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

Executive Summary of Request: West Louisville Ministries serves the needs of the people in west Louisville with Emergency assistance, crisis management, health issues and community empowerment through training and counseling. The clients reside in the 40210, 40211 zip codes and are experiencing unplanned events such as job lost, layoffs and medical emergencies that put them in a position to seek help with utilities, rent and food. The service provides not only financial assistance but also provides counseling and budgeting assistance tips designed to educate the clients on their financial hardships. Is this program/project a fundraiser? Is this program/project a fundraiser? Is this applicant a faith based organization? Does this applicant 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. D1 D3 D3 D4 D4 D5 D5 D6 D7/08/2016 Date Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	Applicant/Program: West Louisville Community Ministries
West Louisville Ministries serves the needs of the people in west Louisville with Emergency assistance, crisis management, health issues and community empowerment through training and counseling. The clients reside in the 40210, 40211 zip codes and are experiencing unplanned events such as job lost, layoffs and medical emergencies that put them in a position to seek help with utilities, rent and food. The service provides not only financial assistance but also provides counseling and budgeting assistance tips designed to educate the clients on their financial hardships. Is this program/project a fundraiser? Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. D1 District # Council Member Signature Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	Application Togram: west coulsville Community Ministries
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Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. D1 District # Council Member Signature D1 District # Council Member Signature D3 O7/08/2016 Date Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	to educate the clients on their financial hardships
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District # Council Member Signature Amount Date Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	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
Approved by: Appropriations Committee Chairman Clerk's Office Only: Request Amount: Committee Amended Appropriation: Committee Amended Appropriation:	District # 07/00/2010
Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	List below any personal or business relationship you, your family or your legislative assistant have with this
Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation:	Approved by:
Clerk's Office Only: Request Amount: Committee Amended Appropriation:	
Request Amount: Committee Amended Appropriation:	Appropriations Committee Chairman Date
	Clerk's Office Only:
Original Appropriation: Council Amended Appropriation:	
	Original Appropriation: Council Amended Appropriation:

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Legal Name of Applicant Organization: West Louisville Community Ministries Inc.	
Program Name and Request Amount: \$20,000.00	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
s the application properly signed and dated by authorized signatory?	Yes
s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission?	Yes
s the current Fiscal Year Budget included?	Yes
s the entity's board member list (with term length/term limits) included?	Yes
s recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
s the most recent annual audit (if required by organization) included?	Yes
s a copy of Signed Lease (if rent costs are requested) included?	N/A
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	No
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
are the evaluation forms (if program participants are given evaluation forms) included?	No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	Yes
Prepared by: Date: 07/08/2016	



SECTION 1 - APPLICANT INFORMATION								
Legal Name of Applicant Organization:								
(as listed on: http://www.sos.ky.gov/business/records) West Louisville Community Ministries, Inc.								
Main Office Street &	Mailing A	\ddress:	3146 West Broa	adway, Louisville, k	(Y 40211			
Website: MyWLCM.	org							
Applicant Contact:	Dr. Ge	offrey E	llis	Title:	Board Chair			
Phone:	(502)3	86-9467	,	Email:	Ellisg4021@bellsouth.net			
Financial Contact:	Charle	s Alexa	nder III	Title:	СРА			
Phone:	(502)5	84-2375	5	Email:	calexan3@bellsouth.net			
Organization's Repre	sentative	who atte	ended NDF Train	ning: Dr. Charles A	Turner, Jr.			
GEO	GRAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES A	RE (WILL BE) PROVIDED			
Program Facility Loca	ation(s):	West L	_ouisville					
Council District(s):		1,3,4,5	i,6	Zip Code(s):	40211			
- W 10	SECTI	ION 2 P	ROGRAM REQU	EST & FINANCIAL (RECRMATION			
PROGRAM/PROJECT	NAME: Er	nergenc	y Assistance & 0	Case-management				
Total Request: (\$)	\$20,00	0.00	Total Metro A	ward (this program	1) in previous year: (\$) \$99,600.00			
Purpose of Request (check all t	hat appl	y):					
Operating F	unds (gen	erally ca	nnot exceed 33%	6 of agency's total o	perating budget)			
Programmi	ng/service	s/events	for direct benef	it to community or	qualified individuals			
Capital Proj	ect of the	organiza	tion (equipment	, furnishing, buildin	g, etc)			
The Following are Re	quired Atl	achmen	ts:					
IRS Exempt Status De		n Letter		Signed lease if re	ent costs are being requested			
Current Year Project				IRS Form W9				
List of Board of Direct		de term &	term limits	Evaluation form	s if used in the proposed program			
Current financial sta				Annual audit (if	required by organization)			
		.20-H		Faith Based Orga	anization Certification Form, if required			
Cost estimates from		endor if r	equest is for	Staff including t	he 3 highest paid staff			
capital expense								
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 donartment	or Matra	Council 4		from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.				
from any department	or Metro	Council A	Appropriation (N	eignbornood bevei	opment Funds). Attach additional			
from any department sheet if necessary.	or Metro EA Grant		Appropriation (N	Amount: (\$)	opment Funds). Attach additional			
from any department sheet if necessary.	or Metro		Appropriation (N					
from any department sheet if necessary. Source:	or Metro		Appropriation (N	Amount: (\$)				
from any department sheet if necessary. Source: Source:	or Metro			Amount: (\$) Amount: (\$) Amount: (\$)	\$99,600.00			

Page 1 Effective April 2014

Applicant's Initials <u>A.E</u>.



