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

Applicant/Program: West Louisville Holiday Social

Executive Summary of Request: Districts four, five and six are appropriating funding for the 3rd Annual West Louisville Holiday Social. The holiday social is an opportunity for West Louisville and Portland business owners, vendors, supporters, and advocates to gather and enjoying an evening of networking, food, entertainment and holiday cheer. The social is open to the public at no cost.

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.

District #	Primary Sponsor Signature	Amount	Date
4	[signature]	$2000	12/17/2014

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.

N/A

Approved by:

_____
Appropriations Committee Chairman Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 1/9/15 TIME 1:25

Applicant/Program:

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 #	Council Member Signature	Amount	Date
5	Cheri B. Hamilton	$1,500.00	12-18-14
6	[illegible]	250.00	12-18-14

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: The Slice of Louisville, Inc.	
Program Name: West Louisville Holiday Party Request Amount: $4,000	**Yes/No/NA**
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	N/A
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
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?	yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	N/A
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?	N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	NO
Good Standing: Is the entity in good standing with: • 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	yes
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/A
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)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	N/A
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
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.	NO
Board Members: Is the entity's board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	N/A
Annual Audit: Is the most recent annual audit (if required by organization) included?	N/A
Rent Requests: Is a copy of signed lease included?	N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: Kudrea D Kerry	Date: 12/18/2014

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: The Slice of Louisville, Inc. d/b/a The Slice Charities of Louisville, Inc.
(as listed on: http://www.sos.ky.gov/business/records)

Main Office Street & Mailing Address: P. O. Box 2154 Louisville, Kentucky 40201-2154

Website: www.thesliceoflouisville.org

Applicant Contact:	Hosea Mitchell	**Title:**	President & CEO
Phone:	(502) 387-7822	**Email:**	hoseamhosea@aol.com
Financial Contact:	Hosea Mitchell	**Title:**	President & CEO
Phone:	(502) 387-7822	**Email:**	hoseamhosea@aol.com

Organization's Representative who attended NDF Training: Hosea Mitchell-President & CEO

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s):	Ky. Center for African American Heritage 1701 West Muhammad Ali Blvd. Louisville, KY 40212		
Council District(s):	3,4,5,6	**Zip Code(s):**	40203,40210,40211,40212

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: 3rd Annual West Louisville Business Association Business 2 Business Holiday Social

Total Request: ($)	$4,000.00	**Total Metro Award (this program) in previous year: ($)**	

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☒ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- ☒ IRS Exempt Status Determination Letter
- ☒ Current Year Projected Budget
- ☒ List of Board of Directors (include term & term limits
- ☒ Current financial statement
- ☒ Most recent IRS Form 990 or 1120-H
- ☒ Articles of Incorporation
- ☐ Cost estimates from proposed vendor if request is for capital expense
- ☐ Signed lease if rent costs are being requested
- ☒ IRS Form W9
- ☐ Evaluation forms if used in the proposed program
- ☐ Annual audit (if required by organization)
- ☐ Faith Based Organization Certification Form, if required
- ☐ Staff including the 3 highest paid staff

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:		Amount: ($)	
Source:		Amount: ($)	
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No

Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No

Applicant's Initials HM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Slice of Louisville, Inc. doing business as The Slice Charities of Louisville, Inc. is an independent, volunteer-driven, inner-city focused 501 (c) (3) public charity that raises funds & makes grant awards to support nonprofit social service organizations which provide emergency food, prescription medicines, housing and utility assistance, after-school tutoring and vocational education in West Louisville and Portland.

A West Louisville Business Association member, The Slice Charities is pleased to be have been asked by the WLBA to be an event partner this year to present the 3rd Annual West Louisville Business Association Business 2 Business Holiday Social.

Applicant's Initials AW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The 3rd Annual West Louisville Business Association Business 2 Business Holiday Social is being held to create an opportunity for West Louisville and Portland business owners,vendors, supporters and advocates to gather and enjoy a night of networking, information, food, entertainment and holiday cheer.

The Holiday Social will be held on Thursday, December 18, 2014 from 5:00pm to 7:30pm at the Kentucky Center for African American Heritage. Gill Holland, community business leader & developer, is the 2014 Honorary Chairperson.

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

Funds supporting this project will be used for facility rental, graphic design & printing, banners, holiday entertainment, food & beverage and other materials for the success of the event (please see Budget for details).

