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

	0011711101101101101		
	rogram: SOUTH LOUISVILLE COMMUNIT	Y MINISTRIES	
	Requested Amount: \$12, 236.00		
Appropriat	ion Request Amount! 11, 400		
	Summary of Request		
Funding to as	ssist with the 9th annual Taste of South Louis	sville food-tasting extravaganza.	
		-	
Is this progra	am/project a fundraiser?	Yes No	
Is this applic	cant a faith based organization?	Yes No	
Does this ap	plication include funding for sub-grantee(s)?	Yes 🔳 No	
		Institute of the second	
	gitimate. I have also completed the disclosur 2 Primary Sponsor Signature	ve section bolow, it required.	
UEC	ruge Z		
District #	Primary Sponsor Signature	Amount Date	
······································			
Desires a very 6'-			MANUSCON STREET
List below ar	ponsor Disclosure ny personal or business relationship you, your its volunteers, its employees or members of	r family or your legislative assistant have with th its board of directors.	is
List below ar	ny personal or business relationship you, your	r family or your legislative assistant have with th its board of directors.	is
List below ar	ny personal or business relationship you, your	r family or your legislative assistant have with th its board of directors.	is
List below ar organization,	ny personal or business relationship you, your its volunteers, its employees or members of	r family or your legislative assistant have with th its board of directors.	is
List below ar	ny personal or business relationship you, your its volunteers, its employees or members of	r family or your legislative assistant have with th its board of directors.	is
List below ar organization, Approved by	ny personal or business relationship you, your its volunteers, its employees or members of the state of the s	r family or your legislative assistant have with the its board of directors.	is
List below ar organization, Approved by	ny personal or business relationship you, your its volunteers, its employees or members of	r family or your legislative assistant have with the its board of directors. Date	is
List below ar organization, Approved by Approved	ny personal or business relationship you, your its volunteers, its employees or members of the state of the s	its board of directors.	is

	9.4				
Apj	plican	t/P	rog	gran	1:

SLCM TASTE OF SOUTH LOUISVILLE 2018

Additional Disclosure and Signatures

Additional	Council	Office	Disclosure

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

Council Member Signature and Amount District 1 a) \$ 500 District 2 District 2 District District 5 District 6 District 7 District 8 District 9 50000 District 10 District 11 District 12 District 13 District 14 District 15

2 | Page Effective May 2016

Applicant/Program:		
SLCM TASTE OF SOUTH LOUISVILL	E 2018	
Addit	ional Disclosure and Signatur	es
Additional Council Office Disclo List below any personal or business re		islative assistant have with this
District 16	<u> </u>	·
District 17	•	
District 17	<u> </u>	
District 18	\$	
District 19	d)	
District 17	<u> </u>	

District 20

District 22

District 23 👱

District 25

District 26

3 | Page Effective May 2016

LOUISVILLE METRO COUNCIL

Legal Name of Applicant Organization SLCM	*·
Program Name and Request Amount Taste of South Louisiville 2018	2 00
\$ 10,000	2.00
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes/No/N
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
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
if ividing is for a separate taxing district in the Counting	Yes
A TOTAL DESCRIPTION OF THE PROPERTY OF THE PRO	Yes
Is the entity in good standing with:	[100]
Kentucky Secretary of State?	
 Louisville Metro Revenue Commission? Louisville Metro Government? 	<u> </u>
Internal Revenue Service?	Yes
Louisville Metro Human Relations Commission?	
is the current Fiscal Year Budget included?	
ls the entity's board member list (with term length/term limits) included?	Yes
is 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?	Yes
s the most recent annual audit (if required by organization) included?	N/A
s a copy of Signed Lease (if rent costs are requested) included?	N/A
s the Supplemental Questionnaire for churches/religious organizations (16	N/A
	Yes
re the Articles of Incorporation of the Agency included?	
the IRS Form W-9 included?	Yes
the IRS Form 990 included?	Yes
	Yes
re the evaluation forms (if program participants are given evaluation forms) included?	NA
ffirmative Action/Equal Employment Opportunity plan and/or policy statement included (if	
as the Agency agreed to participate in the BBB Charity review and a 15	N/A
et the BBB Charity Review Standards?	N/A
repared by shughes Date: Jul 18, 2018	

