

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

Applicant/Program: SOUTH LOUISVILLE COMMUNITY MINISTRIES FHF

Executive Summary of Request:
The funding request is for the Families Helping Families event, which supports the agency's mission by providing program services to approximately 2000 citizen every month by empowering them to move toward stability and self-sufficiency.

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 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>2,501.00</u>	<u>2.18.16</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: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: SLCM

Program Name and Request Amount: Families Helping Families

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

Date: 2-16-16



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: South Louisville Community Ministries			
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 415 1/2 West Ashland Avenue Louisville, KY 40214			
Website: www.slcm.org			
Applicant Contact:	Yvette Livers	Title:	Executive Director
Phone:	(502) 361-7763	Email:	yvettelivers@slcm.org
Financial Contact:	Yvette Livers	Title:	Executive Director
Phone:	(502) 361-7763	Email:	yvettelivers@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 West Ashland		
Council District(s):	6, 12, 13, 15, 21, 25	Zip Code(s):	40208 S. Eastern Pkwy, 40209, 40214, 40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Annual Families Helping Families Celebration-Fundraising project			
Total Request: (\$)	8,500	Total Metro Award (this program) in previous year: (\$)	8,500
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <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 <i>Addendum I</i>			
<input checked="" type="checkbox"/> Staff including the 3 highest paid staff <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:	Metro Formula Grant	Amount: (\$)	\$172,100
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input 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)
- daily enrichment services for senior adults

South Louisville Community Ministries serves approximately 2000 men, women and children every month, addressing multiple needs through a variety of program services. The Meal-On-Wheels 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.

Handwritten initials in blue ink, appearing to be "JF".



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 funding requested is for the Families Helping Families event, which supports the agency services for families and individuals. This special dinner event is an opportunity for families, friends, community and business leaders to celebrate the uniqueness of South Louisville. Also, it encourages current and past residents or businesses to lend a helping hand with growing community issues/needs.

The Families Helping Families event will be held Tuesday, March 22nd at Hotel Louisville from 6:00p.m. to 8:00p.m. This year, we will be recognizing a longtime family supporter, Councilwoman Marianne Butler. For years, she and her family have supported the work of the ministries.

As part of the program, we will have special entertainment by the Ladies for Liberty. All proceeds from this fundraiser will support the services of South Louisville Community Ministries.

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

The funds will be used to:

1) Cover cost of the dinner, decorations, event program materials, recognition items and special signage.

2) Funds not used for the event will go directly to the services provided by our emergency financial assistance program. These funds will be used for specific clients on their rent, utilities, medications, etc... Sub grantee(s) will not be part of this SLCM grant.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

As part of the event, a dinner will be served for which we have to pay. Also, we will have a video, signage, event decorations, program display information, recognition items for emcee, honored guest and other program participants. A portion of funds from this grant will be used to pay for event related expenses.

Any funds from this grant over and above the expenses of the event will go directly to client emergency assistance programs. These can be easily identified when used for specific clients for utilities and shelter.

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:

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

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

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

South Louisville Community Ministries has existing collaborative relationship with other organizations that support some of the program services our agency offers. Dare to Care provides food for our pantry. We distribute over 263,000 lbs. of food a year to those in need. Catholic Health Initiatives provides financial support to individuals in need of assistance for their monthly medications and limited number counseling due to a traumatic life situation. Kosair Charities matching funds grant assists with baby diapers and other necessary infant supplies.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 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)	2500	55500	58000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	6000		6000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	8500	55500	64000
% of Program Budget	13 %	87 %	100%

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

Other State, Federal or Local Government	16,550
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	38,950
Total Revenue for Columns 2 Expenses **	55,500

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

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

SOUTH LOUISVILLE COMMUNITY MINISTRIES

FAMILIES HELPING FAMILIES EVENT

2016 BUDGET

Expenses

Hotel Louisville (Meal)	\$ 3,781
Decorations (table centerpieces, room accents, table stands, etc.)	\$ 250
Video	\$ 200
Printing (Invitations, Event Programs, Table Signage, Display signs, brochure, envelopes, thank you cards, banners etc.)	\$ 600
Recognition/Tokens of Appreciation (Presentation for honored guest, emcee, program participants)	\$ 300
Postage	\$ 147
Special Program Services Materials for event	\$ 422
Total Event Expenses	\$5,700
Direct Client Assistance will go for rent and utilities	\$2,800
Total Grant Request	\$8,500



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
Volunteer 150@\$17	\$2,550	NMV
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$2,500	

* 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, 2015

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:

This fiscal year, South Louisville Community Ministries closed the Adult Day Center. There will be a significant decrease in our overall budget.



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:		Date:	2-15-2016
Legal Signatory: (please print):	Yvette Livers	Title:	Executive Director
Phone:	(502) 361-7763	Extension:	
Email:	yvettelivers@slcm.org		

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

Organization Number 0066952
Name SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 3/30/1976
Organization Date 3/30/1976
Last Annual Report 7/6/2015
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 [Rob Fohr](#)
Secretary [Joyce Whalin](#)
Treasurer [Theresa Batliner](#)
Director [Olye Clark](#)
Director [Donna Harper](#)
Director [Nancy Strapp](#)

Individuals / Entities listed at time of formation

Director [LOWELL LAWSON](#)
Director [DONNA M MAIER](#)
Director [MICHAEL T PRICE](#)
Director [JOSEPHINE NOEL](#)
Director [PEGGY ANNE KAREM](#)
Incorporator [LOWELL LAWSON](#)

Images available online

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

Annual Report	7/6/2015	1 page	PDF	
Amended and Restated Articles	9/12/2014	5 pages	tiff	PDF
Annual Report	4/15/2014	2 pages	tiff	PDF
Principal Office Address	3/31/2014	1 page	tiff	PDF

Change				
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	7/6/2015 12:28:35 PM	7/6/2015 12:28:35 PM	
Amendment - Amended and restated articles / CLP	9/12/2014 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	3/31/2014	

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

Microfilmed Images

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

Annual Report	2/24/2005	1 page
Annual Report	5/4/2004	1 page
Annual Report	5/12/2003	1 page
Annual Report	6/10/2002	1 page
Annual Report	5/1/2001	1 page
Annual Report	6/9/2000	2 pages
Annual Report	7/19/1999	2 pages
Annual Report	6/25/1998	2 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	2 pages
Statement of Change	11/23/1993	1 page
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	2 pages
Restated Articles	7/18/1989	4 pages
Annual Report	7/1/1989	2 pages
Statement of Change	6/4/1986	2 pages

Statement of Change	7/12/1982	2 pages
Statement of Change	11/8/1979	2 pages
Annual Report	11/7/1979	3 pages
Articles of Incorporation	3/30/1976	5 pages



P.O. Box 2508
Cincinnati OH 45201

Addendum A

In reply refer to: 0248367569
Mar. 20, 2012 LTR 4168C E0

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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.