Applicant's Initials HW

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The West Louisville Business Association's Business 2 Business Holiday Social is not a fundraiser.

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

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

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

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

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

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

Applicant's Initials

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 goal of the West Louisville Business Association is to create an opportunity for West Louisville and Portland business owners to showcase their businesses and network with each other.

WLBA will also use this opportunity to gather information from the entire community as well as inform, engage and enlist their support to connect, educate and improve all sections of West Louisville and Portland while promoting community pride and a sense of community belonging. The business to business networking will produce a strong unified presence and voice for the West Louisville and Portland business community.

This is a vital event will serve as one of several on-going economic engines needed to drive future development in West Louisville and Portland.

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

The Slice Charities is pleased to have been asked by the WLBA to be a co-organizer of its 3rd Annual West Louisville Business Association Business 2 Business Holiday Social; and looks forward to working together for years to come.

The Slice Charities brings extensive, proven, successful event planning experience to the collaboration; planning and managing its own signature annual fundraiser, TheSlice, which hosts 800 to 1000 guests annually, and is touted as one of Metro Louisville's most outstanding official Kentucky Derby Festival events.

Applicant's Initials

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	$4,000.00	TBD	$4,000.00
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
***TOTAL PROGRAM/PROJECT FUNDS**	$4,000.00	TBD	$4,000.00
% of Program Budget	%	%	**100%**

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

Other State, Federal or Local Government	N/A
United Way	N/A
Private Contributions (do not include individual donor names)	TBD
Fees Collected from Program Participants	N/A
Other (please specify)	TBD
Total Revenue for Columns 2 Expenses **	

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

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

Applicant's Initials

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
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)		

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

Agency Fiscal Year Start Date: July 1, 2014-June 30, 2015

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

If YES, please explain:

Applicant's Initials KW

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.

N/A

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:**	December 17, 2014
Legal Signatory: (please print):	Hosea Mitchell	**Title:**	President & CEO

Phone:	(502) 387-7822	**Extension:**		**Email:**	hoseamhosea@aol.com

Applicant's Initials HM

THE SLICE CHARITES OF LOUISVILLE, INC.

2014-2015 PROFORMA BUDGET

Gross receipts	$ 90,000.00
Rent/Facility	($ 3,000.00)
Food/Beverage	($ 8,000.00)
Entertainment	($ 4,000.00)
Other Direct Expenses	($ 30,000.00)
	$45,000.00

The Slice Charities of Louisville &
The West Louisville Business Association

Business-2-Business
Holiday Social

We invite you to a night of networking, fun, information, food, entertainment and holiday cheer!

***DATE: Thursday, December 18, 2014, Kentucky Center for African American Heritage* 1701 W. Muhammad Ali Blvd.**
5:00 p.m. – 7:30 p.m.

- 2014 Honorary Chairperson Gill Holland
- Learn about the NEW West Louisville Chamber of Commerce
- Heavy Hors d'oeuvres

Come out and meet your neighbors. Your presence will be an honor.

Sponsored by: Lou Metro Gov. KCAAH. 4th Street Live. Home Depot.

RSVP by Tuesday, December 16 to Donna McDonald at 502-314-0235 or donna@westlouisvilleba.org

WEST LOUISVILLE BUSINESS ASSOCIATION

BUSINESS 2 BUSINESS

HOLIDAY SOCIAL

2014 BUDGET

KCAAH Conference Hall & Linen Rentals	$475.00	
Save the Date & Flyer Graphic Design	$150.00	
Banners	$500.00	
Holiday Decorations	$200.00	
Holiday Entertainment	$975.00	
Audio Equipment Rental	$300.00	
Food & Beverage Catering	$1,400.00	
		$4,000.00

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [X] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
P.O. BOX 2154

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40201-2154

D Employer identification number
[redacted]

E Telephone number
502-387-7822

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ WWW.THESLICEOFLOUISVILLE.ORG

J **Tax-exempt status** (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 68,491.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	18,000.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 18,000. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	50,491.	
	c	Less: direct expenses from gaming and fundraising events	6c	47,348.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,143.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	21,143.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	400.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	409.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	11,104.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	11,913.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,230.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	3,895.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	13,125.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2010)

032171
02-02-11

13200515 781836 04670 2010.05070 THE SLICE OF LOUISVILLE, IN 04670__1

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	3,895.	22	10,925.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24	2,500.
25	**Total assets**	3,895.	25	13,425.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	0.	26	300.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	3,895.	27	13,125.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a 3,750.

