89	0.00	-349.89	0.00	7,496.21	5,572.40	-1,923.81	-34.52
Vehicle	0.00	390.30	390.30	100.00	755.97	3,338.72	2,582.75	77.36
Vehicle Maintenance	0.00	0.00	0.00	0.00	0.00	1,941.44	1,941.44	100.00
Volunteer - Appreciation Training	27.23	0.00	-27.23	0.00	1,031.30	0.00	-1,031.30	0.00
Volunteer Recognition/Night of Stars	0.00	704.64	704.64	100.00	1,413.23	1,288.03	-125.20	-9.72
Total Operating Expenses:	6,486.76	8,944.87	2,458.11	27.48	97,316.92	108,727.15	11,410.23	10.49
Total Expenses:	26,006.75	41,399.80	15,393.05	37.18	338,772.51	453,417.75	114,645.24	25.28
Net Income from Operations:	4,927.65	-15,254.42	20,182.07	132.30	19,878.13	-13,393.82	33,271.95	248.41
Other Income and Expense								
Restricted Pass-Through Funds								
Church Donations	3,082.66	2,082.00	990.66	47.35	22,400.84	9,263.39	13,137.45	141.82
Church Pledges	1,425.00	665.00	760.00	114.29	14,079.00	24,224.57	-10,145.57	-41.88
Kosair Charities Grant	2,380.00	922.00	1,458.00	158.13	9,094.33	7,140.00	1,944.33	27.23
CHI Prescription Reimbursement	1,427.94	0.00	1,427.94	0.00	14,817.05	0.00	14,817.05	0.00
Metro Formula Grant	0.00	4,165.83	-4,165.83	-100.00	0.00	45,824.13	-45,824.13	-100.00
Winterhelp	5,700.00	0.00	5,700.00	0.00	23,950.00	29,960.00	-6,010.00	-20.06
Donations	20.00	0.00	20.00	0.00	11,426.85	280.00	11,146.85	3,981.02
UM Admin	0.00	0.00	0.00	0.00	1,950.05	0.00	1,950.05	0.00
Metro Match - Water	3,000.00	0.00	3,000.00	0.00	14,149.95	3,000.00	11,149.95	371.67
Metro Match - LGE	0.00	0.00	0.00	0.00	24,935.69	3,524.87	21,410.82	607.42

No CPA provides any assurance on these financial statements.

Income Statement
For The 11 Periods Ended 5/31/2016

So. Louisville Community Ministries (SLC)