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	92,000.00
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	6,000.00
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	443,284.94
Total Income	535,284.94

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	1,616.43
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
8006-00 · 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
8150-30 · 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	6,000.00
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
8600 · Rentals, Equipment Expenses - FD	100.00

**South Louisville Community Ministries
 Proposed Budget
 FY 2016**

	TOTAL
8601-05 · Printing - Business Support	992.00
8601-15 · Printing - Fund Development	100.00
8601-50 · Printing - ADC	250.00
8602-15 · Artwork - FD	100.00
8603-15 · Photography - FD	100.00
8607-15 · Publications - FD	150.00
8608-15 · Computer Software - FD	400.00
8600 · Printing Expenses	2,092.00
8701-50 · Vehicle Maintenance - ADC	780.00
8702-50 · Vehicle Repair - ADC	800.00
8707-40 · Auto Allowance -ee MOW	1,200.00
8700 · Travel Expenses	2,780.00
8802-15 · Meeting Supplies - FD	150.00
8802-50 · Meeting Supplies - ADC	100.00
8800 · Meeting & Training Expenses	250.00
9001-15 · Individual Dues - FD	200.00
9002-15 · Organization Dues - FD	400.00
9003-15 · Subscriptions - FD	100.00
9000 · Dues & Subscriptions	700.00
9310-05 · Building & Equipment - BS	369.00
9310-50 · Building & Equipment - ADC	135.00
9320-50 · Vehicle Insurance - ADC	1,937.68
9330-05 · Gen Liability & Umbrella - BS	3,779.89
9330-50 · Gen Liability & Umbrella - ADC	2,000.00
9350-05 · Directors & Officers Insurance	1,025.00
9300 · Insurance	9,246.57
9700-25 · Rent Assistance - EA	25,000.00
9710-25 · RX Assistance - EA	45,000.00
9721-25 · LG & E Assistance - EA	92,700.00
9722-25 · Winterhelp - EA	6,300.00
9725-25 · Water - EA	19,600.00
9730-25 · Food - EA	9,600.00
9740-25 · Baby Supplies - EA	14,000.00
9700 · Client Services	212,200.00
Total Expense	535,284.94
Net Profit/Loss	0.00

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 – Effective November 23, 2015

	Term Ends		Term Ends
Nancy Strapp, Pastor, President Iroquois Presbyterian Church 970 Palatka Road Louisville, KY 40214 368-1230 (church) [REDACTED] nancy.strapp@my.LPTS.edu	2017	Melissa Davis, Attorney PCUSA (part-time) & Private Law Practice 186 State Street Louisville, KY 40206 [REDACTED] Melissa.davis@pcusa.org	2017
Michael T. (Mike) Chinigo, Vice Pres. Humana Inc. National Sales Manager 13513 Skywatch Lane, Unit 202 Louisville, KY 40245 [REDACTED]	2017	Father Jeff Gatlin Sts. Simon & Jude/Most Blessed Sacrament Catholic Church 4335 Hazelwood Avenue Louisville, Kentucky 40215 502/368-4887 [REDACTED]	2017
Joyce Whalin, Secretary Lynnhurst United Church of Christ 1050 Runell Road Louisville, KY 40214 [REDACTED]	2016	Stacy Herdt Banking Center Manager Republic Bank & Trust 4808 Outer Loop Louisville, KY 40219 562-8805 (cell) 428-1757 (work) sherdt@republicbank.com	2017
Theresa Batliner, CPA Mountjoy Chilton Medley 2000 Meidinger Tower 462 S. Fourth Street Louisville, KY 40202 587-1719 (work) Theresa.Batliner@mcmcpa.com	2017	Dr. Shamika Johnson Iroquois High School Vice Principal 8803 Chetwood Trace Dr. Louisville, Ky 40291 [REDACTED] 485-8269 (work) [REDACTED]	2018
Craig Oeswein, Immediate Past President Save-a-Lot 4148 Taylor Blvd. Louisville, Ky 40215 367-8433 (work) [REDACTED] taylorsevalot@hotmail.com	2015*	Stephan Kirby, Pastor Ekklesia Christian Life Church 1401 Bluegrass Avenue Louisville, KY 40215 [REDACTED] Ekklesiachristianlife@gmail.com	2016
Annette Darnell Hazelwood Elementary School Family Resource Center Coordinator 1116 Viewcrest Drive Fairdale, Ky 40118 [REDACTED] 485-8172 (work) Annette.darnell@jefferson.kyschools.us	2018	Lauren Jones Mayfield, Pastor Lynnhurst United Church of Christ 4401 Taylor Blvd. Louisville, KY 40215 368-8446 (work) (347) [REDACTED] lauren@lynnhurstchurch.org	2017 Resigned 1/16

***Craig Oeswein remains on board for one extra year as Immediate Past President**

SOUTH LOUISVILLE COMMUNITY MINISTRIES
Board of Directors – Effective November 23, 2015


Emeritus Status 6/23/15

Ollye Clark

Epiphany UMC

321 E. Southside Court

Louisville, KY 40214



Emeritus Status 6/23/15

Karen Compton

Lynnhurst UCC

419 Rosewood Ct

Louisville KY 40223




Emeritus Status 6/23/15

Donna Harper

Epiphany UMC

4628 South Third Street

Louisville, KY 40214



By-Laws revised June 2014, board members may serve two years with no more than two consecutive terms. (Board members must rest two years before returning to board.) Board member rotation begins at the 2015 Annual Meeting election.

