

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

**Applicant/Program:** South Louisville Community Ministries  
**Applicant Requested Amount:** \$11,400  
**Appropriation Request Amount:** \$7,800

**Executive Summary of Request**  
Funding for SLCM events such as The Families Helping Families Dinner and The Annual Golf Scramble to support client services provided to families.

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

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

...15 District #      *Marvane Ginter* Primary Sponsor Signature      \$3,000 Amount      1-25-18 Date

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

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

South Louisville Community Ministries- Families Helping Families & Golf Scramble 2018

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

|             |                       |                   |
|-------------|-----------------------|-------------------|
| District 1  | _____                 | \$ _____          |
| District 2  | _____                 | \$ _____          |
| District 3  | _____                 | \$ _____          |
| District 4  | _____                 | \$ _____          |
| District 5  | _____                 | \$ _____          |
| District 6  | <i>Paul Upm</i>       | \$ <i>1300.00</i> |
| District 7  | _____                 | \$ _____          |
| District 8  | _____                 | \$ _____          |
| District 9  | _____                 | \$ _____          |
| District 10 | _____                 | \$ _____          |
| District 11 | _____                 | \$ _____          |
| District 12 | <i>Paul B. Howell</i> | \$ <i>500</i>     |
| District 13 | <i>Vicki Miller</i>   | \$ <i>1000</i>    |
| District 14 | _____                 | \$ _____          |
| District 15 | _____                 | \$ _____          |

**Applicant/Program:**

South Louisville Community Ministries- Families Helping Families & Golf Scramble 2018

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

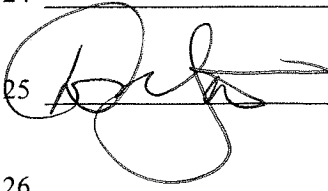
District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 Vitaldovshin \$ 2,000

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25  \$ 1,000<sup>00</sup>

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

|   |  |
|---|--|
| <b>Legal Name of Applicant Organization</b> SLCM  |  |
| <b>Program Name and Request Amount</b> SLCM Families Helping Families & Golf Scramble 2018  |  |
|   | <b>Yes/No/NA</b>   |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the funding proposed by Council Member(s) less than or equal to the request amount?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the proposed public purpose of the program viable and well-documented?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Will all of the funding go to programs specific to Louisville/Jefferson County?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Has prior Metro Funds committed/granted been disclosed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the application properly signed and dated by authorized signatory?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the entity in good standing with:<br>▶ Kentucky Secretary of State?<br>▶ Louisville Metro Revenue Commission?<br>▶ Louisville Metro Government?<br>▶ Internal Revenue Service?<br>▶ Louisville Metro Human Relations Commission? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the current Fiscal Year Budget included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the entity's board member list (with term length/term limits) included?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is recommended funding less than 33% of total agency operating budget?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Does the application budget reflect only the revenue and expenses of the project/program?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the most recent annual audit (if required by organization) included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is a copy of Signed Lease (if rent costs are requested) included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are the Articles of Incorporation of the Agency included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the IRS Form W-9 included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is the IRS Form 990 included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are the evaluation forms (if program participants are given evaluation forms) included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Prepared by: SHUGHES  | Date: Jan. 23, 2018  |

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

| SECTION 1 – APPLICANT INFORMATION   |                                   |   |                                  |
|---|-----------------------------------|---|----------------------------------|
| <b>Legal Name of Applicant Organization:</b><br><i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>  |                                   |   |                                  |
| <b>Main Office Street &amp; Mailing Address:</b>  |                                   |   |                                  |
| <b>Website:</b> www.slcm.org  |                                   |   |                                  |
| <b>Applicant Contact:</b>   | Yvette Livers                     | <b>Title:</b>   | Executive Director               |
| <b>Phone:</b>   | (502) 361-7763                    | <b>Email:</b>   | yvettelivers@slcm.org            |
| <b>Financial Contact:</b>   | Joyce Whalin                      | <b>Title:</b>   | Fund Development Chair           |
| <b>Phone:</b>   | (502) 361-7763                    | <b>Email:</b>   | funddevelopment@slcm.org         |
| <b>Organization's Representative who attended NDF Training:</b>   |                                   |   |                                  |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED  |                                   |   |                                  |
| <b>Program Facility Location(s):</b>  | South Louisville Community Center |   |                                  |
| <b>Council District(s):</b>   | 6,12,13,15,21,25                  | <b>Zip Code(s):</b>   | part of 40208,40209, 40214,40215 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION   |                                   |   |                                  |
| <b>PROGRAM/PROJECT NAME:</b>  |                                   |   |                                  |
| <b>Total Request: (\$)</b>  | 11,400                            | <b>Total Metro Award (this program) in previous year: (\$)</b>  | 9,000                            |
| <b>Purpose of Request (check all that apply):</b>   |                                   |   |                                  |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)<br><input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals<br><input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)  |                                   |   |                                  |
| <b>The Following are Required Attachments:</b>  |                                   |   |                                  |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter - <i>Addendum A</i><br><input checked="" type="checkbox"/> Current year projected budget - <i>Addendum B</i><br><input checked="" type="checkbox"/> Current financial statement - <i>Addendum C</i><br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H - <i>Addendum D</i><br><input checked="" type="checkbox"/> Articles of Incorporation (current & signed) - <i>Addendum E</i><br>Cost estimates from proposed vendor if request is for capital expense |                                   | <input type="checkbox"/> Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9 - <i>Addendum F</i><br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input checked="" type="checkbox"/> Annual audit (if required by organization) - <i>Addendum G</i><br><input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable - <i>Addendum H</i> |                                  |
| <b>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.</b>   |                                   |   |                                  |
| <b>Source:</b>  | Metro Council                     | <b>Amount: (\$)</b>   | 172,100                          |
| <b>Source:</b>  | NDF-Taste of South Louisville     | <b>Amount: (\$)</b>   | 11,000                           |
| <b>Source:</b>  |                                   | <b>Amount: (\$)</b>   |                                  |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |   |                                  |

Applicant's Initials *YL*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

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

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

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

The impact of our services changes the lives of families in crisis. Last year, South Louisville Community Ministries supplied food orders to 9495 families (30,000 plus individuals). Our pantry distributed over 195,000 lbs. of food during the year. Our weekly produce each Wednesday provided fresh produce to 60 to 80 families along with educational/learning opportunities about healthy eating and household management resources. We delivered senior commodities packages totaling 277 orders for the year. The Meals-On-Wheels program delivered 19,000 hot meals to over 100 homebound seniors this past year.

Financial assistance with utilities, housing payment and medication was provided to 2123 families.

