

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

M.R. 2015-0049

Applicant/Program: Southwest Family Ministries

Executive Summary of Request:
 The Dream house tutoring program is a year round educational program for local students. These students typically live in a poverty stricken area and/or conditions and their grades are well below normal. These students are matched up with local high school seniors and college students to conduct one on one tutoring.

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

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

1 District # [Signature] Council Member Signature \$3000.00 Amount 3/5/15 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.
 No one working in District 1 office has any personal or business relationship with anyone connected to this organization.

Approved by:
 _____ Date
 Appropriations Committee Chairman

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

**OFFICE OF METRO COUNCIL CLERK
 REVIEWED
 DATE 3/9/15 TIME 1:40**

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Southwest Family Ministries .		Yes/No/NA
Program Name: Dreamhouse	Request Amount: \$3,000	Y
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
Request form: Is the funding proposed less than or equal to the request amount?		Y
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Y
Application Page 1: Is the application properly signed and dated by authorized signatory?		
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Y
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		Y
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		YES
Faith Based Organizations: Is the signed Faith Based Form signed and included?		Y
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Y
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		Y
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included <i>1st year.</i> 		Yes <i>990 not required yet.</i>
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
Operating Budget: Is the organization’s current fiscal year operating budget included?		Y
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		N
Board Members: Is the entity’s board member list (with term length/term limits) included?		Y
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Y
Annual Audit: Is the most recent annual audit (if required by organization) included?		Y
Rent Requests: Is a copy of signed lease included?		N
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Y
IRS Form W-9: Is the IRS Form W-9 included?		Y
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		N
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N
Prepared by: <i>[Signature]</i>	Date: <i>3/3/15</i>	

**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:

Southwest Family Ministries

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

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

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

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

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

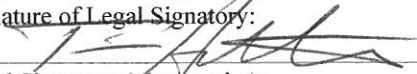
The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

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

SIGNATURE

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

Signature of Legal Signatory:



Date: 2-27-15

Legal Signatory (please print):

Tim Hartlage

Title: Director/President

Phone:

502-489-4722

Extension:

Email: tim.hartlage@yahoo.com



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Southwest Family Ministries	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 16154 Lou, KY 40256 / 4208 Lake Dreamland Rd Lou, KY 40216			
Website: www.swfamilyministries.com			
Applicant Contact:	Tim Hartlage	Title:	Executive Director
Phone:	502-489-4722	Email:	tim.hartlage@yahoo.com
Financial Contact:	Charles McKibbens	Title:	Accountant
Phone:	502-386-8496	Email:	mckibben.charles@gmail.com
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Cane Run Rd and west to the river - Ralph Ave south to Lees Lane - Rubbertown and Lake Dreamland		
Council District(s):	1	Zip Code(s):	40211 & 40216
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Dreamhouse			
Total Request: (\$)	3,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff <i>no paid staff</i>			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	n/a	Amount: (\$)	
Source:	n/a	Amount: (\$)	
Source:	n/a	Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SFM does meet the standards

HAVE TO BE IN BUSINESS FOR 1 YEAR BEFORE YOU CAN APPLY

Applicant's Initials **TH**
TH



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Southwest Family Ministries - "Building stronger communities through knowledge and love"

SFM serves the Rubbertown and Lake Dreamland area for the purpose of increasing levels of education for all ages that includes areas of education in financial, health, vocational assistance and academics. We work with local schools and colleges to assist in after school tutoring programs for Elementary, Middle and High School students. Our classes, seminars, counseling and tutoring are conducted in the local community building, churches and at our mission house located at 4208 Lake Dreamland Rd. We call this house "The Dream House".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Tutoring program at the Dream House is a year round education program for local students. These students typically live in a poverty-stricken area and/or conditions and their grades are well below normal. During the school year we match the local students up with High School seniors and/or local college students (Bellarmine and UofL) to conduct one on one training. The tutors communicate by email and/or phone to the students parents or guardian and also to the students teachers to ensure the proper tutoring is taking place. Currently we are serving over 20 students in the area but the need is great. Our goal is to reach every kid in this area that needs help.

Operational expense of the Dreamhouse and tutoring program.

All of our tutors or in a program and/or education system to become a school teacher or child counselor.

Some of the tutors need extra credit for school so that is why we have chosen them.