**Balance Sheet
As of 12/31/2015**

Addendum D

So. Louisville Community Ministries (SLC)

Assets

Current Assets

1012-00-00	Cash - Republic Bank Operating	\$	6,809.58	
1013-25-00	Cash - Emergency Assistance 769	\$	2,621.22	
1017-00-00	Cash-Republic-Restricted Funds-0249	\$	9,272.88	
1018-25-00	Cash-Republic Bank-Emer Assistance	\$	7,758.44	
1019-00-00	Republic Bank-Gaming-xx9574	\$	257.00	
1020-00-00	Petty Cash	\$	50.00	
1020-35-00	Petty Cash - ADC	\$	250.00	
1200-40-00	Accts Rec III-C-Meals on Wheels	\$	3,116.85	
1201-35-00	Acct Rec - ADC - KIPDA	\$	9,148.00	
1202-35-00	Acct Rec - ADC - Client Fees	\$	2,511.00	
1203-35-00	Acct Rec - ADC - Medicaid	\$	2,350.76	
1204-00-00	Grants Receivable City of Lou	\$	0.02	
1204-25-25	Grant Rec CHI Medical Asst	\$	5,139.29	
1206-00-00	Health Ins-Dependent	\$	3,034.86	
1207-40-00	G/R CHI MOW Reimbursement	\$	5,360.68	
1300-00-00	Prepaid - Miscellaneous	\$	3,119.28	
	Total Current Assets:			\$ 60,799.86

Fixed Assets

1800-00-00	Furniture & Fixtures	\$	21,025.77	
1811-00-00	Accum. Depr. - Furn & Fixtures	\$	-18,118.00	
1820-00-00	Equipment	\$	4,654.39	
1821-00-00	Accum. Depr. - Equipment	\$	-2,474.00	
1830-00-00	Vehicles	\$	21,959.60	
1831-00-00	Accum. Depr. - Vehicles	\$	-21,074.02	
1840-00-00	Leasehold Improvements	\$	49,297.07	
1841-00-00	Accum. Depr. - Leasehold Imprv	\$	2,573.47	
	Total Fixed Assets:			\$ 57,844.28
	Total Assets:			\$ 118,644.14

Liabilities

Current Liabilities

2010-00-00	Accounts Payable	\$	8,697.73	
2016-25-00	Client Cash - Pass-Thru	\$	160.00	
2102-00-00	LOC - Republic Bank#25596233	\$	31,220.21	
	Total Current Liabilities:			\$ 40,077.94
	Total Liabilities:			\$ 40,077.94

Equity

2910-00-00	Net Assets - Temp Restricted	\$	14,079.21	
2950-00-00	Net Assets	\$	86,062.33	
2950-00-00	Retained Earnings-Current Year	\$	-21,575.34	
	Total Equity:			\$ 78,566.20
	Total Liabilities & Equity:			\$ 118,644.14

**Income Statement
For The 6 Periods Ended 12/31/2015**

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	106.20	-106.20	-100.00	0.00	526.14	-526.14	-100.00
Donations - Individual Giving	50.00	3,791.64	-3,741.64	-98.68	6,015.59	20,688.28	-14,672.69	-70.92
Foundations & Corporations	30.00	30.00	0.00	0.00	1,180.00	200.00	980.00	490.00
Association of Comm Ministries	0.00	0.00	0.00	0.00	0.00	250.00	-250.00	-100.00
Total Unrestricted Public Support:	80.00	3,927.84	-3,847.84	-97.96	7,195.59	21,664.42	-14,468.83	-66.79
Restricted Public Support								
Churches	0.00	0.00	0.00	0.00	1,739.50	0.00	1,739.50	0.00
Metro MOW Reimbursement	1,290.30	0.00	1,290.30	0.00	6,310.59	5,801.40	509.19	8.78
CHI Prescription Reimb - EA	0.00	1,495.24	-1,495.24	-100.00	0.00	8,015.60	-8,015.60	-100.00
Total Restricted Public Support:	1,290.30	1,495.24	-204.94	-13.71	8,050.09	13,817.00	-5,766.91	-41.74
Fundraising Efforts								
Kroger Cards	0.00	0.00	0.00	0.00	164.47	220.90	-56.43	-25.55
Christmas Turkeys/Baskets	0.00	145.00	-145.00	-100.00	0.00	706.00	-706.00	-100.00
Taste of Louisville	0.00	0.00	0.00	0.00	37,045.46	24,779.22	12,266.24	49.50
\$15,000 Matching Challenge	0.00	0.00	0.00	0.00	160.00	0.00	160.00	0.00
\$10,000 Matching Challenge	0.00	0.00	0.00	0.00	230.00	0.00	230.00	0.00
Peel and Save	20.00	1,410.00	-1,390.00	-98.58	400.00	2,020.00	-1,620.00	-80.20
Total Fundraising Efforts:	20.00	1,555.00	-1,535.00	-98.71	37,999.93	27,726.12	10,273.81	37.05
Adult Day Care								
KIPDA Grant	2,436.00	8,156.00	-5,720.00	-70.13	20,160.00	47,059.20	-26,899.20	-57.16
Medicaid Fees	3,764.88	5,964.32	-2,199.44	-36.88	33,522.60	53,958.79	-20,436.19	-37.87
Private Pay	185.00	2,370.00	-2,185.00	-92.19	9,760.00	19,470.80	-9,710.80	-49.87
Total Adult Day Care:	6,385.88	16,490.32	-10,104.44	-61.27	63,442.60	120,488.79	-57,046.19	-47.35
Grants								
Grants - Miscellaneous	0.00	0.00	0.00	0.00	0.00	699.00	-699.00	-100.00
Metro Formula Louisville	14,341.67	10,175.86	4,165.81	40.94	86,050.02	61,055.02	24,995.00	40.94
CHI Grants - MOW	2,009.67	1,504.76	504.91	33.55	9,931.53	9,984.40	-52.87	-0.53
Total Grants:	16,351.34	11,680.62	4,670.72	39.99	95,981.55	71,738.42	24,243.13	33.79
Grants - Emergency Assistance								
2016 Challenge Grant	9,050.00	0.00	9,050.00	0.00	9,500.00	0.00	9,500.00	0.00
Total Grants - Emergency Assistance:	9,050.00	0.00	9,050.00	0.00	9,500.00	0.00	9,500.00	0.00
Church Contributions								

**Income Statement
For The 6 Periods Ended 12/31/2015**

So. Louisville Community Ministries (SLC)