Baby supplies such as diapers, wipes and baby wash to over 439 families. Clothing and furniture vouchers were given to 152 families. SLCM coordinated providing information and making referral services for 7,146 individuals. In addition, we helped over 30 individuals with resume writing, online job search, clothes for their interview or to start the first week of work.

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member  | Term End Date  |
|---|----------------|
| Michael Chinigo, President  | September 2018 |
| Stacy Herdt, Vice President   | September 2018 |
| Terry Conway, Secretary   | September 2018 |
| Theresa Batliner, Treasurer   | September 2018 |
|   |                |
| Rev. Dr. James Dewey, Member-at-large   | September 2018 |
| Nicole George, Member-at-large  | September 2019 |
| Kathryn Matheny, Member-at-large  | September 2019 |
| Tracy McDonald, Member-at-large   | September 2019 |
| Donna Ngo, Member-at-large  | September 2019 |
| L.D. Nunnolley, Member-at-large   | September 2019 |
| Jeffrey Oeswein, Member-at-large  | September 2018 |
| David Tummonds, Member-at-large   | September 2019 |
| **All current board members are eligible for another term.                                      |                |
| Emeritus Board Members- Ollie Clark, Donna Harper, Karen Compton, Craig Oswein and Joyce Whalin |                |
|   |                |

**Describe the Board term limit policy:**

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

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

| Three Highest Paid Staff Names                  | Annual Salary |
|---|---------------|
| Yvette Livers                      \$60,000     | +             |
| Kate Husk                              \$47,476 |               |
|   |               |



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This funding request is for the 2018 Events of Families Helping Families Dinner, the Annual Golf Scramble and overall promotional materials. Also, the grant will support client services provided for families and individuals through South Louisville Community Ministries.

The Families Helping Families Dinner will be held March 20, 2018 at Kosair Shrine Ballroom. This special dinner is an opportunity for families, friends, community and business leaders to celebrate the uniqueness of South Louisville. The honorable Mayor Greg Fischer will receive our Good Neighbor Award for his support to the ministries. A special performance will be given by a musical group from Iroquois High School.

The Annual Golf Scramble will be held on May 18, 2018 at Iroquois Golf Course. This event brings together various business or community leaders to have a fun networking opportunity as they support South Louisville Community Ministries. To ensure we maximize funds for events, the promotional materials will be purchased as a package to receive the lowest prices for materials.

All proceeds from the fundraising events 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):**

Families Helping Families Dinner: Cover cost of the dinner, decorations, event program materials, recognition items, special signs, invitations, event tickets and special video to share the impact of SLCM services.

Annual Golf Scramble: Cover the cost of lunch, snacks, recognition/appreciation items, signage and event program materials.

Promotional materials such as invitations, tickets, signs, printed items and other web based communication will be purchased for the 2018 South Louisville Community Ministries Events.

Funds not used for the event will go directly to services provided by our emergency assistance program. These funds will be used for specific clients to help with their rent, utilities and medications/medical supplies.

None of the funds allocated will be used for sub grantee.





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

Families Helping Families Dinner- As part of the event, light refreshments will provided during a special networking reception time and the cost of a full dinner that will be served. Also, we will create a video about SLCM, signage, event decorations, program information, printed materials, recognition/appreciation items for honored guest or program materials for participants.

Golf Scramble- This event will have lunch and an end of golf day light meal for participants. Also, there will be signage, decorations, program information and recognition/appreciation items.

Event promotion such as 2018 tickets, 2018 event invitations, newsletter and website communication. To effectively utilize our resources to promote events, we will maximize our dollars by promoting and purchasing materials for our 2018 events to receive discounts.

Any funds from this grant over and above the expenses for the event, they will go directly to client assistance. These funds are recorded, tracked by specific clients for rent, utilities or services provided.

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The assistance provided stabilizes families in crisis situations for 30 days. One hundred percent (100%) of families or individuals that receive service, it stabilizes their situation. Our food pantry and weekly produce allows 70% of families to eat healthy food monthly. Emergency assistance helps avoid eviction from one's home, prevents utilities from being shut-off or disconnected and purchases medication for individual wellness issues. Our utilities assistance prevents 100% of clients from having their services shut off or disconnected.

Records are maintained of all checks written on behalf of clients showing how grant funds were allocated. A limited number of client stories are available to share how we make a difference. (Our agency respects client privacy, only stories of clients who have given permission are utilized.)

### Client Crisis Story

"Six weeks before Bill came to South Louisville Community Ministries (SLCM) for services, he had a wife, house, two cars and a good, long-term job as a maintenance manager for a large downtown hotel. By the time he came to us, the hotel had gone under new management and immediately replaced the old staff and his wife had left him. His crisis reached a critical point when an evicted Bill arrived at SLCM having spent the night sleeping in his car. Over the next couple of weeks, we helped Bill move out of his crisis situation. We worked with Bill to identify and pay for temporary housing, supported him in finding a new job at an apartment complex (that discounted his rent on a new apartment), stocked his apartment with food, and provided counseling services for Bill to talk with someone throughout all the turmoil."

**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 organizations that support some of the services offered by our agency. Dare to Care provides food for our food pantry. Catholic Health Initiatives and Metro Senior Nutrition Program/KIPDA provides support for our Meals-On -Wheels program Kentucky one assists with medication for low income families. Kosair Charities grant provides baby diapers and other necessary infant supplies. LG&E and Louisville Water Company support assisting families to pay their extreme weather bills. Also, we partner with LG&E programs such as We Care to educate clients to explore various weatherization options to lower or manage their monthly bill.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

| Program/Project Expenses   | Column 1             | Column 2        | Column (1+2)=3 |
|--|----------------------|-----------------|----------------|
|  | Proposed Metro Funds | Non-Metro Funds | Total Funds    |
| <b>A: Personnel Costs Including Benefits</b>                             |                      |                 |                |
| <b>B: Rent/Utilities</b>   |                      |                 |                |
| <b>C: Office Supplies</b>  |                      |                 |                |
| <b>D: Telephone</b>  |                      |                 |                |
| <b>E: In-town Travel</b>   |                      |                 |                |
| <b>F: Client Assistance (See Detailed List on Page 8)</b>                | 3,000                | 47,000          | 50,000         |
| <b>G: Professional Service Contracts</b>                                 |                      |                 |                |
| <b>H: Program Materials</b>  |                      |                 |                |
| <b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b> | 8,400                |                 | 8,400          |
| <b>J: Machinery &amp; Equipment</b>                                      |                      |                 |                |
| <b>K: Capital Project</b>  |                      |                 |                |
| <b>L: Other Expenses (See Detailed List on Page 8)</b>                   |                      |                 |                |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                                      | \$11,400             | \$47,000        | \$58,400       |
| <b>% of Program Budget</b>   | 20 %                 | 80 %            | 100%           |