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Agency's Vision:

"Extending a hand to those in need"

The mission:

To serve the needs of people in the Louisville area with Emergency assistance, Crisis Management, Health Issues and Community Empowerment through training and counseling

Services:

The typical West Louisville Community Ministries client resides in the 40210, and 40211 zip code; areas with unemployment rates anecdotally reported twice the city wide average for Metro Louisville. The general boundaries for WLCM services are Broadway to the north, Algonquin Parkway to the south, the Ohio River to the west and 7th street to the east.

A significant majority of our clients (92.5%) are either unemployed or underemployed and living below the poverty level. However, we are also seeing an increase number of individuals who, because of an unplanned event such as a medical emergency or a job layoff, find themselves in the position of having to ask for assistance for the first time in their lives. At WLCM we respond to these request using a four step process:

- 1. Conduct a brief counseling session which includes suggested lifestyle changes; e.g, use of a simple household budget, prioritizing spending decisions and tips for conserving energy usage to lower monthly billing.
- 2. Negotiate with utility providers and/or landlords to identify the minimum payment required to avoid termination of services for a 30 day period. Our goal is to give the client time to address their financial situation.
- 3. Identify and recommend additional service agencies willing to provide funding when the balance is due
- To the utility or landlord exceeds a combination of WLCM's contribution and the client's personal resources.
- 4. Send payments directly to the vendor

In 2010, WLCM's began implementation of new Self Sufficiency Program. To assist clients in reducingutility bills through energy conservation, we purchased and distributed energy conserving products such as compact florescent light bulbs and space heaters. We are prescreening candidates for in-home assessments. We also plan to offer classes in basic budgeting and finance skills.

Applicant's Initials



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.):

WLCM's in coordination with our already existing Emergency Assistance program will reach out to an additional 75 west Louisville households specifically targeting households with elderly individuals or disabled individuals, or both, that have households with high home energy burdens, are made aware of the assistance available" under the program and ultimately served through the LIHEAP program. The program/project will begin in January, 2016 and run thru April, 2016. West Louisville was designated by the U.S. Housing and Urban Development as an Enterprise Community in 1994. However, today it is characterized as one of the most economically depressed urban neighborhoods in the United States (Jefferson County 2007).

According to the 2015 study from the University of Louisville, Institute for Sustainable Health & Optimal Aging, 56,200 people live in 40210, 40211, 40212 zip codes of the West Louisville area. The poverty rate in West Louisville is 42% compared to the regional average of 12.4% (Census 2000).

According to UofL Institute for Sustainable Health & Optimal Aging the number of individuals ages 65 and up in poverty in our program service zip codes, 40210, 40211, 40212, total 2,066. The number of Individuals with some form of disability living in poverty in our service program zip codes, 40210, 40211, total 4570.

In addition, this group is facing high unemployment rates reported at twice the citywide average for Metro Louisville.

Due to severe financial challenge the client is facing eviction (26%). Disconnection of LG&E or Louisville Water Company utility service (81%) or is unable to purchase much needed prescription medications (9%). As these percentages indicate, some clients require assistance in multiple areas.

West Louisville Community Ministries clients are typically made up of African American (94%), female (77%), single or divorced (83%)

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

Operational Cost:

Office supplies

\$4668.00 of the funding will be used to cover printing, printer leading fees & maintenance.

Marketing

Funding will be utilized to develop new program material such as (brochures, flyers, etc), help promote the program in the community. A total of \$6,000.00 will be used in this area.

Telephone:

\$4,760.00 will be utilized to cover phone and internet services.

Professional Fees:

Small Equipment:

\$4,572.00 will be used to purchase two new lap top computers and accessories to use for volunteers to process clients.



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.
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.



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: Program Goals:

To provide an additional 35 households with an average age of 60 years or older emergency services.

To provide an additional 40 households having at least one member with a disability

To increase the percent of emergency service recipient's 65 years and older/or with a disability
living in households having the lowest incomes and the highest energy costs financial support

Program Outcomes:

100% of all targeted households report reduced energy expenditures.

75 family households report improved health

100% of families living conditions improve

Tracking:

WLCM will use current intake forms, vendor agreements, and systems to track client intake activity.

WLCM will turn in a complete report for activities defining FY 2016 program results and activities as required by the grant administrator.

WLCM will also do post program follow-up to track client(s) progress and continuing needs.

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.

WLCM's partners with the Association of Community Ministries to provide emergency services to clients in West Louisville. WLCM's also works with the Catholic Enrichment Center to help promote the various family services offered here in the building to all eligible.



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.