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
Total Restricted Pass-Through Funds:	17,035.60	7,844.83	9,190.77	117.16	136,793.76	123,216.96	13,576.80	11.02
Pass-through Funds Expended								
PNC Grant Expense - EA	0.00	0.00	0.00	0.00	0.00	10.00	-10.00	-100.00
Gheens Grant - EA	0.00	0.00	0.00	0.00	2.00	0.00	2.00	0.00
Domestic Hunger Grant-EA Expense	-212.22	-250.00	37.78	15.11	-10,338.45	-8,538.12	-1,800.33	-21.09
EA Church Donath Expense	-180.00	0.00	-180.00	0.00	171.00	0.00	171.00	0.00
EA Church Pledge Expense	-1,690.00	-1,650.00	-40.00	-2.42	-21,397.00	-14,516.00	-6,881.00	-47.40
EA Client Medical Assist	-0.20	0.00	-0.20	0.00	-5,599.18	0.00	-5,599.18	0.00
Metro Formula Grant	-5,287.74	-7,160.05	1,872.31	26.15	-53,586.77	-57,531.88	3,945.11	6.86
Kosair Grant Expended	-35.88	-675.46	639.58	94.69	-2,314.92	-8,385.82	6,070.90	72.39
Winter Help	-5,965.00	0.00	-5,965.00	0.00	-23,950.00	-29,887.00	5,937.00	19.86
Metro Match Expenses	0.00	0.00	0.00	0.00	-13,690.29	-6,262.00	-7,428.29	-118.62
Metro Match - Water	-1,624.00	-200.00	-1,424.00	-712.00	-14,223.00	-3,175.00	-11,048.00	-347.97
Metro Match - LCE	-11,378.00	-12,481.00	1,103.00	8.84	-28,014.00	-19,101.86	-8,912.14	-46.66
NDG-\$12250 Grant	0.00	0.00	0.00	0.00	-6,862.74	-4,712.50	-2,150.24	-45.63
Total Pass-through Funds Expended:	-26,373.04	-22,416.51	-3,956.53	-17.65	-179,803.35	-152,100.18	-27,703.17	-18.21
Other Income & Expense								
Interest Expense	0.00	-162.40	162.40	100.00	-1,427.50	-1,028.66	-397.84	-38.64
Other Income/Expense	0.00	0.00	0.00	0.00	0.00	8,668.38	-8,668.38	-100.00
Total Other Income & Expense:	0.00	-162.40	162.40	100.00	-1,427.50	7,638.72	-9,066.22	-118.69
Total Other Income and	-9,937.44	-14,734.08	5,396.64	36.63	-44,437.09	-21,244.50	-23,192.59	-109.17
Earnings before Income Tax:	-4,409.79	-29,988.50	25,578.71	85.30	-24,558.96	-34,638.32	10,079.36	29.10
Net Income (Loss):	-4,409.79	-29,988.50	25,578.71	85.30	-24,558.96	-34,638.32	10,079.36	29.10

No CPA provides any assurance on these financial statements.

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

**SOUTH LOUISVILLE
COMMUNITY MINISTRIES, INC.**

JUNE 30, 2015 AND 2014

CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	3
FINANCIAL STATEMENTS:	
STATEMENTS OF FINANCIAL POSITION	5
STATEMENTS OF ACTIVITIES	6
STATEMENTS OF FUNCTIONAL EXPENSES	7
STATEMENTS OF CASH FLOWS	9
NOTES TO FINANCIAL STATEMENTS	10
SUPPLEMENTARY INFORMATION	
SCHEDULE OF CONTRACT ACTIVITY – ADULT DAY CARE	18

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2015 and 2014, 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.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of contract activity – adult day care is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baldwin CPAs, PLLC

Louisville, Kentucky
January 25, 2016

STATEMENTS OF FINANCIAL POSITION
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2015 AND 2014

	2015	2014
ASSETS		
Cash	\$ 27,186	\$ 10,858
Accounts receivable	6,881	4,565
Grants receivable	28,670	34,755
Prepaid expenses	-	1,384
Restricted cash	9,799	9,756
Leasehold improvements and equipment, net	53,919	65,970
Total assets	\$ 126,455	\$ 127,288
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 6,837	\$ 6,345
Line of credit	34,999	-
Total liabilities	41,836	6,345
 NET ASSETS		
Unrestricted	74,820	106,864
Temporarily restricted	9,799	14,079
Total net assets	84,619	120,943
Total liabilities and net assets	\$ 126,455	\$ 127,288

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

STATEMENTS OF ACTIVITIES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015		2014	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
Revenue and support:				
Contributions and grants	\$ 542,021	\$ 79,148	\$ 621,169	\$ 56,470
Program revenue	220,725	-	220,725	-
Special events	37,677	-	37,677	-
Special events expense	(10,649)	-	(10,649)	-
Total revenue and support	789,774	79,148	868,922	56,470
Net assets released from restrictions:				
Restrictions satisfied by payments	83,428	(83,428)	-	(77,473)
Total revenue, support and reclassifications	873,202	(4,280)	868,922	(21,003)
Expenses:				
Program services	816,341	-	816,341	-
Management and general	73,850	-	73,850	-
Fund raising	15,055	-	15,055	-
Total expenses	905,246	-	905,246	-
Decrease in net assets	(32,044)	(4,280)	(36,324)	(21,003)
Net assets at beginning of year	106,864	14,079	120,943	35,082
Net assets at end of year	\$ 74,820	\$ 9,799	\$ 84,619	\$ 14,079
			\$ 106,864	\$ 14,079
			(3,740)	(21,003)
			110,604	35,082
			\$ 1,010,406	\$ 1,010,406
			924,386	-
			72,110	-
			13,910	-
			1,010,406	-
			(3,740)	(21,003)
			110,604	35,082
			\$ 106,864	\$ 14,079
			\$ 84,619	\$ 120,943