Most of the tutors need financial help with bills - (gas, insurance for car, car payment, rent, tuition, etc.)

A majority of the tutors are paid \$10 an hour to tutor. We also provide school supplies and snacks for the students that come to tutoring. Most of them come to the tutoring hungry.

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

Operating expense of the Dreamhouse and tutoring program.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

n/a

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

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

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

n/a

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.

n/a



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 Students -

The students that have been tutored this school year have shown improvement in their grades and attitudes in the class room.

The Tutors -

We are helping tomorrows teachers get the much needed one on one work that will help them become a great teacher.

The Teachers -

We have plenty of testimonies from teachers and principles that have seen first hand how this program assist with what they are doing in the class room.

The Parents / guardians -

They love this program. In many cases the parents or guardians can't read or write at a level to help the student with his or her work. They also don't have the finances or transportation to get the student the help they need. Sadly most of them don't realize that the student actually needs help until we approach them.

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.

n/a



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	1000	5000	6000
C: Office Supplies	500	2100	2600
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	1000	4200	5200
H: Program Materials	500	1500	2000
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)		12000	14,760
*TOTAL PROGRAM/PROJECT FUNDS	3000	27,560	30,560
% of Program Budget	10 %	90 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	12,000
Fees Collected from Program Participants	
Other (please specify)	16,560 (attached)
Total Revenue for Columns 2 Expenses **	27,560

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Rows include Southwest Church / furniture (\$3,000, 502-448-2345), Volunteers / 30 hrs per week, and a Total Value of In-Kind row.

* 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: January 1st

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 [x]

If YES, please explain:

Our hope is to reach more students in the area. That would increase cost.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	2/13/15
Legal Signatory: (please print):	Tim Hartlage	Title:	President / Director
Phone:	502-489-4722	Extension:	
Email:	tim.hartlage@yahoo.com		

The following are required:

- IRS Exempt Status Determination Letter – Attached
- Current Year Projected Budget – Attached
- List of Board of Directors (include term & term limits) - Attached
- Current financial statement - Attached
- Most recent IRS Form 990 or 1120-H – The 501c3 officially started operation in January of 2015 so these forms are not required by the IRS at this time.
- Articles of Incorporation – Attached
- IRS Form W9 – Attached
- Staff including the 3 highest paid staff – **No paid staff at this time.**
 - Pastor Tim Hartlage – Chief Officer, Executive Director / President and Founder
 - Scotty Smith – Assistant Director
 - Bonnie Davis – Director of Tutoring Program

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 06 2014

Employer Identification Number:

[REDACTED]

DLN:

17053247327004

Contact Person:

ERIC KAYE

ID# 31612

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170 (b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

June 11, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

SOUTHWEST FAMILY MINISTRIES INC
4208 LAKE DREAMLAND RD
LOUISVILLE, KY 40216

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c) (3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

IRS Letter

Letter 947

2015 Budget

Dreamhouse Tutoring Program Budget

Description:	Notes:	2015 Budget	2015 Actual	Variance
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INCOME

Private donors	40%	12,000.00	0.00	(12,000.00)
Local Business	10%	3,000.00	0.00	(3,000.00)
Grants	20%	6,000.00	0.00	(6,000.00)
Metro	10%	3,000.00	0.00	(3,000.00)
Church/other help	20%	6,000.00	0.00	(6,000.00)
TOTAL	100%	30,000.00	0.00	(30,000.00)

EXPENSES

<i>Tutoring / Counseling Program</i>				
Rent		6,000.00	0.00	(6,000.00)
Office Supplies		2,600.00	0.00	(2,600.00)
Utilities		6,000.00		(6,000.00)
	LG&E			
	Water			
	WiFi / Time Warner			
	Telephone			
	Security/Alarm			
Counseling		5,200.00	0.00	(5,200.00)
Tutoring		5,760.00	0.00	(5,760.00)
<i>Program materials / Curriculum</i>		2,000.00	0.00	(2,000.00)
Furniture/Equipment		1,000.00	0.00	(1,000.00)
Accounting		1,000.00	0.00	(1,000.00)
Property Insurance		500.00	0.00	(500.00)
Audio/Video		500.00	0.00	(500.00)
TOTAL		30,560.00	0.00	(30,560.00)
TOTAL INCOME				
		30,000.00	0.00	(30,000.00)
TOTAL EXPENSES				
		30,560.00	0.00	(30,560.00)
BALANCE				
		(560.00)	0.00	560.00