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
Church Contributions								
Church Donations	0.00	0.00	0.00	0.00	0.00	850.00	-850.00	-100.00
Church Relations	0.00	36.00	-36.00	-100.00	0.00	36.00	-36.00	-100.00
Total Church Contributions:	0.00	36.00	-36.00	-100.00	0.00	886.00	-886.00	-100.00
In-Kind								
In-Kind Food Income	0.00	17,695.00	-17,695.00	-100.00	0.00	106,170.00	-106,170.00	-100.00
Total In-Kind:	0.00	17,695.00	-17,695.00	-100.00	0.00	106,170.00	-106,170.00	-100.00
Total Revenue:	33,177.52	52,880.02	-19,702.50	-37.26	222,169.76	362,490.75	-140,320.99	-38.71
Gross Profit:	33,177.52	52,880.02	-19,702.50	-37.26	222,169.76	362,490.75	-140,320.99	-38.71
Expenses								
Payroll & Employee Benefits								
Salaries	21,357.36	26,651.06	5,293.70	19.86	118,759.97	148,923.77	30,163.80	20.25
Payroll Taxes	1,611.82	2,091.02	479.20	22.92	9,194.42	11,397.04	2,202.62	19.33
Insurance	8,257.67	4,516.79	-3,740.88	-82.82	23,784.68	25,417.52	1,632.84	6.42
Total Payroll & Employee Benefits:	31,226.85	33,258.87	2,032.02	6.11	151,739.07	185,738.33	33,999.26	18.30
In-Kind								
In-Kind Food Expense	0.00	17,695.00	17,695.00	100.00	0.00	106,170.00	106,170.00	100.00
Total In-Kind:	0.00	17,695.00	17,695.00	100.00	0.00	106,170.00	106,170.00	100.00
Operating Expenses								
Accounting Service Fee	520.00	701.22	181.22	25.84	3,100.00	3,386.72	286.72	8.47
Bank Service Charges	19.95	21.68	1.73	7.98	275.41	179.48	-95.93	-53.45
Bingo Supplies - ADC	0.00	270.00	270.00	100.00	0.00	1,000.00	1,000.00	100.00
Business Meals & Enter.	100.29	334.00	233.71	69.97	153.16	370.48	217.30	58.65
Church Relations	0.00	92.87	92.87	100.00	0.00	192.87	192.87	100.00
Computer Expenses	0.00	0.00	0.00	0.00	0.00	27.90	27.90	100.00
Copier Expense - Toshiba	236.31	216.15	-20.16	-9.33	2,063.39	1,298.91	-764.48	-58.86
Depreciation Expense	546.39	546.39	0.00	0.00	3,278.34	3,278.34	0.00	0.00
Dues & Subscriptions	18.02	16.96	-1.06	-6.25	110.61	455.29	344.68	75.71
Annual Fund-Families Helping Families	89.00	0.00	-89.00	0.00	445.00	0.00	-445.00	0.00
Fundraising	0.00	395.00	395.00	100.00	0.00	396.00	396.00	100.00
Golf Scramble Expense	0.00	0.00	0.00	0.00	0.00	44.87	44.87	100.00
Insurance	1,261.58	1,109.59	-151.99	-13.70	6,844.64	6,947.49	102.85	1.48
Insurance	338.00	333.00	-5.00	-1.50	2,003.00	2,428.00	425.00	17.50
Janitorial Expense	478.00	0.00	-478.00	0.00	3,725.00	0.00	-3,725.00	0.00

**Income Statement
For The 6 Periods Ended 12/31/2015**

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								
License & Permits	0.00	0.00	0.00	0.00	15.00	20.00	5.00	25.00
Office Supplies	232.92	-6.35	-239.27	-3,768.03	1,458.19	2,192.50	734.31	33.49
Outings - ADC	0.00	61.03	61.03	100.00	0.00	186.33	186.33	100.00
Payroll Service Fee	164.53	0.00	-164.53	0.00	980.73	679.42	-301.31	-44.35
Peel and Save	0.00	1,200.00	1,200.00	100.00	0.00	1,200.00	1,200.00	100.00
Postage	489.74	198.00	-291.74	-147.34	1,177.74	1,108.00	-69.74	-6.29
Printing	0.00	0.00	0.00	0.00	1,173.02	0.00	-1,173.02	0.00
Professional Fees	0.00	200.00	200.00	100.00	5,222.00	800.00	-4,422.00	-552.75
Program Supplies	0.00	183.58	183.58	100.00	499.00	1,007.53	508.53	50.47
Program Food Supplies	59.42	641.96	582.54	90.74	3,165.70	5,080.48	1,924.78	37.89
Rent Expense	1,450.00	1,450.00	0.00	0.00	8,700.00	8,700.00	0.00	0.00
Repairs & Maintenance	277.00	49.00	-228.00	-465.31	1,654.01	680.06	-973.95	-143.22
Taste of South Louisville	0.00	0.00	0.00	0.00	2,677.79	3,376.35	698.56	20.69
Telephone	516.77	893.36	376.59	42.15	3,594.03	3,512.95	-81.08	-2.31
Training	0.00	0.00	0.00	0.00	250.00	207.79	-42.21	-20.31
Travel	97.68	496.36	398.68	80.32	484.82	2,323.68	1,838.86	79.14
Utilities	608.56	675.50	66.94	9.91	4,545.49	3,117.70	-1,427.79	-45.80
Vehicle	55.37	334.12	278.75	83.43	740.97	1,965.77	1,224.80	62.31
Vehicle Maintenance	0.00	85.95	85.95	100.00	0.00	1,462.70	1,462.70	100.00
Volunteer - Appreciation Training	0.00	0.00	0.00	0.00	22.50	0.00	-22.50	0.00
Volunteer Recognition/Night of Stars	35.98	0.00	-35.98	0.00	75.98	0.00	-75.98	0.00
Total Operating Expenses:	7,595.51	10,500.37	2,904.86	27.66	58,425.54	57,617.61	-807.93	-1.40
Total Expenses:	38,822.36	61,454.24	22,631.88	36.83	210,164.61	349,525.94	139,361.33	39.87
Net income from Operations:	-5,644.84	-8,574.22	2,929.38	34.16	12,005.15	12,964.81	-959.66	-7.40
Other Income and Expense								
Restricted Pass-Through Funds								
Church Donations	1,067.34	0.00	1,067.34	0.00	11,609.17	0.00	11,609.17	0.00
Church Pledges	1,784.00	5,790.69	-4,006.69	-69.19	9,249.00	18,672.04	-12,423.04	-66.53
Kosair Charities Grant	80.00	1,407.00	-1,327.00	-94.31	2,938.00	1,907.00	1,031.00	54.06
CHI Prescription Reimbursement	990.33	0.00	990.33	0.00	8,068.47	0.00	8,068.47	0.00
Metro Formula Grant	0.00	4,165.83	-4,165.83	-100.00	0.00	24,994.98	-24,994.98	-100.00
Donations	1,590.00	0.00	1,590.00	0.00	10,374.97	0.00	10,374.97	0.00
UM Admin	0.00	0.00	0.00	0.00	400.05	0.00	400.05	0.00
Metro Match - Water	3,000.00	3,000.00	0.00	0.00	5,599.95	3,000.00	2,599.95	86.67
Metro Match - LGE	0.00	0.00	0.00	0.00	9,935.69	3,524.87	6,410.82	181.87