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

**STATEMENTS OF FUNCTIONAL EXPENSES
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014**

2015

	Program			Management and			Fund Raising	Total
	Adult Day Care	Emergency Assistance	Meals on Wheels	Total Program	General			
Salaries and wages	\$ 154,030	\$ 56,629	\$ 21,509	\$ 232,168	\$ 57,554	\$ 14,389	\$ 304,111	
Employee benefits and payroll taxes	37,460	15,025	8,554	61,039	1,356	99	62,494	
Assistance to individuals	-	417,099	-	417,099	-	-	417,099	
Other program expense	12,395	32	-	12,427	-	-	12,427	
Professional fees and contract services	3,453	1,397	644	5,494	7,951	55	13,500	
Supplies	7,547	2,593	1,301	11,441	843	62	12,346	
Telephone	4,330	1,447	184	5,961	215	16	6,192	
Utilities	844	4,374	157	5,375	183	13	5,571	
Postage	1,077	362	164	1,603	191	14	1,808	
Occupancy	11,400	2,945	1,357	15,702	1,582	115	17,399	
Repair and maintenance	3,548	639	91	4,278	107	8	4,393	
Travel, training and conferences	5,396	5	922	6,323	3	-	6,326	
Insurance	12,004	4,327	3,390	19,721	1,465	107	21,293	
Bank fees	186	234	35	455	40	3	498	
Dues and subscriptions	412	167	77	656	90	7	753	
Meals and entertainment	286	116	53	455	62	5	522	
Interest expense	662	268	124	1,054	144	11	1,209	
Fund raising expense	930	376	173	1,479	202	15	1,696	
Miscellaneous	3,777	1,529	704	6,010	823	60	6,893	
Total expenses before depreciation	2,59,737	509,564	39,439	808,740	72,811	14,979	896,530	
Depreciation	4,777	1,933	891	7,601	1,039	76	8,716	
Total expenses	\$ 264,514	\$ 511,497	\$ 40,330	\$ 816,341	\$ 73,850	\$ 15,055	\$ 905,246	

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

2014

	Program			Management and			Fund Raising	Total
	Adult Day Care	Emergency Assistance	Meals on Wheels	Total Program	General			
Salaries and wages	\$ 161,932	\$ 54,905	\$ 23,737	\$ 240,574	\$ 51,820	\$ 12,955	\$ 305,349	
Employee benefits and payroll taxes	37,804	11,872	7,813	57,489	804	59	58,352	
Assistance to individuals	-	479,211	-	479,211	-	-	479,211	
Other program expense	20,794	256	662	21,712	-	-	21,712	
Professional fees and contract services	12,022	4,865	2,242	19,129	9,815	191	29,135	
Supplies	6,148	3,030	1,696	10,874	400	29	11,303	
Telephone	4,516	2,023	214	6,753	110	8	6,871	
Utilities	3,490	1,412	651	5,553	759	55	6,367	
Postage	1,271	475	219	1,965	255	19	2,239	
Occupancy	12,350	7,854	3,619	23,823	4,219	307	28,349	
Repair and maintenance	6,376	1,575	304	8,255	355	26	8,636	
Travel, training and conferences	12,230	45	1,020	13,295	24	2	13,321	
Insurance	10,610	2,104	1,840	14,554	661	48	15,263	
Bank fees	326	131	60	517	70	5	592	
Dues and subscriptions	230	89	41	360	48	3	411	
Meals and entertainment	137	56	26	219	30	2	251	
Interest expense	14	6	3	23	3	-	26	
Fund raising expense	1,759	712	328	2,799	383	28	3,210	
Miscellaneous	5,195	2,101	1,027	8,323	1,130	84	9,537	
Total expenses before depreciation	297,204	572,722	45,502	915,428	70,886	13,821	1,000,135	
Depreciation	5,630	2,278	1,050	8,958	1,224	89	10,271	
Total expenses	\$ 302,834	\$ 575,000	\$ 46,552	\$ 924,386	\$ 72,110	\$ 13,910	\$ 1,010,406	