current year budget

Southwest Family Ministries
4208 Lake Dreamland Rd
Louisville, KY 40216



Statement 4
Form 1023

3 year term limits

Page 2 Part V 1a

List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures if available. Enter 'none' if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	mailing address	<u>Jan 1, 2015</u>
Tim Hartlage	Chief Officer		3 yr
Jennifer Hartlage	Officer		3 yr
Doug Pope	Director		1 yr
Melanie Pope	Director		1 yr
Scotty Smith	Director		2 yr
Tim Vincent	Director		3 yr
Dayrl Koppel	Director		2 yr

Board + terms

Description:	Notes:	2015 Budget	2015 Actual	Variance
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INCOME

Private donors		1,000.00	1,500.00	500.00
Local Business		500.00	0.00	(500.00)
Grants		0.00	0.00	0.00
Metro		0.00	0.00	0.00
Church/other help		500.00	300.00	(200.00)
TOTAL		2,000.00	1,800.00	(200.00)

EXPENSES

<i>Tutoring / Counseling Program</i>				
Rent		500.00	500.00	0.00
Office Supplies		100.00	65.00	(35.00)
Utilities				0.00
	LG&E	150.00	116.63	(33.37)
	Water	25.00	20.00	(5.00)
	WiFi / Time Warner	45.00	45.00	0.00
	Telephone	0.00	0.00	0.00
	Security/Alarm	35.00	35.00	0.00
Counseling		300.00	300.00	0.00
Tutoring		480.00	480.00	0.00
<i>Program materials / Curriculum</i>				
Furniture/Equipment		100.00	25.00	(75.00)
Accounting		100.00	50.00	(50.00)
Property Insurance		45.00	42.00	(3.00)
Audio/Video		45.00	0.00	(45.00)
TOTAL		2,025.00	1,738.63	(286.37)
TOTAL INCOME				
		2,000.00	1,800.00	(200.00)
TOTAL EXPENSES				
		2,025.00	1,738.63	(286.37)
BALANCE				
		(25.00)	61.37	86.37

0889480.09	mstratton ADD
Alison Lundergan Grimes Kentucky Secretary of State	
Received and Filed: 6/11/2014 8:36 AM	
Fee Receipt: \$8.00	

ARTICLES OF INCORPORATION

SOUTHWEST FAMILY MINISTRIES, INC.

Non-profit corporation

The undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of the Commonwealth of Kentucky, do hereby certify:

First: The name of the Corporation shall be Southwest Family Ministries, Inc.

Second: Said corporation is organized exclusively for charitable, religious, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Third: The name of the registered agent is Douglas W. Pope, and the street address of the corporations' initial registered agent is 214 Windy Hill Rd, Shepherdsville, Kentucky 40165.

Fourth: The mailing address of the corporation's principal office is 4208 Lake Dreamland Rd, Louisville, Kentucky 40216.

Fifth: The number of directors (minimum of 3 required) constituting the initial board of directors is 6. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

- Tim Hartlage and Jennifer Hartlage, [REDACTED]
- Douglas W. Pope and Melanie Pope, [REDACTED]
- Richard Smith, [REDACTED]
- Tim Vincent, [REDACTED]

Fifth: The name and mailing address of the incorporator is Tim Hartlage, [REDACTED]


Sixth: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, 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 Third hereof. 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 or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not

permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Seventh: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

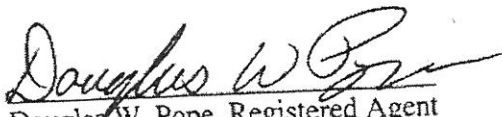
Eighth: This application will be effective upon filing.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.


Tim Hartlage, Incorporator

6-4-14
Date

I, Douglas W. Pope, consent to serve as the registered agent on behalf of the corporation.


Douglas W. Pope, Registered Agent

6-4-14
Date

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.

[Articles of Incorporation](#)

6/11/2014

2 pages

[TIF](#)

[PDF](#)

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Add	6/11/2014 8:36:46 AM	6/11/2014	

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