Income Statement

For The 6 Periods Ended 12/31/2015

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:	8,511.67	14,363.52	-5,851.85	-40.74	55,175.30	52,098.89	3,076.41	5.90
Pass-through Funds Expended								
Gheens Grant - EA	0.00	0.00	0.00	0.00	2.00	0.00	2.00	0.00
Domestic Hunger Grant-EA Expense	-150.00	0.00	-150.00	0.00	-5,328.69	0.00	-5,328.69	0.00
EA Church Donatn Expense	236.00	0.00	236.00	0.00	351.00	0.00	351.00	0.00
EA Church Pledge Expense	-2,536.00	-15,492.98	12,956.98	83.83	-10,385.00	-44,343.92	33,958.92	76.58
EA Client Medical Assist	0.00	0.00	0.00	0.00	-5,598.98	0.00	-5,598.98	0.00
Metro Formula Grant	-5,827.30	-1,495.24	-4,332.06	-289.72	-23,720.16	-9,396.59	-14,323.57	-152.43
Kosair Grant Expended	0.00	0.00	0.00	0.00	-447.56	-1,953.27	1,505.71	77.09
Metro Match Expenses	0.00	0.00	0.00	0.00	-13,690.29	0.00	-13,690.29	0.00
Metro Match - Water	-492.00	-1,294.00	802.00	61.98	-5,274.00	-1,985.00	-3,289.00	-165.69
Metro Match - LGE	-104.00	-4,071.00	3,967.00	97.45	-16,636.00	-6,620.86	-10,015.14	-151.27
NDG-\$12250 Grant	-1,049.03	0.00	-1,049.03	0.00	-6,862.74	0.00	-6,862.74	0.00
Total Pass-through Funds Expended:	-8,922.33	-22,353.22	12,430.89	55.61	-87,590.42	-64,289.64	-23,290.78	-36.22
Other Income & Expense								
Interest Expense	-253.65	-93.33	-160.32	-171.78	-1,165.37	-469.76	-695.61	-148.08
Total Other Income & Expense:	-253.65	-93.33	-160.32	-171.78	-1,165.37	-469.76	-695.61	-148.08
Total Other Income and	-1,664.31	-8,083.03	6,418.72	79.41	-33,580.49	-12,870.51	-20,709.98	-165.03
Earnings before Income Tax:	-7,309.15	-16,657.25	9,348.10	56.12	-21,575.34	294.30	-21,869.64	-7,431.07
Net Income (Loss):	-7,309.15	-16,657.25	9,348.10	56.12	-21,575.34	294.30	-21,869.64	-7,431.07

Addendum E

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

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 \$ 992,212. 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) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.SLCM.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 1976 M State of legal domicile: KY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO UNITE THE TIME, TALENT AND TREASURE OF CHURCHES, BUSINESSES, COMMUNITY ORGANIZATIONS, AND... 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7 a Total unrelated business revenue... b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here Signature of officer YVETTE LIVERS, EXECUTIVE DIRECTOR Date 2-11-2015 Preparer BARBARA A. LASKY Preparer's signature Barbara Lasky Date 2-10-15 Check if self-employed Firm's name ANDERSON, BRYANT, LASKY & WINSLOW, PSC Firm's EIN Firm's address 943 SOUTH FIRST STREET LOUISVILLE, KY 40203 Phone no. (502) 584-9793

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2013)

Part III Statement of Program Service Accomplishments

X

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

1 Briefly describe the organization's mission: TO UNITE THE TIME, TALENT AND TREASURE OF CHURCHES, BUSINESSES, COMMUNITY ORGANIZATIONS, AND INDIVIDUALS TO EMPOWER NEIGHBORS TO MOVE FROM CRISIS TO THRIVING. WE DO THIS BY: DEMONSTRATING RESPECTFUL COMPASSION; PRACTICING FAITHFUL STEWARDSHIP; AND PROVIDING EFFECTIVE

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

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

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 \$ 575,000. including grants of \$ 479,211.) (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 CARE 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 \$ 302,834. including grants of \$) (Revenue \$ 267,479.)

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 \$ 46,552. 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.

2013-2014 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS) SLCM VOLUNTEERS DELIVERED APPROXIMATELY 70 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 924,386.

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 Schedule B, Schedule of Contributors?	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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		X

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 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 individuals in the United States 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) and 501(c)(4) 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 so, 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	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:		
8a	The governing body?	X	
8b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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, physical address, and telephone number of the person who possesses the books and records of the organization: **ORGANIZATION - 502-681-4983**
415-1/2 WEST ASHLAND AVENUE, LOUISVILLE, KY 40214