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

|   |          |
|---|----------|
| Other State, Federal or Local Government                      | \$11,000 |
| United Way  |          |
| Private Contributions (do not include individual donor names) |          |
| Fees Collected from Program Participants                      | \$36,000 |
| Other (please specify)  |          |
| <b>Total Revenue for Columns 2 Expenses **</b>                | \$47,000 |


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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7<br>(circle one and use multiple sheets if necessary) | Column 1             | Column 2        | Column (1 + 2)=3 |
|---|----------------------|-----------------|------------------|
|   | Proposed Metro Funds | Non-Metro Funds | Total Funds      |
| Community Events  | 8,400                |                 |                  |
| See attached detailed budget  |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
| Client Assistance-Payment for the rent and utilities bills of clients   | 3,000                |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
| <b>Total</b>  | 11,400               |                 |                  |

Applicant's Initials 



**Budget**

|   |                 |
|---|-----------------|
| <b>Food for Families Helping Families<br/>Dinner and Reception</b>  | <b>\$ 3,300</b> |
| <b>Event Decorations (table clothes,<br/>Centerpieces, etc...)</b>  | <b>\$ 300</b>   |
| <b>Video</b>  | <b>\$ 900</b>   |
| <b>Awards and Recognition Items</b>   | <b>\$ 200</b>   |
| <b>Promotion Materials for Events<br/>(Tickets, Invitations, Posters, Banners,<br/>Golf Signs, Printed Items)</b> | <b>\$ 2,500</b> |
| <b>Golf Event Day (Meals and Snack)</b>   | <b>\$ 800</b>   |
| <b>Postage</b>  | <b>\$ 400</b>   |
| <b>Client Assistance</b>  | <b>\$3,000</b>  |
| <b>Total</b>  | <b>\$11,400</b> |

**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 |
|---|-----------------------|---------------------|
| 150 hours @\$17   | \$2,550               | NVM                 |
|   |                       |                     |
|   |                       |                     |
|   |                       |                     |
| <i>Total Value of In-Kind<br/>(to match Program Budget Line Item.<br/>Volunteer Contribution &amp; Other In Kind)</i> |                       |                     |

**\* 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 2017

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

If YES, please explain:

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

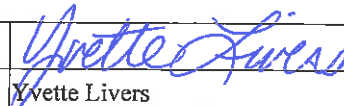
#### Standard Certifications


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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

|   |   |                   |                    |
|---|---|-------------------|--------------------|
| <b>Signature of Legal Signatory:</b>    |  | <b>Date:</b>      | 1-16-2018          |
| <b>Legal Signatory: (please print):</b> | Yvette Livers   | <b>Title:</b>     | Executive Director |
| <b>Phone:</b>                           | (502) 361-7763  | <b>Extension:</b> |                    |
| <b>Email:</b>                           | yvettelivers@slcm.org   |                   |                    |

Applicant's Initials 



P.O. Box 2508  
Cincinnati OH 45201

Addendum A.

In reply refer to: 0248367569  
Mar. 20, 2012 LTR 4168C E0  
000000 00  
00017552  
BODC: TE

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

Employer Identification Number: [REDACTED]  
Person to Contact: Mrs. Black  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

Please refer to our website [www.irs.gov/eo](http://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

Approved 2017-  
2018

| Income   |                      |
|--|----------------------|
| 3030-00-00 Individual Giving - Admin                             | \$ 20,000.00         |
| 3030-25-99 Individual Giving - EA                                | \$ 10,000.00         |
| 3030-40-00 Individual Giving - MOW                               | \$ 50.00             |
| <b>3030 Total Individual Giving</b>                              | <b>\$ 30,050.00</b>  |
| <br>   |                      |
| 3035-00-00 Business & Corps - Admin (NOT sponsorships for event) | \$ 4,000.00          |
| 3035-25-99 Business & Corporations - EA                          | \$ 3,000.00          |
| <b>3035 Total Business/Corporation Giving</b>                    | <b>\$ 7,000.00</b>   |
| <br>   |                      |
| 3040-00-00 Memorials - Admin                                     | \$ 500.00            |
| 3040-40-00 Memorials - MOW                                       | \$ 100.00            |
| <b>3040 Total Memorial Giving</b>                                | <b>\$ 600.00</b>     |
| <br>   |                      |
| 3109-00-00 Church Donations - Admin                              | \$ 3,000.00          |
| 3110-25-99 through 3115-25-99 Churches - EA                      | \$ 40,000.00         |
| <b>3100 Total Church Giving</b>                                  | <b>\$ 43,000.00</b>  |
| <br>   |                      |
| 3200-15-xx Special Fundraising Events - FD                       | \$ 65,000.00         |
| 3210-00-00 Misc Income   | \$ 1,000.00          |
| <b>3200 Fundraising and Misc Income</b>                          | <b>\$ 66,000.00</b>  |
| <br>   |                      |
| 3258-00-00 Grants Misc - Admin                                   | \$ 8,000.00          |
| 3258-25-99 Grants EA   | \$ 17,000.00         |
| <b>Grants Misc Total</b>   | <b>\$ 25,000.00</b>  |
| <br>   |                      |
| 3310-05-00/99 Metro Louisville Formula - MF                      | \$ 172,100.00        |
| 3320-00-00 NDF - Admin   | \$ 11,250.00         |
| 3320-25-99 NDF - EA  | \$ 7,000.00          |
| 3330-40-00 Metro MOW reimbursement--MOW                          | \$ 12,000.00         |
| <b>Metro Govt Grants Total</b>                                   | <b>\$ 202,350.00</b> |
| <br>   |                      |
| 3355-25-99 CHI Prescription Reimb - EA                           | \$                   |
| 3355-40-00 CHI Reimbursement - MOW                               | \$ 12,000.00         |
| 3618-25-99 Kosair - EA   | \$ 9,500.00          |
| <b>Annual EA Grants Total</b>                                    | <b>\$ 21,500.00</b>  |
| <br>   |                      |
| 3625-25-99 Winterhelp - EA                                       | \$ 21,000.00         |
| 3626-25-99 Utility Match Water - EA                              | \$ 14,000.00         |
| 3627-25-99 Utility Match LGE - EA                                | \$ 32,000.00         |
| <b>Utility Grants Total</b>                                      | <b>\$ 67,000.00</b>  |
| <br>   |                      |
| <b>3258-3628 All Grants Total</b>                                | <b>\$ 315,850.00</b> |