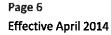
	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits		93,841	93,841
B: Rent/Utilities		1,200	1,200
C: Office Supplies	4,668	4,200	8,868
D: Telephone	4,760	4,500	9,260
E: In-town Travel			
F: Client Assistance (Attach Detailed List)		117,037	117,037
G: Professional Service Contracts			
H: Program Materials	6,000		6,000
I: Community Events & Festivals (Attach Detail List)			·
J: Small Equipment	4,572		4,572
K: Capital Equipment			
L: Other Expenses (Attach Detail List)		6,000	6,000
*TOTAL PROGRAM/PROJECT FUNDS	20,000	226,778	246,778
% of Program Budget	8 %	92 %	100%

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

Other State, Federal or Local Government	99,600
United Way	
Private Contributions (do not include individual donor names)	60,178
Fees Collected from Program Participants	
Other (please specify)	67,000-Fundraisers
Total Revenue for Columns 2 Expenses **	226,778

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

^{**}Must equal or exceed total in column 2.





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 //Pype of Contribution	Value of Contribution	Method of Valuation
N/A	N/A	N/A
Total Value of In-Kind		
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		
D INDIVIDUALLY, BUT GROUPED TOGETHER	THE IN KIND CONTRIBUTION. YOU ONE LINE AS A TOTAL NOT	VOLUNTEERS NEED NOT BE NG HOW MANY HOURS PEI
ONOR INFORMATION REFERS TO WHO MADE ED INDIVIDUALLY, BUT GROUPED TOGETHER SON PER WEEK Coy Fiscal Year Start Date: 7/1/2015	THE IN KIND CONTRIBUTION. ON ONE LINE AS A TOTAL NOT	VOLUNTEERS NEED NOT BE NG HOW MANY HOURS PEI
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ED INDIVIDUALLY, BUT GROUPED TOGETHER SON PER WEEK Socy Fiscal Year Start Date: 7/1/2015 Syour Agency anticipate a significant increas Set projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	NG HOW MANY HOURS PEI
ED INDIVIDUALLY, BUT GROUPED TOGETHER SON PER WEEK ncy Fiscal Year Start Date: 7/1/2015 s your Agency anticipate a significant increas	ON ONE LINE AS A TOTAL NOT	NG HOW MANY HOURS PEI



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

- 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.
- 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.
- 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.
- 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.
- 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:	Sextoney & Elle	Date:
Legal Signatory: (please print):	Gartain 5511.	Title:
Phone:	Extension:	Email:

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Effective April 2014

Applicant's Initials

WEST LOUISVILLE COMMUNITY MINISTRIES

JULY 1, 2015 – JUNE 30, 2016

ATTACHMENT TO GRANT APPLICATION

CLIENT DIRECT ASSISTANCE:	METRO	NON-METRO	TOTAL
	(Ministry funds	s)	
RENT	7,206	5,794	13,000
UTILITIES	36,030	64,807	100,837
MEDICINE	<u>1,801</u>	<u>1,399</u>	<u>3,200</u>
	45,037	72,000	117,037
	=====		======

OTHER EXPENSES

CONTRACTED BOOKKEEPING 6,000

=====

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: West Louis	sille Community Ministries, lac
As in the case of all legislative enactments, the appropriation appropriation must have a secular legislative purpose to supple been, or could be undertaken by the government.	n must be for a public purpose. In other words, the port a program which benefits the public, and which has
The appropriation must be totally and demonstrably earmark or significantly intangible benefit inuring to the organization used by the organization, nor may it be used for improvement church or organization.	. Specifically, the appropriation may not fund equipment
The beneficiary activity or program must be open to the publimembers or affiliates.	lic as opposed to being restricted to church or organization
The grantee church or organization may not use public funds religious practice.	in any way that involves worship, religious instruction, or
Public funds involved in the grant may not be used to suppor grantee church or organization, or in its name.	t a school or any program of instruction operated by the
The grantee organization may not use public funds in any wa organization.	y that involves proselytization or self-promotion of the
The grantee church or organization must establish and mainta completely documents its use of the public funds involved in	ain a system of recordkeeping which clearly and the grant.
SIGNA'	TURE
I agree under the penalty of law to comply with all the item be eligible for funding if investigation at any time shows fal approved, any allocations already received and expended a authorized to sign this disclosure for the applying organization	sification. If falsification is shown after funding has been see subject to be repaid. I further certify that I am legally
Signature of Logal Signatory	Date: 3/4/2016
Legal Signatory (please print):	Date: 3/4/2016 Title: Mesical
Phone: Extension: 502-386-9467	Femail ellisq 4021@bellsouth. Net

West Louisville Community Ministries, Inc. Board of Directors List

	Term Start/	Term End
1. Rev, Dr. Geoffrey Ellis- <i>President</i>	11/1/15	11/1/17
2. Rev Wallace Gunn-Secretary	11/1/15	11/1/17
3. Annette Turner- <i>Personnel Committee</i>	11/1/15	11/1/17
4. Key Frazier	11/1/15	11/1/17
5. Ricky Brooks	11/1/15	11/1/17
6. Evelyn Cunningham	11/1/15	11/1/17
7. Margaret Harris	11/1/15	11/1/17