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I
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) NANCY STRAPP VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) JOYCE WHALIN SECRETARY	1.00	X		X				0.	0.	0.
(4) CRAIG OWESWEIN TREASURER, PRO-TEM	1.00	X		X				0.	0.	0.
(5) OLLYE CLARK BOARD MEMBER	1.00	X						0.	0.	0.
(6) KAREN COMPTON BOARD MEMBER	1.00	X						0.	0.	0.
(7) DONNA HARPER BOARD MEMBER	1.00	X						0.	0.	0.
(8) STEPHAN KIRBY BOARD MEMBER	1.00	X						0.	0.	0.
(9) ADAM PRICE BOARD MEMBER	1.00	X						0.	0.	0.
(10) JAMES THORNBERRY BOARD MEMBER	1.00	X						0.	0.	0.
(11) DEBBIE TINKER BOARD MEMBER	1.00	X						0.	0.	0.
(12) JAMES W. LAEMMLE FORMER EXECUTIVE DIRECTOR	40.00			X				46,000.	0.	0.
(13) J. GREGORY PIKE INTERIM EXECUTIVE DIRECTOR	40.00			X				0.	0.	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	1a				
	b Membership dues	1b				
	c Fundraising events	1c	14,699.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	692,395.			
	g Noncash contributions included in lines 1a-1f: \$		234,050.			
	h Total. Add lines 1a-1f		707,094.			
Program Service Revenue	2 a ADULT DAY CARE	Business Code 624110	267,348.	267,348.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		267,348.			
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 \$ 14,699. of contributions reported on line 1c). See Part IV, line 18	a	17,639.			
	b Less: direct expenses	b	6,549.			
c Net income or (loss) from fundraising events		11,090.			11,090.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	131.	131.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		131.				
12 Total revenue. See instructions.		985,663.	267,479.	0.	11,090.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	479,211.	479,211.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,306.	18,653.	28,222.	2,431.
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	256,043.	221,921.	23,598.	10,524.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,045.	34,811.	218.	16.
9 Other employee benefits	23,307.	22,678.	586.	43.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	15,332.	7,092.	8,169.	71.
c Accounting				
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.)	13,803.	12,038.	1,645.	120.
12 Advertising and promotion	13,542.	12,839.	655.	48.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	34,716.	29,376.	4,978.	362.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,321.	13,295.	24.	2.
20 Interest	26.	23.	3.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,271.	8,958.	1,224.	89.
23 Insurance	15,263.	14,554.	661.	48.
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	21,712.	21,712.		
b MISCELLANEOUS	9,537.	8,322.	1,131.	84.
c REPAIRS & MAINTENANCE	8,636.	8,255.	355.	26.
d TELEPHONE	6,871.	6,753.	110.	8.
e All other expenses	4,464.	3,895.	531.	38.
25 Total functional expenses. Add lines 1 through 24e	1,010,406.	924,386.	72,110.	13,910.
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	59,033.	1	10,858.	
	2		2		
	3	60,535.	3	34,755.	
	4	10,723.	4	4,565.	
	5		5		
	6		6		
	7		7		
	8		8		
	9		9	1,384.	
	10a	147,694.			
	10b	81,724.	23,775.	10c	65,970.
	11			11	
	12			12	
	13			13	
	14		0.	14	
	15			15	9,756.
16		154,066.	16	127,288.	
17		6,705.	17	6,345.	
Liabilities	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23		1,675.	23	0.
	24			24	
	25			25	
	26		8,380.	26	6,345.
	Net Assets or Fund Balances	27	110,604.	27	106,864.
28		35,082.	28	14,079.	
29			29		
30			30		
31			31		
32		145,686.	32	120,943.	
33			33	127,288.	
34			34		

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	985,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,010,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,743.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	145,686.
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	120,943.

Part XII Financial Statements and Reporting

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	576,219.	647,950.	626,599.	589,852.	692,395.	3,133,015.
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	576,219.	647,950.	626,599.	589,852.	692,395.	3,133,015.
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.						3,133,015.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	576,219.	647,950.	626,599.	589,852.	692,395.	3,133,015.
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 IV.)	40.		8,068.	8,070.	131.	16,309.
11 Total support. Add lines 7 through 10						3,149,341.
12 Gross receipts from related activities, etc. (see instructions)					12	1,242,399.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.48	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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 contributions to (during year)		
3 Aggregate 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.

- 1 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 an historically important land area
 - Preservation of a certified historic structure
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

Schedule D (Form 990) 2013

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

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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 |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 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					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g 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:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

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				
1b Buildings		101,765.	46,876.	54,889.
1c Leasehold improvements		45,929.	34,848.	11,081.
1d Equipment				
1e Other				65,970.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,970.

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	9,756.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,756.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

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		985,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	2a	
b	2b	
c	2c	
d	2d	
2e		0.
3		985,663.
3		Subtract line 2e from line 1
4		Amounts included on Form 990, Part VIII, line 12, but not on line 1:
a	4a	
b	4b	
4c		0.
5		985,663.
5		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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		1,010,406.
2		Amounts included on line 1 but not on Form 990, Part IX, line 25:
a	2a	
b	2b	
c	2c	
d	2d	
2e		0.
3		1,010,406.
3		Subtract line 2e from line 1
4		Amounts included on Form 990, Part IX, line 25, but not on line 1:
a	4a	
b	4b	
4c		0.
5		1,010,406.
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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:

EXPLANATION: 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.

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
	TASTE OF SOUTH LOUISVILLE (event type)	GOLF SCRAMBLE (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	22,789.	9,549.		32,338.
2 Less: Contributions	8,775.	5,924.		14,699.
3 Gross income (line 1 minus line 2)	14,014.	3,625.		17,639.
Direct Expenses				
4 Cash prizes		632.		632.
5 Noncash prizes				2,994.
6 Rent/facility costs	898.	2,096.		1,716.
7 Food and beverages	1,716.			
8 Entertainment				1,207.
9 Other direct expenses	1,207.			6,549.
10 Direct expense summary. Add lines 4 through 9 in column (d)				11,090.
11 Net income summary. Subtract line 10 from line 3, column (d)				

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 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____ Yes No

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2013

Open to Public Inspection

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	X	1	224,050.	PROVIDED BY DONOR
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts	X	1	10,000.	FMV
25	Other (RENT)				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

Schedule M (Form 990) (2013)

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

SCHEDULE O
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS TO EMPOWER NEIGHBORS TO MOVE FROM CRISIS TO THRIVING. WE DO
THIS BY: DEMONSTRATING RESPECTFUL COMPASSION; PRACTICING FAITHFUL
STEWARDSHIP; AND PROVIDING EFFECTIVE SERVICES.

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

SERVICES.