00 Admin=Administration  
05 MF=Metro Formula Grant  
15 FD=Fund Development  
25 EA=Emergency Assistance  
40 MOW=Meals on Wheels  
  
xxxx-xx-99= EA Pass through

Total Income \$ 462,500.00

Expense

|                               |    |                   |
|-------------------------------|----|-------------------|
| 7001-00 Exempt Salaries - Adm | \$ | 33,775.00         |
| 7001-05 Exempt Salaries - MF  | \$ | 66,872.00         |
| 7002-00 Hourly Salaries - Adm | \$ | 29,000.00         |
| 7002-05 Hourly Salaries - MF  | \$ | 44,000.00         |
| 7002-40 Hourly Salaries - MOW | \$ | 19,200.00         |
| <b>Salary Total</b>           | \$ | <b>192,847.00</b> |

|  |    |                  |
|--|----|------------------|
| 7102 to 7108-00 Health/Life/Disability - Admin | \$ | 11,315.00        |
| 7102 to 7108-25 Health/Life/Disability - EA    | \$ | 11,210.00        |
| 7102 to 7108-40 Health/Life/Disability - MOW   | \$ | 6,000.00         |
| 7110-00 Retirement Admin                       | \$ | =                |
| 7110-25 Retirement EA                          | \$ | =                |
| 7110-40 Retirement MOW                         | \$ | =                |
| <b>Insurance Totals</b>                        | \$ | <b>28,525.00</b> |

|                              |    |                  |
|------------------------------|----|------------------|
| 7201-01 Payrolls Taxes - Adm | \$ | 6,000.00         |
| 7201-25 Payroll Taxes - EA   | \$ | 6,800.00         |
| 7201-40 Payroll Taxes - MOW  | \$ | 1,900.00         |
| <b>Payroll Taxes</b>         | \$ | <b>14,700.00</b> |

|                                     |    |                 |
|-------------------------------------|----|-----------------|
| 7203-00 Workers' Compensation - Adm | \$ | 200.00          |
| 7203-05 Workers' Compensation - MF  | \$ | 1,100.00        |
| <b>Workman's Comp Totals:</b>       | \$ | <b>1,300.00</b> |

**7000 - Personnel Expenses** \$ 237,372.00

|   |    |                  |
|---|----|------------------|
| 8008-05 Audit Fees - MF                       | \$ | 5,672.00         |
| 8008-00 Audit Fees - Adm                      | \$ | 1,828.00         |
| 8009-05 Payroll Service Fee - MF              | \$ | 1,600.00         |
| 8009-00 Payroll Services Fee - Adm            | \$ | 400.00           |
| 8011-00 Contractor Labor (Janitorial) - Admin | \$ | 7,300.00         |
| 8012-00 Contractor Labor-Accounting - Admin   | \$ | 1,300.00         |
| 8012-05 Contractor Labor-Accounting - MF      | \$ | 5,200.00         |
| 8013-00 Bank Service Fees - Admin             | \$ | 350.00           |
| <b>8000 - Professional Fees</b>               | \$ | <b>23,650.00</b> |

|                                  |    |          |
|----------------------------------|----|----------|
| 8104-00 Food & Beverages - Admin | \$ | 1,700.00 |
| 8104-15 Food & Beverage - FD     | \$ | 6,200.00 |
| 8104-40 Food & Beverage - MOW    | \$ | 60.00    |
| 8106-00 Office Supplies - Admin  | \$ | 850.00   |
| 8106-15 Office Supplies - FD     | \$ | 350.00   |
| 8106-05 Office Supplies - MF     | \$ | 1,500.00 |

|  |           |                  |
|--|-----------|------------------|
| 8106-40 Office Supplies - MOW                      | \$        | 75.00            |
| 8107-00 Copier Expenses - Admin                    | \$        | 700.00           |
| 8107-05 Copier Expense - MF                        | \$        | 2,500.00         |
| 8140-00 Janitorial Supplies - Admin                | \$        | 400.00           |
| 8150-00 Program Supplies - Admin                   | \$        | 300.00           |
| 8150-15 Program Supplies - FD                      | \$        | 3,600.00         |
| 8150-40 Program Supplies - MOW                     | \$        | 75.00            |
| 8150-25 Program Supplies - EA                      | \$        | 450.00           |
| 8151-00 Training Supplies - Admin                  | \$        | -                |
| 8152-00 Training Fees - Admin                      | \$        | -                |
| 8155-00 Volunteer/Partner Appreciation - Admin     | \$        | 225.00           |
| 8155-15 Volunteer/Partner Appreciation - FD        | \$        | 175.00           |
| 8155-25 Volunteer/Partner Appreciation - EA        | \$        | 1,100.00         |
| 8155-40 Volunteer/Partner Appreciation - MOW       | \$        | 1,200.00         |
| <b><u>8100 · Supplies/Services</u></b>             | <b>\$</b> | <b>21,460.00</b> |
| <br>   |           |                  |
| 8201-00 Telephone - Adm                            | \$        | 550.00           |
| 8201-05 Telephone - MF                             | \$        | 2,200.00         |
| 8201-40 Telephone - MOW                            | \$        | 100.00           |
| <b><u>8200 · Telephone</u></b>                     | <b>\$</b> | <b>2,850.00</b>  |
| <br>   |           |                  |
| 8301-00 Postage - ADM                              | \$        | 800.00           |
| 8301-05 Postage - MF                               | \$        | 1,100.00         |
| 8301-15 Postage FD                                 | \$        | 500.00           |
| 8301-40 Postage - MOW                              | \$        | 300.00           |
| <b><u>8300 · Postage &amp; Shipping</u></b>        | <b>\$</b> | <b>2,700.00</b>  |
| <br>   |           |                  |
| 8401-00 Rent Expense - ADMIN                       | \$        | 1,272.00         |
| 8401-05 Rent Expense - MF                          | \$        | 5,088.00         |
| 8405-00 Electricity - ADM                          | \$        | 1,900.00         |
| 8405-05 Electricity - MF                           | \$        | 7,300.00         |
| 8409 and 8415-00 Rep & Maint of Bldg - ADM         | \$        | 300.00           |
| 8409 and 8415-25 Rep & Maint of Bldg - EA          | \$        | 350.00           |
| <b><u>8400 · Occupancy Expenses</u></b>            | <b>\$</b> | <b>16,210.00</b> |
| <br>   |           |                  |
| 8501-15 Rentals, Equipment Expenses - FD           | \$        | 1,750.00         |
| 8502-00 Equipment Maintenance & Repair             | \$        | 350.00           |
| 8504-00 Computer Hardware/Software-Admin           | \$        | 300.00           |
| 8505-00 Computer Services (Website, Backups)-Admin | \$        | 2,800.00         |
| <b><u>8500 Rentals and Technology</u></b>          | <b>\$</b> | <b>5,200.00</b>  |
| <br>   |           |                  |
| 8601-00 Printing - Admin                           | \$        | 750.00           |
| 8601-15 Printing - Fund Development                | \$        | 2,500.00         |
| 8602-15 Artwork - FD                               | \$        | 25.00            |
| 8603-15 Photography/Video - FD                     | \$        | -                |
| 8607-15 Publications - FD                          | \$        | -                |
| <b><u>8600 · Printing Expenses</u></b>             | <b>\$</b> | <b>3,275.00</b>  |