- C. Quorum and Voting. Each member shall have one vote and shall be counted once for purposes of quorum determination. The attendance at a membership meeting of one third (1/3) of the members in good standing and eligible to vote shall be necessary to constitute a quorum for the transaction of business, including election of officers. Unless otherwise stated in these By-laws or the laws of Kentucky, any official action of the membership shall necessitate a majority of the all the members present. There shall be no voting by proxy.
- D. <u>Location of Membership</u> meetings shall be at a location designated by the Board of Directors and specified in a written notice to the members.
- E. <u>Notice</u> shall be mailed to members in at least ten (10) days before such meeting is to be held, stating the date, location and hour of such meeting. Notice of a special meeting shall state its purpose. In an emergency, twenty-four (24) hour verbal notice may be provided. Written documentation of the attempts to contact each member shall be maintained for emergency meetings.

ARTICLE IV: Organization & Authority of the Board of Directors

- 4.1. <u>General Powers and Duties.</u> The Board of Directors has and may exercise any and all powers of the Corporation provided in the Articles of Incorporation or KRS 273 et seq. (the "Act") which are necessary or convenient to carry out the purposes of the Corporation which are not explicitly reserved by the Act, these Bylaws or the Articles of Incorporation. The business affairs and property of the Corporation shall be managed, controlled, and directed by and under the direction of the Board.
- 4.2. <u>Composition.</u> The number of Directors constituting the Board shall consist of a minimum of eleven (11) members and a maximum of fifteen (15). The Executive Director of the Corporation shall be an ex officio, non-voting member of the Board. The Archdiocese of Louisville Office of Multicultural Ministries shall have a seat on the Board to be filled by a Director appointed by the Archdiocese. Such Director shall be subject to the provisions of Article IV of these bylaws, with the exception of Section 4.4. Should such Director be removed pursuant to Section 4.8, any replacement appointed by the Archdiocese must have the consent of the Board of Directors of the Corporation.
- 4.3. Qualifications. Members of the Board of Directors must be committed to the purposes of and involved with WLCM, and be active in the community.
- 4.4. <u>Election.</u> Directors shall be elected by the membership at its Annual meeting. The President shall select a nominating committee, which shall make recommendations at the Annual meeting. Nominations shall also be taken from the floor. The election of Directors shall be by a majority of all members present at the meeting.
- 4.5. <u>Term of Office.</u> The term of office for Directors shall be for two (2) years and until a successor has been elected and has accepted his or her position. As close to 50% of Directors as possible, shall be elected at each Annual meeting.
- 4.6. <u>Duties.</u> Each Director is expected to actively participate in the management of the Corporation as specified in Section 4.1 and they shall serve on one or more Committees.
- 4.7. <u>Meetings.</u> Directors are expected to attend regular meetings and organization functions. Other staff members and visitors will attend meetings as necessary and requested by the Board to address specific issues.

Department of the Troasury

P. G. BOX 2608 BINGTMNATI: UH 45201

Oate: FEB 4 3 1988

WEST LOBISVILLE COMMUNITY

WINISTRIES INC
PO BOX 2676
LOUISVILLE: XY 40201

Emplacer Identification Namber:

Contact Person:
ANDELA RIVERA
Contact Telephone Number:
(513) 484-3678

Accounting Period Ending:

December 31
Foundation Status Classification:

509(a)(2)
Accounting Period Ends:

Deci 31, 1990
Covert Applies:

No

Dear Applicants

Rased on information supplied, and assuming your operations will be as stated in your application for recognition of exemptions we have determined you are exempt from Federal income tax under section 501(c)(5) of the Internal Revenue Code.

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance rolling period. This advance ruling period degins on the date of your inception and ends on the date around above.

Within 90 days after the end of your advance ruling period, you pust submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a tection 507(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you so must the public support requirements during the advance ruling period, you will be tlassified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation for purposes of sections 507(d) and 4746.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely un the advance determination until the Carvice makes a final determination of your foundation status.



CINCINNATI OH 45999-0038

In reply refer to: 0248367584

Tab 06 2016 LTR 4168C 0

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BODC: TE

WEST LOUISVILLE COMMUNITY
MINISTRIES INC
PO BOX 2676
LOUISVILLE KY 40201



020727

Employer ID Number: Form 990 required: No

Dear Taxpayer:

This is in response to your request dated Jan. 26, 2016, regarding your tax-exempt status.