29 THE SLICE CHARITIES ALSO MADE DONATIONS TO LOCAL ORGANIZATIONS, INCLUDING $300 TO C.L.O.U.T, & $500 TO DESALES HIGH SCHOOL

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a 1,276.

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O) SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 5,026.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HOSEA MITCHELL PO BOX 2154, LOUISVILLE, KY 40201	PRESIDENT & CEO 10.00	0.	0.	0.
MARGARET STAPLES PO BOX 2154, LOUISVILLE, KY 40201	BOARD OF DIRECTORS 1.00	0.	0.	0.
JANET GUERIN MULLER PO BOX 2154, LOUISVILLE, KY 40201	BOARD OF DIRECTORS 1.00	0.	0.	0.
FATHER PATRICK DELAHANTY PO BOX 2154, LOUISVILLE, KY 40201	BOARD OF DIRECTORS 1.00	0.	0.	0.
JOHN E WHITE PO BOX 2154, LOUISVILLE, KY 40201	BOARD OF DIRECTORS 1.00	0.	0.	0.
JERMAINE HIGGINS PO BOX 2154, LOUISVILLE, KY 40201	BOARD OF DIRECTORS 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ..... [X]

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ KY

42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 502-387-7822

Located at ▶ P.O. BOX 2154, LOUISVILLE, KY ZIP + 4 ▶ 40201-2154

			Yes	No
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ [X] Yes ☐ No

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

Sign Here

▶ Signature of officer — Date

▶ HOSEA MITCHELL, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA A. LASKY				

Firm's name ▶ ANDERSON, BRYANT, LASKY & WINSLOW, PSC Firm's EIN ▶

Firm's address ▶ 943 SOUTH FIRST STREET LOUISVILLE, KY 40203 Phone no. (502)584-9793

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Employer identification number [redacted]

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

13200515 781836 04670 2010.05070 THE SLICE OF LOUISVILLE, IN 04670__1

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100.	11,000.	36,800.	29,200.	18,000.	95,100.
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	100.	11,000.	36,800.	29,200.	18,000.	95,100.
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.						95,100.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	100.	11,000.	36,800.	29,200.	18,000.	95,100.
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 IV.)						
11 **Total support.** Add lines 7 through 10						95,100.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 203,589.

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** ..... ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [ ]

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [ ]

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ [ ]

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ [ ]

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

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization: THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Employer identification number [redacted]

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
Total ▶						

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

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

Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

13200515 781836 04670 2010.05070 THE SLICE OF LOUISVILLE, IN 04670__1

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

		(a) Event #1 SLICE EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	68,491.			68,491.
	2 Less: Charitable contributions	18,000.			18,000.
	3 Gross income (line 1 minus line 2)	50,491.			50,491.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,786.			13,786.
	7 Food and beverages	7,729.			7,729.
	8 Entertainment	2,200.			2,200.
	9 Other direct expenses	23,633.			23,633.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(47,348.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				3,143.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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 operate 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 operated 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Employer identification number: [redacted]

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	1,961.
DONATIONS AND SPONSORSHIPS	1,276.
OFFICE, TELEPHONE, AND WEBSITE	964.
GRANT AWARDS	3,750.
DUES, LICENSES AND FEES	633.
MISCELLANEOUS	2,520.
TOTAL TO FORM 990-EZ, LINE 16	11,104.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	2,500.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	0.	300.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE FUNDS TO SUPPORT COMMUNITY SERVICE ORGANIZATIONS WHICH PROVIDE EMERGENCY FOOD, PRESCRIPTION DRUGS, HOUSING AND UTILITY ASSISTANCE TO THOSE IN NEED.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SLICE CHARITIES MADE GRANT AWARDS TO LOCAL COMMUNITY SERVICE ORGANIZATIONS, INCLUDING MIDWEST CHURCH OF CHRIST $1,000, OUR LADY OF MERCY CATHOLIC HIGH SCHOOL $1,000,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Employer identification number: [redacted]

BRAIN INJURY ALLIANCE OF KENTUCKY, INC. $250, AND SLICE COMMUNITY MINISTRIES, INC. $500.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
THE SLICE CHARITIES MADE 4 GRANT AWARDS TO LOCAL COMMUNITY SERVICE ORGANIZATIONS; MIDWEST CHURCH OF CHRIST $1,000, OUR LADY OF MERCY CATHOLIC HIGH SCHOOL $1,000, BRAIN INJURY ALLIANCE OF KENTUCKY, INC. $250, AND SLICE COMMUNITY MINISTRIES, INC. $500.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 20 11

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

OMB No. 1545-1878

2010

Name of exempt organization

THE SLICE OF LOUISVILLE, INC. D/B/A THE SLICE CHARITIES OF LOUISVILLE, INC.