|   |           |               |
|---|-----------|---------------|
| 8707-40 Mileage Reimbursement-staff MOW | \$        | 750.00        |
| 8707-00 Mileage reimbursement - Admin   | \$        |               |
|   | <u>\$</u> | <u>750.00</u> |

|                        |           |                   |
|------------------------|-----------|-------------------|
| Rent Assistance - EA   | \$        | 20,000.00         |
| RX Assistance - EA     | \$        | 9,000.00          |
| LG & E Assistance - EA | \$        | 67,108.00         |
| Water Assistance EA    | \$        | 32,000.00         |
| Food - EA              | \$        | 3,000.00          |
| Baby Supplies - EA     | \$        | 9,500.00          |
|                        | <u>\$</u> | <u>140,608.00</u> |

|                                      |           |               |
|--------------------------------------|-----------|---------------|
| 9001-00 Dues and Subscriptions-Admin | \$        | 400.00        |
|                                      | <u>\$</u> | <u>400.00</u> |

|  |           |                 |
|--|-----------|-----------------|
| 9203-00 Interest Long term short term debt | \$        | 1,700.00        |
|  | <u>\$</u> | <u>1,700.00</u> |

|  |           |                 |
|--|-----------|-----------------|
| 9330-00 Gen Liability & Umbrella - Admin | \$        | 800.00          |
| 9330-05 Gen Liability & Umbrella - MF    | \$        | 3,150.00        |
| 9350-00 Directors & Officers Insurance   | \$        | 2,100.00        |
|  | <u>\$</u> | <u>6,050.00</u> |

|                             |           |               |
|-----------------------------|-----------|---------------|
| 9456-00 License and Permits | \$        | 175.00        |
| 9456-15 License and Permits | \$        | 100.00        |
|                             | <u>\$</u> | <u>275.00</u> |

**Total Expense** \$ 462,500.00

**Net Profit/Loss** \$ -

South Louisville Community Ministries  
Statement of Activities  
For the Five Months Ending November 30, 2017

|  | YTD<br>Actual     | Annual<br>Budget  | Variance            | % of<br>Budget<br>Collected/Spent |
|--|-------------------|-------------------|---------------------|-----------------------------------|
| Individual Giving                      | \$ 14,672         | \$ 30,050         | \$ (15,378)         | 48.82%                            |
| Business/Corporation Giving            | \$ 4,515          | \$ 7,000          | \$ (2,485)          | 64.50%                            |
| Memorial Giving                        | \$ 20             | \$ 600            | \$ (580)            | 3.33%                             |
| Church Giving                          | \$ 15,499         | \$ 43,000         | \$ (27,501)         | 36.04%                            |
| Fundraising and Misc. Income           | \$ 44,103         | \$ 66,000         | \$ (21,897)         | 66.82%                            |
| Grants                                 | \$ 139,954        | \$ 315,850        | \$ (175,896)        | 44.31%                            |
| <b>Total Revenue</b>                   | <b>\$ 218,762</b> | <b>\$ 462,500</b> | <b>\$ (243,738)</b> | <b>47.30%</b>                     |
| Personnel Expenses                     | \$ 95,739         | \$ 237,372        | \$ 141,633          | 40.33%                            |
| Professional Fees                      | \$ 8,694          | \$ 23,650         | \$ 14,956           | 36.76%                            |
| Supplies/Services                      | \$ 5,455          | \$ 21,460         | \$ 16,005           | 25.42%                            |
| Telephone                              | \$ 1,204          | \$ 2,850          | \$ 1,646            | 42.23%                            |
| Postage & Shipping                     | \$ 1,009          | \$ 2,700          | \$ 1,691            | 37.37%                            |
| Occupancy Expenses                     | \$ 6,218          | \$ 16,210         | \$ 9,992            | 38.36%                            |
| Rentals & Technology                   | \$ 4,125          | \$ 5,200          | \$ 1,075            | 79.33%                            |
| Printing Expenses                      | \$ 2,335          | \$ 3,275          | \$ 940              | 71.29%                            |
| Travel Expenses                        | \$ 153            | \$ 750            | \$ 597              | 20.36%                            |
| Client Services                        | \$ 65,586         | \$ 140,608        | \$ 75,022           | 46.64%                            |
| Dues & Subscriptions                   | \$ -              | \$ 400            | \$ 400              | 0.00%                             |
| Insurance                              | \$ 932            | \$ 6,050          | \$ 5,118            | 15.40%                            |
| Interest                               | \$ 891            | \$ 1,700          | \$ 809              | 52.40%                            |
| Misc. Expenses                         | \$ 94             | \$ 275            | \$ 181              | 34.18%                            |
| <b>Total Expenses</b>                  | <b>\$ 192,434</b> | <b>\$ 462,500</b> | <b>\$ 270,066</b>   | <b>41.61%</b>                     |
| Revenue in Excess (Deficit) of Expense | \$ 26,328         | \$ 0              | \$ 26,328           |                                   |
| In Kind Income                         | \$ -              | \$ -              | \$ -                |                                   |
| In Kind Expense                        | \$ -              | \$ -              | \$ -                |                                   |
| <b>Net In-Kind Activity</b>            | <b>\$ -</b>       | <b>\$ -</b>       | <b>\$ -</b>         |                                   |
| <b>Net Agency Activity</b>             | <b>\$ 26,328</b>  | <b>\$ 0</b>       | <b>\$ 26,328</b>    |                                   |