We issued you a determination letter in February 1988, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Form W-9

(Rev. December 2014)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Hiteliji	a November College	
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	WEST LOUISVILLE COMMUNITY MINISTRIES, INC	
0	2 Business name/disregarded entity name, If different from above	
g		
600	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:	4 Exemptions (codes apply only to
C d	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/esta	cortain antition, and individually and
퐟	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	Exempt payee code (if any) 1
Print or type	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for	Exemption from FATCA reporting
irt	the tax classification of the single-member owner.	code (if any) A
ر ته	X Other (see instructions) ► Non-Profit Corporation	(Applies to accounts maintained outside the U.S.).
2	5 Address (number, street, and apt. or suite no.) - Requester's n	ame and address (optional)
S	P O BOX 2676	
9	6 City, state, and ZIP code	
Ø	LOUISVILLE, KY 40201-2676	
	7 List account number(s) here (optional)	
	087412	
Pa	Taxpayer Identification Number (TIN)	· · · · · · · · · · · · · · · · · · ·
110.7	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
	up withholding. For individuals, this is generally your social security number (SSN). However, for a	
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> n page 3.	
		or
	If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for lines on whose number to enter.	Employer identification number
guide	INCO ON WHOSE NUMBER TO CHIEF.	
Pa	rt II Certification	
	penalties of perjury, I certify that:	***
1. T	he number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be i	ssued 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
	o longer subject to backup withholding; and	
3. I	am a U.S. citizen or other U.S. person (defined below); and	
4. T	he FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certif	ication instructions. You must cross out item 2 above if you have been notified by the IRS that you are curren	ly subject to backup withholding
becau	se you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does	s not apply. For mortgage
nener	st paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retire ally, payments other than interest and dividends, you are not required to sign the certification, but you must prov	ment arrangement (IRA), and ide your correct TIN, See the
	extreme on page 3.	de your correct this, dee the
Sign	W # 200.12	
Here	Signature of U.S. person Date 1 Date 1	Oct 12, 2015
	Date 1	00113 177



ARCHDIOCESE OF LOUISVILLE

Office of Multicultural Ministry

Ministries

African Ministries

African American Ministries

Bi-racial Ministries

Filipino Ministries

Haitian Ministries

Hispanic Ministries

Vietnamese Ministries

Rural Ministries

Native American Ministries

Korean Ministries

Pacific Islander Ministries

Belizean Ministries

Maloney 🖻 Center

1200 South Shelby Street Louisville, KY 40203-2600 (502) 636-0296 (502) 636-2379 Fax omni@archlou.org Email

Catholic 3 Enrichment Center 3146 West Broadway Louisville, KY 40211 (502) 776-0262 (502) 776-1962 Fax cec@archloworg Email January 20, 2016

To Whom It May Concern,

The Archdiocese of Louisville, Office of Multicultural Ministry, being good stewards to the community provides office space to the West Louisville Community Ministries, Inc. free of charge and has done so for a number of years.

Sincerely,

Mr. Annette Mandley-Turner

Executive Director

Office of Multicultural Ministry

West Louisville Community Ministries Staff listing and Salaries

Name:	Yearly Salary:
Charles A Turner, Jr	\$28,288.00
Nicole Flowers	\$13,000.00
Deborah Ditto	\$11,700.00

ARTICLES OF INCORPORATION

OCT 1 0 1986

OF

WEST LOUISVILLE COMMUNITY MINISTRIES,

SECRETARY OF STATE

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Kentucky Revised Statutes, Chapter 273, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be West Louisville Community Ministries, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal place of business of the Corporation is to be located at:

> 2422 West Chestnut St. Louisville, KY 40211

and such other places in said city or elsewhere as its Board of Directors may by resolution designate.

The name of the registered agent for service of process is:

Reverend Clarence B. Lucas,

and the registered office is to be located at:

3815 W. Broadway Louisville, Kentucky 40211

ARTIC E IV

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

ROOK 360 PACE 59

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

- to promote an ecumenical relationship among congregations;
- 2) to promote ministries that address the needs of those in crisis, without regard to race, color, sex, religion, disability, or any other non-merit criterion;
- 3) to promote and provide direct charitable assistance to those in need, including but not limited to the hungry, homeless, sick, aged, and poverty stricken;
- to educate the community on issues of concern to it, and to educate individuals on skills that will increase their selfcapacity;
- 5) to cooperate with other organizations providing assistance to the community.

, ARTICLE V

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

ARTICLE VI

In carrying out the corporation purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 127.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.
- b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 502(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax

- c) If and so long as the Corporation is a private foundation as defined in Section 501(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:
- 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

MAILING ADDRESS

Stella Hill

are of He in

3613 Northwestern Pkwy. Louisville, KY 40212

Reverend John Gunnum

452 North 26th Street Louisville, KY 40212

ARTICLE VIII

The initial Board of Directors shall consist of three (3) Directors. The names and address of the members of the initial Board of Directors are:

Yvette Dalton

101 South 44th Street Louisville, KY 40212

Reverend John Gunnum

452 North 26th Street Louisville, KY 40212

BOOK 360 PAGE 62

Reverend Clarence Lucas

3815 West Broadway Louisville, KY 04211

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

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

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

ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of this Corporation on this day of Willer, 1986.

YVETTE DALTON

REVEREND CLARENCE LUCAS

STATE OF KENTUCKY

COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared YVETTE DALTON, and being duly sworn, acknowledged that she was an incorporator of the aforementioned Corporation, and that she signed the foregoing Articles of Incorporation as her free act and deed.

Outship, 1986.