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

2013-2014 EMERGENCY ASSISTANCE PROGRAM:

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

RENT (METRO/CHURCH FUNDS) - 385

WATER (METRO/CHURCH FUNDS) - 160

LGE (METRO/CHURCH FUNDS) - 426

MEDICATION (METRO AND CHI) - 789

FOOD (ORDERS) - 6597

SPECIAL UTILITY GRANTS - 370

JOB COACHING - 27

CLOTHING/FURNITURE VOUCHERS - 309

DIAPERS - 431

TARC TICKETS - 81

GENERAL I & R - 4435

MEDICATION:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



SOUTH LOUISVILLE COMMUNITY MINISTRIES ASSISTS 60 FAMILIES MONTHLY TO PURCHASE NECESSARY MEDICATIONS - UP TO \$300 PER YEAR/PER PERSON - 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:

THE ADULT DAY CENTER SERVED 47 PARTICIPANTS DURING THIS FISCAL YEAR. THIRTY-NINE (39) WERE FEMALE AND THREE (3) WERE MALE. OUR PARTICIPANTS

RANGE IN AGE FROM 28 TO 102. THE AVERAGE DAILY ATTENDANCE WAS 22. WE SERVED 6,247 HOT LUNCHES. WE RECEIVED 2,411 HOURS OF VOLUNTEER SERVICE

FROM 16 VOLUNTEERS. 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 113,504 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

Name of the organization

SOUTH LOUISVILLE COMMUNITY MINISTRIES, I

Employer identification number



COORDINATION AND FUNDING PROVIDED BY THE LOUISVILLE METRO SENIOR NUTRITION PROGRAM AND KIPDA

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION AMENDED ITS BY-LAWS AS OF JUNE 23, 2014. COPY IS ATTACHED.

FORM 990, PART VI, SECTION B, LINE 11:

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

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

EXPLANATION: BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

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

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

FORM 990, PART XII, LINE 2C:

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

EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990-T

FOR THE YEAR ENDING
June 30, 2014

Prepared for	South Louisville Community Ministries, I 415-1/2 West Ashland Avenue Louisville, KY 40214
Prepared by	Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203
Amount due	No amount is due.
Make check payable to	No amount is due.
Mail extension and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045
Extension must be mailed on or before	November 17, 2014
Special Instructions	Form 8868 extends the filing date of the return to May 15, 2015.

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

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

ARTICLE IV

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

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue
Louisville, KY 40214

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

ARTICLE VI

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

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

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

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

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

ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

ARTICLE VIII

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

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

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

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

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

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

ARTICLE IX

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

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

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
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **Nonprofit 501(c)(3)**

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

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

6 City, state, and ZIP code
Louisville KY 40214

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

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

OR

Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

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

Addendum #

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

**SOUTH LOUISVILLE
COMMUNITY MINISTRIES, INC.**

JUNE 30, 2014 AND 2013

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2014 and 2013, 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, 2014 and 2013, 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.

Anderson, Breyer, Leachy + Weintraub, P.S.C.

Louisville, Kentucky
January 26, 2015

STATEMENTS OF FINANCIAL POSITION
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Cash	\$ 10,858	\$ 59,033
Accounts receivable	4,565	10,723
Grants receivable	34,755	50,535
Promises to give	-	10,000
Prepaid expenses	1,384	-
Restricted cash	9,756	-
Leasehold improvements and equipment, net	<u>65,970</u>	<u>23,775</u>
Total assets	<u>\$ 127,288</u>	<u>\$ 154,066</u>
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 6,345	\$ 6,705
Note payable	<u>-</u>	<u>1,675</u>
Total liabilities	<u>6,345</u>	<u>8,380</u>
 NET ASSETS		
Unrestricted	106,864	110,604
Temporarily restricted	<u>14,079</u>	<u>35,082</u>
Total net assets	<u>120,943</u>	<u>145,686</u>
Total liabilities and net assets	<u>\$ 127,288</u>	<u>\$ 154,066</u>

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, 2014 AND 2013**

	2014		2013	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
Revenue and support:				
Contributions and grants	\$ 635,925	\$ 56,470	\$ 544,052	\$ 45,800
Program revenue	267,348	-	324,083	-
Special events	32,338	-	29,704	-
Special events expense	(6,549)	-	(4,380)	-
Miscellaneous income	131	-	8,070	-
Total revenue and support	929,193	56,470	901,529	45,800
Net assets released from restrictions:				
Restrictions satisfied by payments	77,473	(77,473)	25,325	(25,325)
Total revenue, support and reclassifications	1,006,666	(21,003)	926,854	20,475
Expenses:				
Program services	924,386	-	796,306	-
Management and general	72,110	-	77,090	-
Fund raising	13,910	-	18,491	-
Total expenses	1,010,406	-	891,887	-
Increase in net assets	(3,740)	(21,003)	34,967	20,475
Net assets at beginning of year	110,604	35,082	75,637	14,607
Net assets at end of year	\$ 106,864	\$ 14,079	\$ 110,604	\$ 35,082
				\$ 145,686

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, 2014 AND 2013**

2014

	Program				Management and General		Fund Raising	Total
	Adult Day Care	Emergency Assistance	Meals on Wheels	Youth Services	Total Program	General		
Salaries and wages	\$ 161,952	\$ 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	3,050	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 and special event 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.

2013

	Program				Management and General		Fund Raising	Total
	Adult Day Care	Emergency Assistance	Meals on Wheels	Youth Services	Total Program			
Salaries and wages	\$ 172,462	\$ 48,327	\$ 16,260	\$ 3,700	\$ 240,749	\$ 49,531	\$ 12,383	\$ 302,663
Employee benefits and payroll taxes	52,727	11,314	2,264	283	66,588	1,279	111	67,978
Assistance to individuals	-	323,285	-	-	323,285	-	-	323,285
Other program expense	42,650	6,587	2,635	6,209	58,081	-	-	58,081
Professional fees and contract services	1,052	-	-	-	1,052	14,817	-	15,869
Supplies	6,963	1,105	246	-	8,314	403	35	8,752
Telephone	5,878	625	234	-	6,737	383	33	7,153
Utilities	2,320	652	245	-	3,215	400	35	3,650
Postage	1,326	372	139	-	1,837	228	20	2,085
Occupancy	11,100	9,813	3,924	9,252	34,089	6,450	561	41,100
Repair and maintenance	6,583	357	83	-	7,023	136	12	7,171
Travel, training and conferences	18,652	408	152	-	19,212	250	22	19,484
Insurance	12,891	1,326	495	-	14,712	813	71	15,596
Bank fees	335	94	35	-	464	58	5	527
Dues and subscriptions	747	210	78	-	1,035	129	11	1,175
Meals and entertainment	270	76	28	-	374	47	4	425
Interest expense	-	-	-	-	-	980	-	980
Fund raising and special event expense	-	-	-	-	-	-	5,088	5,088
Miscellaneous	755	212	79	-	1,046	130	8	1,184
Total expenses before depreciation	336,711	404,763	26,895	19,444	787,813	76,034	18,399	882,246
Depreciation	6,128	1,722	643	-	8,493	1,056	92	9,641
Total expenses	\$ 342,839	\$ 406,485	\$ 27,538	\$ 19,444	\$ 796,306	\$ 77,090	\$ 18,491	\$ 891,887