**Balance Sheet  
As of 11/30/2017**

**So. Louisville Community Ministries (SLC)**

|   | Year to Date            | Prior<br>Year to Date   |
|---|-------------------------|-------------------------|
| <b>Assets</b>                           |                         |                         |
| <b>Current Assets</b>                   |                         |                         |
| Cash - Republic Bank Operating          | 22,770.70               | 14,285.89               |
| Cash - Emergency Assistance 769         | 20.22                   | 157.22                  |
| Cash-Republic-Restricted Funds-0249     | 7,688.32                | 8,784.55                |
| Cash-Republic Bank-Emer Assistance      | 2,095.06                | 5,190.72                |
| Republic Bank-Gaming-xx9574             | 257.00                  | 239.00                  |
| Petty Cash                              | 50.00                   | 50.00                   |
| Accounts Receivable                     | 505.01                  | 0.00                    |
| Accts Rec Metro MOW                     | 0.00                    | 3,290.76                |
| Grant Receivable CHI Medical Assistance | 1,500.00                | 2,939.00                |
| Health Ins-Dependent                    | 1,357.68                | 1,435.32                |
| G/R CHI MOW Reimbursement               | 4,500.00                | 3,053.00                |
| <b>Total Current Assets:</b>            | <u>40,743.99</u>        | <u>39,425.46</u>        |
| <b>Fixed Assets</b>                     |                         |                         |
| Furniture & Fixtures                    | 4,046.92                | 18,877.92               |
| Accum. Depr. - Furn & Fixtures          | -7,456.40               | -17,937.40              |
| Equipment                               | 4,880.13                | 2,225.39                |
| Accum. Depr. - Equipment                | -1,828.00               | -1,828.00               |
| Leasehold Improvements                  | 54,175.32               | 54,175.32               |
| Accum. Depr. - Leasehold Imprv          | -9,829.00               | -9,829.00               |
| <b>Total Fixed Assets:</b>              | <u>43,988.97</u>        | <u>45,684.23</u>        |
| <b>Total Assets:</b>                    | <u><u>84,732.96</u></u> | <u><u>85,109.69</u></u> |
| <b>Liabilities</b>                      |                         |                         |
| <b>Current Liabilities</b>              |                         |                         |
| Accounts Payable                        | 820.14                  | 1,179.32                |
| Month End Accruals                      | 0.00                    | 664.13                  |
| LOC - Republic Bank#25596233            | 47,434.02               | 33,120.95               |
| <b>Total Current Liabilities:</b>       | <u>48,254.16</u>        | <u>34,964.40</u>        |
| <b>Total Liabilities:</b>               | <u>48,254.16</u>        | <u>34,964.40</u>        |
| <b>Equity</b>                           |                         |                         |
| Net Assets - Temp Restricted            | 128.44                  | 128.44                  |
| Retained Earnings-Current Year          | 26,327.83               | 11,135.36               |
| Net Assets                              | 10,022.53               | 38,881.49               |
| <b>Total Equity:</b>                    | <u>36,478.80</u>        | <u>50,145.29</u>        |
| <b>Total Liabilities &amp; Equity:</b>  | <u><u>84,732.96</u></u> | <u><u>85,109.69</u></u> |

No CPA provides any assurance on these financial statements.

Addendum D

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

**Part I Summary**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>To empower our neighbors in crisis to move toward stability and self-sufficiency.</b> |  |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                 |  |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3 10</b>  |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4 10</b>  |
|                                    | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5 11</b>  |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6 160</b>   |
|                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a 0</b>  |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b 0</b>  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year <b>634,975</b> Current Year <b>676,807</b>              |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>220,725 66,251</b>  |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>5,396</b>   |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>13,222 49,559</b>   |
|                                    | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>868,922 798,013</b>   |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>417,099 474,386</b>   |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>   |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>366,605 258,041</b>   |
|                                    | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>   |
|                                    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>43,490</b>   |  |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>121,542 111,195</b>   |
|                                    | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>905,246 843,622</b>   |
|                                    | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>-36,324 -45,609</b>   |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year <b>126,455</b> End of Year <b>80,018</b> |
|                                    | <b>21</b> Total liabilities (Part X, line 26)  | <b>41,836 41,008</b>   |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>84,619 39,010</b>   |

**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.

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

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

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

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

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

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

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

**Adult Day Center:**

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

**This program is funded in part, under a contract with KIPDA and the Cabinet**

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

**Program for Homebound Seniors**

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

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

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

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

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



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

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | 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? If "Yes," complete Schedule C, Part III   |     | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | 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? If "Yes," complete Schedule D, Part IV            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | 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? If "Yes," complete Schedule D, Part VI   | 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? If "Yes," complete Schedule D, Part VII   |     | 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? If "Yes," complete Schedule D, Part VIII   |     | 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? If "Yes," complete Schedule D, Part IX  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 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)? If "Yes," complete Schedule D, Part X  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | 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? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule F, Parts II and IV   |     | 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? If "Yes," complete Schedule F, Parts III and IV   |     | 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? If "Yes," complete Schedule G, Part I (see instructions)  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |

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

|   | Yes      | No       |
|---|----------|----------|
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |          | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | <b>X</b> |          |
| <b>23</b> 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  |          | <b>X</b> |
| <b>24a</b> 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                           |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |          |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |          | <b>X</b> |
| <b>b</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  |          | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |          | <b>X</b> |
| <b>27</b> 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 |          | <b>X</b> |
| <b>28</b> 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):   |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>c</b> 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   |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | <b>X</b> |          |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| <b>33</b> 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  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |          | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |          | <b>X</b> |
| <b>b</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  |          |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          | <b>X</b> |
| <b>37</b> 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   |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | <b>X</b> |          |

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

**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<br>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. | 10  |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent   | 10  |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   |     | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

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

The Company  
Louisville

415 1/2 Ashland Ave

KY 40214

502-681-4983

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

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

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

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

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

**Part VIII Statement of Revenue**

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

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

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

**Part IX Statement of Functional Expenses**

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

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



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

**Part X Balance Sheet**

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

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

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | 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.    |     |    |

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**South Louisville Community Ministries, Inc.**

Number

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

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

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

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



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

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

**Section A. Public Support**

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

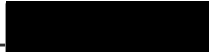
**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

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



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |   |    |  |
|----------|---|----|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):   |    |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |    |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |    |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |    |  |
| <b>2</b> | Activities Test. Answer (a) and (b) below.  |    |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |  |
| <b>3</b> | Parent of Supported Organizations. Answer (a) and (b) below.  |    |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  | 3a |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b |  |



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

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

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

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

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

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





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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4                         | Amounts paid to acquire exempt-use assets  |              |
| 5                         | Qualified set-aside amounts (prior IRS approval required)  |              |
| 6                         | Other distributions (describe in Part VI). See instructions.   |              |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9                         | Distributable amount for 2015 from Section C, line 6   |              |
| 10                        | Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2015:  |                             |  |   |
| a   |   |                             |  |   |
| b   |   |                             |  |   |
| c   |   |                             |  |   |
| d   | From 2013 .....   |                             |  |   |
| e   | From 2014 .....   |                             |  |   |
| f   | <b>Total of lines 3a through e</b>  |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2015 distributable amount  |                             |  |   |
| i   | Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4   | Distributions for 2015 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2015 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| 6   | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| 7   | Excess distributions carryover to 2016. Add lines 3j and 4c.  |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   |   |                             |  |   |
| b   |   |                             |  |   |
| c   | Excess from 2013 .....  |                             |  |   |
| d   | Excess from 2014 .....  |                             |  |   |
| e   | Excess from 2015 .....  |                             |  |   |



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

**Part II, Line 10 - Other Income Detail**

\$ 16,269



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

South Louisville Community Ministries, Inc.