My commission expires:

NOTARY PUBLIC STATE AT LARGE, KENTUCKY STATE OF KENTUCKY

COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared, REVEREND JOHN GUNNUM, and being duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as him free act and deed.

Witness my signature and seal of office this 8 day of My commission expires: April 18,1989.

S PUBLIC TO THE PORT OF THE PO

STATE OF KENTUCKY

COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared, REVEREND CLARENCE LUCAS, and being duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this ____ day of

My commission expires:

NOTARY PUBLIC PROPERTY AT LARCE VENTUCKY

STATE AT LARGE, KENTUCKY

STATE AT LARGE, KENTUCKY

500K 360 PAGE 64

17/005/3



Louisville Metro Revenue Commission



Account Verification

Account Lookup

Account Number:

Retrieve Account

Change My Password

Account Detail

* Account OK *

FID:

SSN:

Business: CORP Start Date: 2/1/1987

Trade Name:

Name: WEST LOUISVILLE COMMUNITY MINISTRIES INC

Business Address: PO BOX 2676

Address Status: ACT City: LOUISVILLE

State: KY

Zip Code: 40201 -2676 PhoneNo: 5027782815

Ext. Fax No:



Louisville Metro Revenue Commission == P.O. Box 35410, Louisville, KY 40232-5410 == 502-574-4860

Louisville

WEST LOUISVILLE COMMUNITY MINISTRIES, INC.

General Information

Organization Number 0220560

Name WEST LOUISVILLE COMMUNITY MINISTRIES, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - GoodStateKY

 File Date
 10/10/1986

 Organization Date
 10/10/1986

 Last Annual Report
 6/4/2015

 Principal Office
 P. O. BOX 2676

LOUISVILLE, KY 40201

Registered Agent REV. GEOFFREY ELLIS

3146 WEST BROADWAY LOUISVILLE, KY 40211

Current Officers

 President
 REV. GEOFFREY ELLIS

 Secretary
 REV. Wallace Gunn

 Director
 M ANNETTE TURNER

 Director
 EVELYN CUNNINGHAM

 Director
 RICKIE BROOKS

 Director
 REGINALD GLASS

 Director
 KAY FRAZIER

Individuals / Entities listed at time of formation

 Director
 YVETTE DALTON

 Director
 REV JOHN GUNNUM

 Director
 REV CLARENCE LUCAS

 Incorporator
 REV JOHN GUNNUM

 Incorporator
 REV CLARENCE B LUCAS

Incorporator YVETTE DALTON

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	6/4/2015	1 page	PDF
Annual Report	8/11/2014	1 page	PDF
Annual Report	6/28/2013	1 page	PDF
Annual Report	6/19/2012	1 page	PDF
Annual Report	2/21/2011	1 page	PDF

Registered Agent	5/25/2010	1 page	tiff	<u>PDF</u>
name/address change	E /0E /004.0		4166	DDF
Annual Report	5/25/2010	1 page	tiff	<u>PDF</u>
Annual Report	6/4/2009	2 pages	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	6/4/2009	1 page	<u>tiff</u>	PDF
Annual Report	4/15/2008	1 page	tiff	<u>PDF</u>
Annual Report	3/19/2007	1 page	tiff	<u>PDF</u>
Annual Report	4/27/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/8/2005	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/1/2003	1 page	<u>tlff</u>	<u>PDF</u>
Annual Report	5/6/2002	1 page	tiff	<u>PDF</u>
Annual Report	6/8/2001	1 page	tiff	<u>PDF</u>
Annual Report	4/25/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/20/1999	1 page	<u>tiff</u>	PDF
Annual Report	10/2/1998	1 page	<u>tiff</u>	PDF
Statement of Change	10/1/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	tiff	<u>PDF</u>
Statement of Change	7/24/1995	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	<u>PDF</u>
Annual Report	7/1/1994	1 page	<u>tiff</u>	PDF
Annual Report	3/26/1993	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	1 page	tiff	<u>PDF</u>
Annual Report	7/1/1991	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1990	3 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	2/2/1990	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/6/1988	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	4/6/1988	1 page	<u>tiff</u>	

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/4/2015 7:33:50 PM	6/4/2015 7:33:50 PM	
Annual report	8/11/2014 8:23:42 PM	8/11/2014 8:23:42 PM	
Annual report	6/28/2013 6:55:06 PM	6/28/2013 6:55:06 PM	
Annual report	6/19/2012 10:22:39 AM	6/19/2012 10:22:39 AM	
Annual report	2/21/2011 2:06:48 PM	2/21/2011 2:06:48 PM	
Annual report	5/25/2010 10:23:20 AM	5/25/2010	
Registered agent address change	e 5/25/2010 e 10:17:27 AM	5/25/2010	
Registered agent address change	e 6/4/2009 12:44:25 PM	6/4/2009	

Annual report	6/4/2009 12:43:38 PM	6/4/2009
Annual report	4/15/2008 12:09:15 PM	4/15/2008
Annual report	3/19/2007 2:05:41 PM	3/19/2007
Annual report	4/27/2006 8:24:48 AM	4/27/2006
Registered agent address change	4/1/2003 5:29:53 PM	4/1/2003
Registered agent address change	10/1/1998	10/1/1998
Sixty day notification	9/1/1998	9/1/1998
Registered agent address change	7/24/1995	7/24/1995