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, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (24,743)	\$ 55,442
Adjustments to reconcile change in net cash from operating activities:		
Depreciation	10,271	9,641
(Increase) decrease in operating assets:		
Accounts receivable	6,158	(1,559)
Grants receivable	15,780	(18,047)
Promises to give	10,000	(10,000)
Prepaid expenses	(1,384)	-
Restricted cash	(9,756)	-
Increase (decrease) in operating liabilities:		
Accounts payable	<u>(360)</u>	<u>(10,078)</u>
Net cash provided (used) by operating activities	<u>5,966</u>	<u>25,399</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of leasehold improvements and equipment	<u>(52,466)</u>	<u>(5,111)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on line of credit	-	(5,733)
Payments on long term debt	<u>(1,675)</u>	<u>(8,559)</u>
Net cash provided (used) by financing activities	<u>(1,675)</u>	<u>(14,292)</u>
Net increase (decrease) in cash	(48,175)	5,996
Cash at beginning of year	<u>59,033</u>	<u>53,037</u>
Cash at end of year	<u>\$ 10,858</u>	<u>\$ 59,033</u>
SUPPLEMENTAL DISCLOSURES:		
Cash paid for interest	<u>\$ 26</u>	<u>\$ 980</u>

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

NOTES TO FINANCIAL STATEMENTS
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
JUNE 30, 2014 AND 2013

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 26, 2015, 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 thirteen percent of its revenue from the Commonwealth of Kentucky, Cabinet for Health Services through KIPDA for its Adult Day Care program. This funding source is subject to periodic budget approvals and is subject to change.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE 3. PROMISES TO GIVE

Unconditional promises to give are all current and consist of the following:

	<u>2014</u>	<u>2013</u>
Renovations	<u>\$ -</u>	<u>\$ 10,000</u>

NOTE 4. 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, 2014 and 2013 the cost and accumulated depreciation of such assets were as follows:

	<u>2014</u>	<u>2013</u>
Vehicles	\$ 21,960	\$ 21,960
Equipment	4,654	4,654
Furniture & fixtures	19,317	19,317
Leasehold improvements	<u>101,763</u>	<u>49,297</u>
	147,694	95,228
Less accumulated depreciation	<u>(81,724)</u>	<u>(71,453)</u>
Leasehold improvements and equipment, net	<u>\$ 65,970</u>	<u>\$ 23,775</u>
Depreciation expense	<u>\$ 10,271</u>	<u>\$ 9,641</u>

NOTE 5. LINE OF CREDIT

SLCM has a \$35,000 bank line of credit available that expires in February 2015, 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, 2014). At June 30, 2014, SLCM had no outstanding balance against the line.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE 6. NOTE PAYABLE

Note payable consists of a vehicle loan, originally due February 13, 2016. SLCM has been making additional principal payments and the loan has been paid off as of June 30, 2014.

NOTE 7. RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	<u>2014</u>	<u>2013</u>
Renovations	\$ 9,756	\$ 10,000
Programs	<u>4,323</u>	<u>25,082</u>
Total restricted net assets	<u>\$ 14,079</u>	<u>\$ 35,082</u>

NOTE 8. 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 has also signed a new office lease beginning August 1, 2013 through July 31, 2020 for \$500 per month. Future minimum payments under the leases are as follows:

6/30/15	\$ 17,400
6/30/16	18,000
6/30/17	18,330
6/30/18	6,360
6/30/19	6,360
Thereafter	<u>7,010</u>
Total	<u>\$ 73,460</u>

NOTES TO FINANCIAL STATEMENTS – CONTINUED

Rent expense was \$18,350 and \$11,100 for the years ended June 30, 2014 and 2013, 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. The fair market value of the lease is \$10,000 and \$30,000 for the years ended June 30, 2014 and 2013, respectively, and is recorded as contributions and occupancy expense in the statements of activities.

NOTE 9. 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 2014, no amounts were recognized, although volunteers provided countless hours of assistance.

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 \$224,050 and \$189,844 and rent of \$10,000 and \$30,000 were recognized for the years ended June 30, 2014 and 2013, respectively.

SUPPLEMENTARY INFORMATION

**SCHEDULE OF CONTRACT ACTIVITY – ADULT DAY CARE
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
FOR THE YEAR ENDED JUNE 30, 2014**

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, 2013 to June 30, 2014

	<u>Actual</u>
REVENUES	
State funds	\$ 129,482
Fees/donations	<u>3,610</u>
Total revenues	<u>\$ 133,092</u>

	<u>Actual Units Provided</u>	<u>Rate</u>	<u>Amount Provided</u>
UNITS OF SERVICE			
Adult Day Health Care			
Adult Day Health Care	29,531	\$ 4.00	\$ 118,124
Alzheimer's Respite in Day Care	3,628	4.00	14,512
Case Management			
Adult Day Health Care	90	4.00	360
Alzheimer's Respite	<u>24</u>	4.00	<u>96</u>
Total Day Care	33,273		133,092
Less:			
Fees			3,610
Payments from KIPDA as of June 30, 2014			<u>118,989</u>
Due from KIPDA at June 30, 2014			<u>\$ 10,493</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.

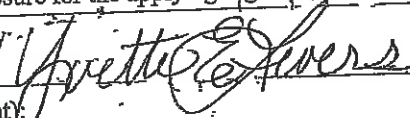
Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

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: 	Date: 2-15-2016
Legal Signatory (please print): YVETTE LIVERS	Title: Executive Director
Phone: (502) 361-7763 Extension:	Email: YVETTELIVERS@SLCM.ORG

EMPLOYEE CENSUS

2016

	JOB TITLE	HRS Per Week	Monthly
Yvette Livers	Executive Director	40	5,000.00
Kate Husk	Deputy Director	40	3,005.58
Adam Walker	Program Assistant (Client Services)	40	1,760.00
Najma Ahmed	Finance Assistant (Part time)	15	720.00
Tia Wilson	Administrative Assistant	40	1,600.00
Laura Callender	Receptionist/Food Pantry	40	1616.00
415 ½ West Ashland Avenue	Total		13,702
Independent Contractors		0	