Employer identification number

[redacted]

Name and title of officer

HOSEA MITCHELL
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ ☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ ☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	21143
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ANDERSON, BRYANT, LASKY & WINSLOW, PSC (ERO firm name) to enter my PIN [redacted]
Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [signature] PRESIDENT + CEO Date ▶ May 17, 2012

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. [redacted]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Barbara Lasky Date ▶ 5-12-12

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2010)

023051
12-27-10

The Slice Charities of Louisville, Inc.

BOARD OF DIRECTORS

CHAIRMAN

Hosea Mitchell, President & Chief Executive Officer (Term-5yrs ; 2 consecutive terms or election)

SPARK Community Development Company, LLC

DIRECTOR

Father Patrick Delahanty, Executive Director (Retired) (Term-3yrs; 2 consecutive terms or election)

Catholic Conference of Kentucky

DIRECTOR

Janet Guerin Muller, Director of Diversity (Retired) (Term-3yrs; 2 consecutive terms or election)

Jefferson Community & Technical College

DIRECTOR

Margaret Staples, Accountant (Retired) (Term-5yrs; 2 consecutive terms or election)

BATUS, INC.

DIRECTOR

John E. White, District Manager (Term-5yrs; 2 consecutive terms or election)

SODEXO Corporation

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
The Slice of Louisville, Inc. d/b/a The Slice Charities of Louisville, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
P. O. Box 2154

Requester's name and address (optional)

City, state, and ZIP code
Louisville, Kentucky 40201-2154

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
[redacted]

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 ▶** PRESIDENT & CEO | **Date ▶** Dec. 17, 2014

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

DEPARTMENT OF THE TREASURY

Date: APR 11 2008

THE SLICE OF LOUISVILLE INC
C/O HOSEA MITCHELL
PO BOX 2154
LOUISVILLE, KY 40201-2154

Employer Identification Number:
[redacted]
DLN:
17053063040008
Contact Person:
CHRIS BROWN ID# 31503
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 1, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
June 30, 2011
Addendum Applies:
No

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

THE SLICE OF LOUISVILLE INC

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

Letter 1045 (DO/CG)

Part X Public Charity Status *(Continued)*

e 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐

f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐

g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☑

h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐

i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at *www.irs.gov* or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☑

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official) — HOSEA MITCHELL (Type or print name of signer) — Feb. 28, 2008 (Date)

PRESIDENT + CEO (Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations — APR 11 2008 (Date)

b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) $5,000. If the answer is "None," check this box. ☐

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☑ No

Kentucky Secretary of State
TREY GRAYSON

0663453.04 Ghance ADD

Division of Corporations
BUSINESS FILINGS

P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov/

Certificate of Assumed N

Trey Grayson
Secretary of State
Received and Filed
03/26/2008 1:06:00 PM
Fee Receipt: $20.00

1. This certifies that the assumed name of:
The Slice Charities of Louisville, Inc.

2. has been adopted by:
The Slice of Louisville, Inc.

3. which is the "real name" of (you must check one):

- [ ] a Domestic General Partnership
- [ ] a Domestic Limited Liability Partnership
- [ ] a Domestic Limited Partnership
- [ ] a Domestic Business Trust
- [✓] a Domestic Corporation
- [ ] a Domestic Limited Liability Company
- [ ] a Foreign General Partnership
- [ ] a Foreign Limited Liability Partnership
- [ ] a Foreign Limited Partnership
- [ ] a Foreign Business Trust
- [ ] a Foreign Corporation
- [ ] a Foreign Limited Liability Company

4. organized and existing in the state or country of KENTUCKY, and whose

5. address is: P.O. Box 2154 Louisville, KY 40201-2154

The certificate of assumed name is executed by:

(Signature) (Signature)

Hosea Mitchell-President & CEO
(Type or Print Name) (Type or Print Name)

March 24, 2008
(Day/Month/Year) (Day/Month/Year)

ASN (11/07) Complete Assumed Name Filing Instructions

END OF DOCUMENT

Document No.: DN20080050367
Lodged By: sclie
Recorded On: 04/07/2008 12:04:04
Total Fees: 11.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLAW-JEFF CO KY
Deputy Clerk: CARHAR

CB 0676PG 790

0663453.09 darmstrong NRA

Trey Grayson
Secretary of State
Received and Filed
09/26/2007 10:56:45 AM
Fee Receipt: $8.00

RESTATED
ARTICLES OF INCORPORATION
Of
THE SLICE OF LOUISVILLE, INC.