Microfilmed Images

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

Annual Report	3/2/2005	1 page
Annual Report	5/25/2004	1 page
Annual Report	6/11/2003	1 page
Statement of Change	4/1/2003	1 page
Annual Report	5/6/2002	1 page
Annual Report	6/8/2001	1 page
Annual Report	4/25/2000	1 page
Annual Report	4/20/1999	1 page
Annual Report	10/2/1998	1 page
Statement of Change	10/1/1998	1 page
Annual Report	7/1/1997	1 pagé
Annual Report	7/1/1996	1 page
Statement of Change	7/24/1995	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	3/26/1993	2 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Statement of Change	2/2/1990	1 page
Annual Report	7/1/1989	2 pages
Statement of Change	4/6/1988	1 page
Articles of Incorporation	10/10/1986	7 pages

Charles Alexander, III CPA 930 E Broadway Louisville, KY 40204 502-584-2375

West Louisville Community Ministries,Inc FINANCIAL STATEMENTS November 30, 2015 COMPILATION Charles Alexander, III CPA 930 E Broadway Louisville, KY 40204 502-584-2375

To the Board of Directors West Louisville Community Ministries,Inc PO Box 2676 3146 West Broadway Louisville, KY 40201

We have compiled the accompanying balance sheet of West Louisville Community Ministries, Inc as of November 30, 2015, and the related statements of income and retained earnings and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Charles Alexander, III CPA

December 14, 2015

West Louisvi.le Community Ministries,Inc BALANCE SHEET As of November 30, 2015

ASSETS

CURRENT ASSETS

 Cash in Bank Checking-General
 \$ 933.65

 Cash Checking - New SS
 33,559.43

 Prepaid Insurance
 2,943.82

Total Current Assets 37,436.90

PROPERTY AND EQUIPMENT

TOTAL ASSETS \$. 37,436.90

West Louisville Community Ministries,Inc BALANCE SHEET As of November 30, 2015

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES Accounts Payable	\$ (300.00)
Total Current Liabilities	(300.00)
LONG-TERM LIABILITIES	
Total Liabilities	(300.00)
NET ASSETS Fund Balance CURRENT NET INCOME	69.65 37,667.25
Net Assets	37,736.90
TOTAL LIABILITIES AND NET ASSETS	\$ 37,436.90

West Louisville Community Ministries,Inc INCOME STATEMENT

	N N	1 Month Ended November 30,	%	1 Month Ended November 30,	%	5 Mol	5 Months Ended November 30,	%	5 Mont Nove	5 Months Ended November 30,	%
Sales City Board Members - Contributions Churches Other Income Less Returns & Allowances	un u	0.00 0.00 1,719.31 0.00	0.00 0.00 0.00 0.00	\$ 0.00 0.00 3,862.53 0.00 0.00	0.00	€	49,800.00 0.00 7,642.10 0.00	0.00	₩	49,800.00 723.58 9,194.81 3,843.00	0.00
Total Sales		1,719.31	0.00	3,862.53	0.00	İ	57,442.10	0.00		63,561.39	0.00
Cost of Goods Sold		,									
Net salaries Taxes, Pavroil		0.00 488.00	0.00	3,711.12	0.00		3,531.72	00.0		17,695.20 3.209.60	0 0
DA - Rent		0.00	0.00	1,050.00			0.00	0.00		1.350.00	00.0
9th Ward Prescriptions Prog.		00.00	0.00	78.99	00.00		0.00	0.00		78.99	00.0
DA - Water		600.00	0.00	1,955.64	4 0.00		00.009	0.00		1,955.64	00.0
DA - LG&E		1,962.60	0.00	8,533.94	4 0.00		2,147.23	0.00		42,235.08	0.00
Legal and Accounting	•	2,000.00	0.00	200.00	00.00	ì	2,000.00	0.00		2,500.00	00.0
Office Supplies			0.00	100.00	00.00	ii.	1,402.14	0.00		242.17	0.00
Telephone		633.14	0.00	501.08			1,059.15	0.00		2,163.08	00.0
Office Equipment Lease		0.00	0.00	0.00	00.00		0.00	0.00		586.85	0.00
Membership/Conf.		0.00	0.00	0.00	00.00		500.00	0.00		500.00	0.00
Insurance		119.00	0.00	119.00	0.00		119.00	0.00		119.00	0.00
Bank Charges		66.6	0.00	00.00	00.00		22.98	00.0		43.99	0.00
Contract Labor - Turner		2,176.00	0.00	00:00	00:00		4,352.00	0.00		00.00	0.00
Contract Labor - Flowers		1,000.00	0.00	0.00	00:00		2,000.00	0.00		00.00	0.00
Contract Labor - Ditto	1	900.00	0.00	0.00	0.00		900.00	0.00		0.00	0.00
Total Cost of Goods Sold		11,290.87	0.00	18,532.22	0.00		19,774.85	0.00		72,679.60	0.00
Gross Profit		(9,571.56)	0.00	(14,669.69)	0.00		37,667.25	0.00		(9,118.21)	0,00