Employer identification number



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

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

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

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount          |
|--|-----------------|
| <b>c</b> Beginning balance .....             | <b>1c</b> ..... |
| <b>d</b> Additions during the year .....     | <b>1d</b> ..... |
| <b>e</b> Distributions during the year ..... | <b>1e</b> ..... |
| <b>f</b> Ending balance .....                | <b>1f</b> ..... |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                 | No    |
|--|---------------------|-------|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b> .....  | ..... |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> ..... | ..... |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                              |                |
| <b>b</b> Buildings .....   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....  |                                      | 54,175                          | 9,828                        | 44,347         |
| <b>d</b> Equipment .....   |                                      | 21,103                          | 19,766                       | 1,337          |
| <b>e</b> Other .....   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 45,684         |

**Part VII Investments—Other Securities.**

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

| (a) Description of security or category<br>(Including name of security)     | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

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



Lined area for supplemental information with horizontal dotted lines.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public  
Inspection

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

Number

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

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

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

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

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

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

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

.....

.....

.....

.....

.....



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

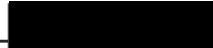
|                 |  | (a) Event #1  | (b) Event #2                    | (c) Other events    | (d) Total events                   |        |
|-----------------|--|---|---------------------------------|---------------------|------------------------------------|--------|
|                 |  | Taste of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

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

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

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

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



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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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

.....



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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

▶ Attach to Form 990.

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

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

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

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

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

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

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

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

**Part IV - Additional Information**

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

**SCHEDULE M  
(Form 990)**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

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

Employer identification number



**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>Items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art   |                               |  |  |  |
| 2 Art—Historical treasures                                       |                               |  |  |  |
| 3 Art—Fractional interests                                       |                               |  |  |  |
| 4 Books and publications   |                               |  |  |  |
| 5 Clothing and household<br>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,<br>or trust interests            |                               |  |  |  |
| 12 Securities—Miscellaneous                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other                  |                               |  |  |  |
| 15 Real estate—Residential                                       |                               |  |  |  |
| 16 Real estate—Commercial  |                               |  |  |  |
| 17 Real estate—Other   |                               |  |  |  |
| 18 Collectibles  |                               |  |  |  |
| 19 Food inventory  |                               |  |  |  |
| 20 Drugs and medical supplies                                    |                               |  |  |  |
| 21 Taxidermy   |                               |  |  |  |
| 22 Historical artifacts  |                               |  |  |  |
| 23 Scientific specimens  |                               |  |  |  |
| 24 Archeological artifacts                                       |                               |  |  |  |
| 25 Other ▶ (Food Donations)                                      | X                             | 1  | 288,973  | Provided by donor  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

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

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

**Part II Supplemental Information.** Provide the information required by **28**, **29**, **30**, and **33**, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

Dotted lines for supplemental information.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**Form 990 - Organization's Mission**

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

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

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

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

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

**2015-2016 EMERGENCY ASSISTANCE PROGRAM:**

Name of the organization

Employer identification number

South Louisville Community

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

"Rent (Metro/Church funds) - 204

"Water (Metro/Church funds) - 275

"LGE (Metro/Church funds) - 413

"Medication (Metro and CHI) - 317

"Food (orders) - 6326

"Special Utility Grants - 340

"Job Coaching - 4

"Clothing/Furniture Vouchers - 103

"Baby supplies - 396

"General I & R - 6637

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

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

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

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

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

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

Name of the organization

Employer identification number

South Louisville Community



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

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

Volunteer Services

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

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

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

Board Members complete a conflict of interest form annually.

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

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

Form 990, Part XII, Line 2c - Change in Financial Review Process

The process has not changed since the previous year's filing.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

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

Identifying number XXXXXXXXXX

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

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

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

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

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

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

**Section A**

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

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

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

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

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

**Part IV Summary (See instructions.)**

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

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

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

#### ARTICLE IV

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

#### ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue  
Louisville, KY 40214

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

#### ARTICLE VI

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

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

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

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

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

#### ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

#### ARTICLE VIII

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

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

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

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

#### ARTICLE IX

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

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



ARTICLE X

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

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

Joyce Whalin  
Joyce Whalin, Secretary

STATE OF KENTUCKY    )  
  )  
COUNTY OF JEFFERSON )

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

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

My Commission Expires: August 27, 2016

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

William J. Galloway  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

**Request for Taxpayer  
Identification Number and Certification**

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

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

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

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

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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

**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.

Social security number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

or

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶ *Yvette Livers*

Date ▶ *1-16-2018*

**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](http://www.irs.gov/fw9).

**Purpose of Form**

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

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

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

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

**SOUTH LOUISVILLE  
COMMUNITY MINISTRIES, INC.**

**JUNE 30, 2016 AND 2015**

## CONTENTS

|                                   | PAGE |
|-----------------------------------|------|
| INDEPENDENT AUDITOR'S REPORT      | 3    |
| FINANCIAL STATEMENTS:             |      |
| STATEMENTS OF FINANCIAL POSITION  | 5    |
| STATEMENTS OF ACTIVITIES          | 6    |
| STATEMENTS OF FUNCTIONAL EXPENSES | 7    |
| STATEMENTS OF CASH FLOWS          | 9    |
| NOTES TO FINANCIAL STATEMENTS     | 10   |