Pursuant to the provisions of the Kentucky Revised Statues, Chapter 273.273, the undersigned corporation hereby executes Restated Articles of Incorporation.

The Articles of Incorporation of the corporation are restated to read in their entirety as follows:

Article I

The name of the Corporation is The Slice of Louisville, Inc.

Article II

(a) The Corporation is organized exclusively for charitable, educational, and scientific 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, as amended (the "Code"), or corresponding section of any future federal tax code. In carrying out its corporate purpose, the corporation shall have all the powers allowed corporations by Chapter 273 of the Kentucky Revised Statutes.

(b) In furtherance of the general purposes in Article II (a) above, and in coordination with the philosophy of the Corporation set forth in the Bylaws and other documents authorized by the Corporation's Board of Directors, the particular purposes of the Corporation are as follows:

(1) To raise funds for the benefit of Kentucky's historic St. Augustine Catholic Church founded in 1870, the fourth oldest African American Catholic parish community in the Nation, to support its community outreach ministries which provide emergency food, prescription drugs, housing and utility assistance to those in need & scholarships for education; and, therefore, to operate exclusively for charitable, educational, scientific or literary purposes within the meaning of Section501 (c) (3) of the Code;

(2) To manage and authorize at its sole discretion the use of the trade name, The Slice. **The Slice: Spice, Style & Soul is a registered service mark** owned exclusively by The Slice of Louisville, Inc. and may not be used without express written permission from The Slice of Louisville, Inc.

(3) To receive, accept and maintain, including investment and administration, as assets of the Corporation (permanent asset funds), any property, whether real, personal, or mixed, by way of gift, bequest, devise, or purchase from any person, firm trust, or corporation, to be held, administered, and disposed of exclusively for charitable, educational, and scientific purposes within the meaning of Section 501 (c) (3) of the Code, as amended, and in accordance with, and pursuant to, the provisions of these Articles of Incorporation; but no gift, bequest, devise, or purchase of any such property to any organization other than a "charitable organization" or for any purposes other than a "charitable purpose" which would jeopardize the status of the Corporation as an entity exempt from federal income tax purpose to the relevant provisions of the Code:

(4) To manage and administer, including the ability to designate and coordinate with selected trustees or corporate trust companies, the investment, holding and disbursement of funds over which the Corporation has been appointed to said duties, in the conformity with guidelines established in grant or trust documents and all guidelines established by the Corporation, and consistent with the Corporation's charitable purposes and all applicable law and regulation; such management and/or administration may include establishment of sub-funds required by separate gift restrictions, donor request, Corporation procedures, gift description, or otherwise, and hiring, were appropriate, duly qualified investment managers for nay, or all, of such funds, as independent contractors. The funds so managed will generally be non-permanent or pass-through funds (which may include restricted, unrestricted, designated and advised funds) or funds intended to constitute a future endowment, but which are to be managed as pass-through funds until the occurrence of a granting event (for example, charitable remainder trusts).

(c) No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, directors, officers or private person, except that the organization 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 the purpose clause hereof. No substantial part of the activities of organization shall be the carrying on of propaganda, or otherwise attempting to influence legislature, and the organization 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. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization section of any future federal tax code, or (b) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Code, or corresponding section of any future federal tax code.

(d) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Code, or 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 disposed of shall be disposed of by the Court of the county in which the principal office of the organization 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.

Article III

The Corporation shall neither have nor exercise any power, nor shall it directly or indirectly engage in any activity, that would:

(a) prevent it from obtaining or maintaining exemption from federal income taxation as a corporation described in Section 501 (c) (3) of the Code

(b) cause it to lose its exempt status under Section 501 (c) (3) of the Code:

(c) cause it to be operated for the primary purpose of carrying on a trade or business for profit;

(d) result in a substantial part of its activities consisting of carrying on propaganda or otherwise attempting to influence legislation;

(e) involve participating in, or intervening in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office;

(f) violate applicable federal, state or local laws;

(g) result in any prohibited transactions described in Section 503 of the Code;

(h) cause it to accumulate income, invest income, or divert income, in a manner that would endanger its exempt status by virtue of Section 504 of the Code;

(i) accumulate income so as to be subject to corporate tax under Section 4942 of the Code; of result in any act of self-dealing, retaining any excess business holdings, making any investment which would subject it tax under Section 4944 of the Code, of making any taxable expenditures.