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

STATEMENTS OF CASH FLOWS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (36,324)	\$ (24,743)
Adjustments to reconcile change in net cash from operating activities:		
Depreciation	8,716	10,271
Disposition of fixed assets	5,044	-
(Increase) decrease in operating assets:		
Accounts receivable	(2,316)	6,158
Grants receivable	6,085	15,780
Promises to give	-	10,000
Prepaid expenses	1,384	(1,384)
Restricted cash	(43)	(9,756)
Increase (decrease) in operating liabilities:		
Accounts payable	<u>492</u>	<u>(360)</u>
Net cash provided (used) by operating activities	<u>(16,962)</u>	<u>5,966</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of leasehold improvements and equipment	<u>(1,709)</u>	<u>(52,466)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from line of credit	34,999	-
Payments on long term debt	<u>-</u>	<u>(1,675)</u>
Net cash provided (used) by financing activities	<u>34,999</u>	<u>(1,675)</u>
Net increase (decrease) in cash	16,328	(48,175)
Cash at beginning of year	<u>10,858</u>	<u>59,033</u>
Cash at end of year	<u>\$ 27,186</u>	<u>\$ 10,858</u>
SUPPLEMENTAL DISCLOSURES:		
Cash paid for interest	<u>\$ 1,209</u>	<u>\$ 26</u>

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

NOTES TO FINANCIAL STATEMENTS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2015 AND 2014

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

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

SLCM's program services include:

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

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

Estimates

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

Basis of Accounting

The financial statements of SLCM have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Basis of Presentation

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

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

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

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

Cash

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

Accounts Receivable

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

Grants Receivable

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Promises to Give

Unconditional promises to give are recognized when the donor makes a promise to give to SLCM that is, in substance, unconditional. Unconditional pledges receivable becoming due in the next year are recorded at net realizable value. Unconditional pledges receivable due in subsequent years are reported at the present value of their net realizable value, using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Leasehold Improvements and Equipment

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

Contributions

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

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

In-kind Materials, Equipment, Services and Space

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

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

Expense Allocation

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

Income Tax Status

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

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.

Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 25, 2016, which was the date at which the financial statements were available to be issued.

NOTE 2. CONCENTRATIONS OF CREDIT RISK

Concentration of Revenue – SLCM receives ten percent of its revenue from the Commonwealth of Kentucky, Cabinet for Health Services through KIPDA for its Adult Day Care program, and twenty percent of its funding from metro Louisville. These funding sources are subject to periodic budget approvals and are subject to change.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

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, 2015 and 2014 the cost and accumulated depreciation of such assets were as follows:

	2015	2014
Vehicles	\$ 21,960	\$ 21,960
Equipment	4,654	4,654
Furniture & fixtures	19,317	19,317
Leasehold improvements	54,175	101,763
	100,106	147,694
Less accumulated depreciation	(46,187)	(81,724)
Leasehold improvements and equipment, net	\$ 53,919	\$ 65,970
Depreciation expense	\$ 8,716	\$ 10,271

NOTE 4. LINE OF CREDIT

SLCM has a \$50,000 bank line of credit available that expires in July 2016, secured by general business assets. The line of credit bears interest at prime plus 1.0%, minimum of 4.5% (the prime rate was 3.25% at June 30, 2015). At June 30, 2015, SLCM had an outstanding balance of \$34,999 against the line.