## INDEPENDENT AUDITOR'S REPORT

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

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

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

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

**Opinion**

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

*Baldwin CPAs, PLLC*

Louisville, Kentucky  
January XX, 2017

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

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

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

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

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

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



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

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

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

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

|   | 2015              |                         |           |                  | Management |           | Fund | Total      |
|---|-------------------|-------------------------|-----------|------------------|------------|-----------|------|------------|
|   | Program           |                         | Meals on  |                  | and        |           |      |            |
|   | Adult Day<br>Care | Emergency<br>Assistance | Wheels    | Total<br>Program | General    |           |      | Total      |
| Salaries and wages                      | \$ 154,030        | \$ 56,629               | \$ 21,509 | \$ 232,168       | \$ 57,554  | \$ 14,389 | \$   | \$ 304,111 |
| Employee benefits and payroll taxes     | 37,460            | 15,025                  | 8,554     | 61,039           | 1,356      | 99        |      | 62,494     |
| Assistance to individuals               |                   | 417,099                 |           | 417,099          |            |           |      | 417,099    |
| Other program expense                   | 12,395            | 32                      |           | 12,427           |            |           |      | 12,427     |
| Professional fees and contract services | 3,453             | 1,397                   | 644       | 5,494            | 7,951      | 55        |      | 13,500     |
| Supplies                                | 7,547             | 2,593                   | 1,301     | 11,441           | 843        | 62        |      | 12,346     |
| Telephone                               | 4,330             | 1,447                   | 184       | 5,961            | 215        | 16        |      | 6,192      |
| Utilities                               | 844               | 4,374                   | 157       | 5,375            | 183        | 13        |      | 5,571      |
| Postage                                 | 1,077             | 362                     | 164       | 1,603            | 191        | 14        |      | 1,808      |
| Occupancy                               | 11,400            | 2,945                   | 1,357     | 15,702           | 1,582      | 115       |      | 17,399     |
| Repair and maintenance                  | 3,548             | 639                     | 91        | 4,278            | 107        | 8         |      | 4,393      |
| Travel, training and conferences        | 5,396             | 5                       | 922       | 6,323            | 3          |           |      | 6,326      |
| Insurance                               | 12,004            | 4,327                   | 3,390     | 19,721           | 1,465      | 107       |      | 21,293     |
| Bank fees                               | 186               | 234                     | 35        | 455              | 40         | 3         |      | 498        |
| Dues and subscriptions                  | 412               | 167                     | 77        | 656              | 90         | 7         |      | 753        |
| Meals and entertainment                 | 286               | 116                     | 53        | 455              | 62         | 5         |      | 522        |
| Interest expense                        | 662               | 268                     | 124       | 1,054            | 144        | 11        |      | 1,209      |
| Fund raising expense                    | 930               | 376                     | 173       | 1,479            | 202        | 15        |      | 1,696      |
| Miscellaneous                           | 1,013             | 410                     | 189       | 1,612            | 221        | 16        |      | 1,849      |
| Total expenses before depreciation      | 256,973           | 508,445                 | 38,924    | 804,342          | 72,209     | 14,935    |      | 891,486    |
| Depreciation                            | 4,777             | 1,933                   | 891       | 7,601            | 1,039      | 76        |      | 8,716      |
| Total expenses                          | \$ 261,750        | \$ 510,378              | \$ 39,815 | \$ 811,943       | \$ 73,248  | \$ 15,011 | \$   | \$ 900,202 |

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

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

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

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

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

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

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

SLCM's program services include:

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

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

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

**Estimates**

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

**Basis of Accounting**

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

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

**Basis of Presentation**

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

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

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

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

**Cash**

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

**Accounts Receivable**

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

**Grants Receivable**

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

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

**Leasehold Improvements and Equipment**

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

**Contributions**

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

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

**In-kind Materials, Equipment, Services and Space**

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

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

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

**Expense Allocation**

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

**Income Tax Status**

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

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

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

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

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

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

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

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

**Reclassifications**

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

**NOTE 2. LEASEHOLD IMPROVEMENTS AND EQUIPMENT**

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

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



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

**NOTE 3. LINE OF CREDIT**

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

**NOTE 4. RESTRICTIONS ON NET ASSETS**

Temporarily restricted net assets are available for the following purposes:

|          | 2016   | 2015     |
|----------|--------|----------|
| Programs | \$ 128 | \$ 9,799 |

**NOTE 5. LEASE COMMITMENTS**

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

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

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

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

**NOTE 6. IN-KIND DONATIONS**

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

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

**NOTE 7. GOING CONCERN**

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

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

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

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

**NOTE 8.      SUBSEQUENT EVENT**

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

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

*Addendum A*

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

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

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

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

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

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

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

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

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

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

### SIGNATURE

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

Signature of Legal Signatory

*Yvette Livers*  
**YVETTE LIVERS**

Date:

*1-16-2018*

Legal Signatory (please print):

Title:

Executive Director

Phone:

(502) 361-7763

Extension:

Email:

*YVETTELIVERS@SLCM.ORG*

## SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

---

### General Information

---

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

### Current Officers

---

|                  |                                  |
|------------------|----------------------------------|
| <b>President</b> | <a href="#">Mike Chinigo</a>     |
| <b>Secretary</b> | <a href="#">Terry Conway</a>     |
| <b>Treasurer</b> | <a href="#">Theresa Batliner</a> |
| <b>Director</b>  | <a href="#">Mike Chinigo</a>     |
| <b>Director</b>  | <a href="#">Terry Conway</a>     |
| <b>Director</b>  | <a href="#">Theresa Batliner</a> |

### Individuals / Entities listed at time of formation

---

|                     |                                  |
|---------------------|----------------------------------|
| <b>Director</b>     | <a href="#">LOWELL LAWSON</a>    |
| <b>Director</b>     | <a href="#">DONNA M MAIER</a>    |
| <b>Director</b>     | <a href="#">MICHAEL T PRICE</a>  |
| <b>Director</b>     | <a href="#">JOSEPHINE NOEL</a>   |
| <b>Director</b>     | <a href="#">PEGGY ANNE KAREM</a> |
| <b>Incorporator</b> | <a href="#">LOWELL LAWSON</a>    |

### 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.

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

|  |            |         |                      |                     |
|--|------------|---------|----------------------|---------------------|
| <a href="#">Articles</a>                             |            |         |                      |                     |
| <a href="#">Annual Report</a>                        | 4/15/2014  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Principal Office Address Change</a>      | 3/31/2014  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Registered Agent name/address change</a> | 3/31/2014  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 3/1/2013   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Registered Agent name/address change</a> | 3/20/2012  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 2/22/2012  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 6/28/2011  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 3/16/2010  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>                        | 6/26/2009  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Registered Agent name/address change</a> | 7/2/2008   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 6/18/2008  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 3/2/2007   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 6/1/2006   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 3/24/2005  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 5/12/2003  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 6/10/2002  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 5/1/2001   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/19/1999  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 6/25/1998  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1997   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1996   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1995   | 3 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1994   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Statement of Change</a>                  | 11/23/1993 | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1993   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1992   | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1991   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Restated Articles</a>                    | 7/18/1989  | 4 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 7/1/1989   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Statement of Change</a>                  | 6/4/1986   | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Statement of Change</a>                  | 7/12/1982  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Statement of Change</a>                  | 11/8/1979  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>                        | 11/7/1979  | 3 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Articles of Incorporation</a>            | 3/30/1976  | 5 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |

## Assumed Names

## Activity History

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



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

## Microfilmed Images

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

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

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