Article IV

The duration of the Corporation should be perpetual. Upon dissolution, however, the Board of Directors shall, after paying or making provision for the payment of liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organizations organized and operated exclusively for charitable, educational or scientific purposes as shall, at the time, qualify as an exempt organization or organizations under Section 501 (c) (3) of the Code:

Article V

The address of the registered office and the name of the registered agent of the Corporation is:

Hosea Mitchell
2933 Lexington Road
Louisville, Kentucky 40206

The principal office of the Corporation will be located at P.O. Box 2154, Louisville, Kentucky 40201.

Article VI

The name and address of the original incorporator is:

Hosea Mitchell
2933 Lexington Road
Louisville, Kentucky 40206

Article VII

The number of Directors constituting the initial Board of Directors shall be three (3). The names and addresses of the persons serving as the initial Directors are:

Hosea Mitchell
2933 Lexington Road
Louisville, Kentucky 40206

John E. White
1310 West Broadway Street
Louisville, Kentucky 40203

Margaret Staples
1310 West Broadway Street
Louisville, Kentucky 40203

Article VIII

The affairs and business of the Corporation shall be conducted by a Board of Directors of not fewer than three (3) persons. The names and addresses of the members of the initial Board of Directors are as indicated above.

Article IX

The Directors of the Corporation shall not be liable for any debt or obligation of this Corporation solely by reason of being Directors.

Article X

The corporation's Board of Directors may adopt and amend bylaws for the Corporation

These Restated Articles of Incorporation correctly set forth the provisions of the Articles of Incorporation as theretofore amended, have been duly adopted as required by law and supersede the original Articles of Incorporation and all amendments thereto.

DATE: Sept. 20, 2007

Hosea Mitchell, President & CEO

COMMONWEALTH OF KENTUCKY)
) SS
COUNTY OF JEFFERSON

Subscribed and sworn to before me, a notary public, by Hosea Mitchell on this the 20 day of September, 2007.

My Commission expires: 5-15-2009

Suzanne Carter
Notary Public

12/14/2007

Commonwealth of Kentucky
Trey Grayson, Secretary of State

Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 57435
Jurisdiction: The Slice of Louisville, Inc.
Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records of the Office of the Secretary of State,

THE SLICE OF LOUISVILLE INC.

is a nonprofit corporation duly incorporated and existing under KRS Chapter 273, whose date of incorporation is May 1, 2007 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of state have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 273.3671 has been delivered to the Secretary of State.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of December, 2007.

Trey Grayson
Secretary of State
Commonwealth of Kentucky
57435/0663453

THE SLICE OF LOUISVILLE INC.

General Information

Organization Number	0663453
Name	THE SLICE OF LOUISVILLE INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/1/2007 1:38:13 PM
Organization Date	5/1/2007
Last Annual Report	2/18/2014
Principal Office	P.O. BOX 2154 LOUISVILLE, KY 40201
Registered Agent	HOSEA MITCHELL 2933 LEXINGTON ROAD LOUISVILLE, KY 40206

Current Officers

President	HOSEA MITCHELL
Director	HOSEA MITCHELL
Director	JOHN E WHITE
Director	JANET G MULLER
Director	MARGARET STAPLES
Director	FATHER P DELAHANTY

Individuals / Entities listed at time of formation

Director	HOSEA MITCHELL
Director	JOHN E WHITE
Director	MARGARET STAPLES
Incorporator	HOSEA MITCHELL

Images available online

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

Annual Report	2/18/2014	1 page	PDF	
Certificate of Assumed Name	4/4/2013	1 page	tiff	PDF
Certificate of Assumed Name	4/4/2013	1 page	tiff	PDF
Certificate of Assumed Name	4/4/2013	1 page	tiff	PDF
Annual Report	4/2/2013	1 page	PDF	
Certificate of Assumed Name	6/22/2012	1 page	tiff	PDF
Annual Report	5/18/2012	1 page	PDF	