NOTE 5. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2015	2014
Renovations	\$ -	\$ 9,756
Programs	9,799	4,323
Total restricted net assets	\$ 9,799	\$ 14,079

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE 6. LEASES

SLCM leases the facility used by the Adult Day Care Center. The term of the lease is for four years at \$950 per month and expires June 2017. SLCM also leases office space for \$500 per month with an expiration date of July 31, 2020. Future minimum payments under the leases are as follows:

6/30/16	\$ 13,500
6/30/17	6,330
6/30/18	6,360
6/30/19	6,360
6/30/20	6,470
Thereafter	<u>540</u>
Total	<u>\$ 39,560</u>

Rent expense was \$17,399 and \$18,350 for the years ended June 30, 2015 and 2014, respectively. Prior to signing the new lease, SLCM also leased office space located at 4803 Southside Drive from Americana Community Center, Inc. for \$1 per year.

NOTE 7. IN-KIND DONATIONS

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

Most of the services received by SLCM do not meet these criteria. In 2015, no amounts were recognized, although volunteers provided countless hours of assistance.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

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 \$244,349 and \$224,050 and rent of \$0 and \$10,000 were recognized for the years ended June 30, 2015 and 2014, respectively.

NOTE 8. SUBSEQUENT EVENT

Effective December 31, 2015, SLCM has discontinued the Adult Day Care program.

SUPPLEMENTARY INFORMATION

**SCHEDULE OF CONTRACT ACTIVITY – ADULT DAY CARE
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEAR ENDED JUNE 30, 2015**

State Grantor: Commonwealth of Kentucky, Cabinet for Health Services
 Pass-through Grantor: KIPDA
 Program Title: Adult Day Care

Pass-through Contract Number: M-06156729-(SOU)
 Period of Contract: July 1, 2014 to June 30, 2015

	<u>Actual</u>
REVENUES	
State funds	\$ 86,799
Fees/donations	<u>149</u>
Total revenues	<u>\$ 86,948</u>

	<u>Actual Units Provided</u>	<u>Rate</u>	<u>Amount Provided</u>
UNITS OF SERVICE			
Adult Day Health Care			
Adult Day Health Care	18,687	\$ 4.00	\$ 74,748
Alzheimer's Respite in Day Care	2,960	4.00	11,840
Case Management			
Adult Day Health Care	79	4.00	316
Alzheimer's Respite	<u>11</u>	4.00	<u>44</u>
Total Day Care	21,737		86,948
Less:			
Fees			149
Payments from KIPDA as of June 30, 2015			<u>81,911</u>
Due from KIPDA at June 30, 2015			<u>\$ 4,888</u>

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

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

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

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

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

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

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

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

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

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

SIGNATURE

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

Signature of Legal Signatory: *Yvette Livers*

Date: 6-16-16

Legal Signatory (please print): YVETTE LIVERS

Title: Executive Director

Phone: (502) 361-7763

Extension:

Email: YVETTELIVERS@SLCM.ORG

Louisville Metro Council Neighborhood Development Fund Application

Required Attachment:

**South Louisville Community Ministries
Staff Including the 3 highest paid staff**

June 14, 2016

Yvette Livers*

Kate Husk*

Nisha Kishor*

Adam Walker

Najma Ahmed

Laura Callender

*-Asterisk denotes three highest paid staff

SOUTH LOUISVILLE COMMUNITY MINISTRIES BOARD OF DIRECTORS 6/16

Leave of Absence eff. 3/28/16:
Nancy Strapp, Pastor, President ** **Term Ends**
 2017
 Iroquois Presbyterian Church
 [REDACTED]
 Louisville, KY 40214
 368-1230 (church) [REDACTED]
 nancy.strapp@my.LPTS.edu