West Louisville Community Ministries, Inc INCOME STATEMENT

%	0		0.00	0.00
5 Months Ended November 30,	(9 118 21)		(9,118.21)	\$ (9,118.21)
%	000		0.00	0.00
5 Months Ended November 30,	37.667.25		37,667.25	\$ 37,667.25
%	0.00		0.00	0.00
1 Month Ended November 30,	(14,669.69)		(14,669.69)	\$ (14,669.69)
%	0.00		0.00	0.00
1 Month Ended November 30,	(9,571.56)		(9,571.56)	\$ (9,571.56)
	Operating Expenses Operating Income (Loss)	Other Income (Expense)	Net Income (Loss) Before Taxes	Net Income (Loss)

Charles Alexander, III CPA 930 E Broadway Louisville, KY 40204 502-584-2375

West Louisville Community Ministries,Inc FINANCIAL STATEMENTS October 31, 2015 COMPILATION Charles Alexander, III CPA 930 E Broadway Louisville, KY 40204 502-584-2375

To the Board of Directors West Louisville Community Ministries,Inc PO Box 2676 3146 West Broadway Louisville, KY 40201

We have compiled the accompanying balance sheet of West Louisville Community Ministries, Inc as of October 31, 2015, and the related statements of income and retained earnings and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Charles Alexander, III CPA

December 14, 2015

West Louisville Community Ministries,Inc BALANCE SHEET As of October 31, 2015

ASSETS

CURRENT ASSETS

Cash in Bank Checking-General Cash Checking - New SS Prepaid Insurance

\$ 933.65 43,130.99 2,943.82

Total Current Assets

47,008.46

PROPERTY AND EQUIPMENT

TOTAL ASSETS

\$ 47,008.46

West Louisville Community Ministries,Inc BALANCE SHEET As of October 31, 2015

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES Accounts Payable	\$	(300.00)
Total Current Liabilities	•	(300.00)
LONG-TERM LIABILITIES		
Total Liabilities		(300.00)
NET ASSETS Fund Balance CURRENT NET INCOME		69.65 47,238.81
Net Assets		47,308.46
TOTAL LIABILITIES AND NET ASSETS	\$	47,008.46

West Louisville Community Ministries, Inc INCOME STATEMENT

	1 Mc Octol	1 Month Ended October 31, 2015	%	1 Mon	1 Month Ended October 31, 2014	%	4 Mont Octobe	4 Months Ended October 31, 2015	%	4 Month October	4 Months Ended October 31, 2014	%
Sales City Board Members - Contributions Churches Other Income	₩	49,800.00 0.00 2,750.00	0.00	↔	49,800.00 0.00 497.78 3,500.00	0.00	↔	49,800.00 0.00 5,922.79 0.00	0.00 0.00 0.00 0.00	₩	49,800.00 723.58 5,332.28 3,843.00	0.00
Less Returns & Allowances T otal Sales		52,550.00	0.00		53,797.78	0.00		55,722.79	0.00		0.00	0.00
Cost of Goods Sold Net Salaries		0.00	0.00		2,870.89	0.00		3,531.72	0.00		13,984.08	0.00
Taxes, Payroll DA - Rent		652.63 0.00	0.00		647.37 300.00	0.00		652.63	0.00		1,227.15	00:00
DA - LG&E Legal and Accounting		0.00	0.00		14,194.59	0.00		184.63	0.00		33,701.14	0.00
Office Supplies		0.00	0.00		0.00	0.00		0.00	0.00		2,000.00 142.17	0.00
Telephone Office Equipment Lease	941	0.00 0.00	0.00		924.44	0.00	•	426.01	0.00		1,662.00	0.00
Membership/Conf.		500.00	0.00		200.00	0.00		500.009	0.00		500.00	0.00
Bank Charges Contract Labor - Turner		0.00 2,176.00	0.00		26.99	0.00		12.99	0.00		43.99	0.00
Contract Labor - Flowers		1,000.00	0.00		0.00	0.00		1,000.00	0.00		0.00	0.00
Total Cost of Goods Sold		4,328.63	0.00		21,063.28	0.00		8,483,98	0.00		54,147.38	0.00
Gross Profit		48,221.37	0.00		32,734.50	0.00		47,238.81	0.00		5,551.48	0.00
Operating Expenses												
Operating Income (Loss)	1	48,221.37	0.00		32,734.50	0.00		47,238.81	0.00		5,551.48	0.00

West Louisville Community Ministries, Inc INCOME STATEMENT

4 Months Ended % October 31, 2014		0.00 5,551.48 0.00	
4 Months Ended October 31, 2015		47,238.81 0.00	
%		0.00	
1 Month Ended October 31, 2014		32,734.50 0.00	
%		0.00	
1 Month Ended October 31, 2015		48,221.37	
	Other Income (Expense)	Net Income (Loss) Before Taxes	