Interim President eff. 3/28/16:
Michael T. (Mike) Chinigo, Vice Pres. * **2017**
 Humana Inc. (mid-1st term)
 National Sales Manager
 [REDACTED]
 Louisville, KY 40245
 439-3200 (work cell): [REDACTED]
 [REDACTED]

Joyce Whalin, Secretary ** **2016**
 Lynnhurst United Church of Christ
 [REDACTED]
 Louisville, KY 40214
 [REDACTED]

Theresa Batliner, CPA * (mid-1st term) **2017**
 Mountjoy Chilton Medley
 2000 Meidinger Tower
 [REDACTED]
 Louisville, KY 40202
 587-1719 (work)
 Theresa.Batliner@mcmcpa.com

Craig Oeswein, Immediate Past President **2016**
 Save-a-Lot ***
 [REDACTED]
 Louisville, Ky 40215
 367-8433 (work)
 [REDACTED]

Melissa Davis, Attorney * (mid-1st term) **Term Ends**
 2017
 PCUSA (part-time) & Private Law Practice
 [REDACTED]
 Louisville, KY 40206
 [REDACTED]
 Melissa.davis@pcusa.org

Father Jeff Gatlin * (mid-1st term) **2017**
 Sts. Simon & Jude/Most Blessed Sacrament Catholic Church
 [REDACTED]
 Louisville, Kentucky 40215
 [REDACTED]

Stacy Herdt * (mid first-term) **2017**
 Banking Center Manager
 Republic Bank & Trust
 [REDACTED]
 Louisville, KY 40219
 [REDACTED] 428-1757 (work)
 sherdt@republicbank.com

Dr. Shamika Johnson * (mid 1st term) **2017**
 Iroquois High School
 Vice Principal
 [REDACTED]
 Louisville, Ky 40291
 [REDACTED] 485-8269 (work)
 [REDACTED]

Stephan Kirby, Pastor * **2016**
 Ekklesia Christian Life Church
 [REDACTED]
 Louisville, KY 40215
 [REDACTED]

Term Limits: 2- year term; eligible for second 2-yr term, maximum of 4 years. Must be off board for 2 years before eligible for re-election.

*- 1st 2-yr term ends; eligible for second 2-year term;

**-2nd & final 2-yr term ends; must be off board for 2 yrs before re-election

***Immediate Past-President: term of one year beyond office of president. Must be off board 2 years before re-election

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	6/14/2016
Principal Office	415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111
Registered Agent	KATE R. HUSK 415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111

Current Officers

President	<u>Mike Chinigo</u>
Secretary	<u>Joyce Whalin</u>
Treasurer	<u>Theresa Batliner</u>
Director	<u>Melissa Davis</u>
Director	<u>Father Jeff Gatlin</u>
Director	<u>Stacy Herdt</u>

Individuals / Entities listed at time of formation

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

Images available online

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

<u>Annual Report</u>	6/14/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	7/6/2015	1 page	<u>PDF</u>
<u>Amended and Restated Articles</u>	9/12/2014	5 pages	<u>tiff</u> <u>PDF</u>
<u>Annual Report</u>	4/15/2014	2 pages	<u>tiff</u> <u>PDF</u>

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/14/2016 10:58:55 AM	6/14/2016 10:58:55 AM	
Annual report	7/6/2015 12:28:35 PM	7/6/2015 12:28:35 PM	
	9/12/2014		

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

Microfilmed Images

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

Annual Report	2/24/2005	1 page
Annual Report	5/4/2004	1 page
Annual Report	5/12/2003	1 page
Annual Report	6/10/2002	1 page
Annual Report	5/1/2001	1 page
Annual Report	6/9/2000	2 pages
Annual Report	7/19/1999	2 pages
Annual Report	6/25/1998	2 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	2 pages
Statement of Change	11/23/1993	1 page
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	2 pages

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