	SECTION 1 - API	LICANT INFORMAT	TION
Legal Name of App	licant Organization:	the same of the sa	more than the second
	Wisosiky, gov/ business/ i ecurus		MUNITY MINISTRIES
Main Office Street	& Mailing Address: 415 1/2 W. As	shland Avenue, Lou	isville KY 40214
Website: slcm.org		110000000000000000000000000000000000000	
Applicant Contact:	Kate Husk	Title:	Assistant Director
Phone:	502-361-7763	Email:	katehusk@slcm.org
Financial Contact:	Joyce Whalin	Title:	Fund Development Chair
Phone:	502-361-7763	Email:	funddevelopment@slcm.org
Organization's Rep	resentative who attended NDF Tra	ining: Joyce Whali	n and Kate Husk
GEO	OGRAPHICAL AREA(S) WHERE PRO		
Program Facility Lo	cation(s): 415 1/2 W. Ashland A		
Council District(s):	6, 12, 13, 15, 21, 25	Zip Code(s):	
	SECTION 2 - PROGRAM REQ	UEST & FINANCIAL	INFORMATION
PROGRAM/PROJECT	T NAME: Taste of South Louisville	2018 - 9th Annual	
Total Request: (\$)	12,236 Total Metro	Award (this progra	m) in previous year: (\$) \$11,000
Purpose of Request	(check all that apply):		7 (7) 011,000
Operating	Funds (generally cannot exceed 33	% of agency's total	operating budget)
Programm	ning/services/events for direct bene	fit to community of	r qualified individuals
Capital Pro	pject of the organization (equipmen	t, furnishing, buildi	ng. etc)
	equired Attachments:		,,
■ IRS Exempt Status D	Determination Letter addendum A	Signed lease if	rent costs are being requested
■ Current year project	ted budget adderdum B	■ IRS Form W9	l l
■ Current financial sta	atement addendage C		ns if used in the proposed program
	m 990 or 1120-H adderdum D		required by organization) Redendum G
■ Articles of Incorpora	ation (current & signed) Addendes E		ganization Certification Form, if applicable
Cost estimates from capital expense	proposed vendor if request is for		addendien H
GOACHINICHT TOT THIS	year ending June 30, list all funds or any other program or expense, in tor Metro Council Appropriation (N	ocluding funds roco	is coal the asset Bassac or 1 and
Source:	Metro Council	Amount: (\$)	172,900
Source:	NDF-Fam. Help. Fam., Golf Scram		9,800
	NDF Taste of South Louisville '17	Amount: (\$)	11,000
	tacted the BBB Charity Review for I	La .	
las the applicant met	t the BBB Charity Review Standards	? Yes No	
		<u> </u>	

Page 1 Effective May 2016

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

-Emergency assistance with food, medicine, housing and utilities

-Comprehensive referral services and partnerships (individual, family and marriage counseling)

-Daily enrichment services for senior adults

The impact of our services changes the lives of families in crisis. Last year, South Louisville Community Ministries provided food to over 6,200 families. Our pantry distributed food orders daily totaling over 195,000 lbs. of food during the year. Our weekly produce each Wednesday provided fresh vegetables to over 60 families along with educational information about health eating and budget management. Each month, we pick up and delivered food packages to 25 seniors. The Meals-On-Wheels program delivered over 18,692 hot meals to seniors this past year.

Over \$65,000 in financial assistance with utilities, housing payments and medication was provided to 1,400 families. Baby supplies such as diapers, wipes and baby wash went to over 439 families. Clothing and furniture vouchers were given to 150 families. In addition, we helped individuals with resume writing, online job search, clothes for their interview or proper garments to start the first week of work.

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

Page 2 Effective May 2016

	Board Member		Town F. J.D.
Michael Chinigo, President	Humana		Term End Date
Stacy Herdt, Vice President	Stock Yards Bank		June 2019
Terry Conway, Secretary	Retired (Active in Community	() (eligible for 2nd town)	June 2019
Theresa Batliner, CPA, Treasurer	Mountjoy Chilton Medley	(ongrote for 2lid term)	
Rev. Dr. James A. Dewey	Retired Pastor	(eligible for 2-1)	June 2019
Nicole George	Proj. Mgr., U of L	(eligible for 2nd term)	
Kathryn Matheny, attorney	Cardinal Planning & Design	(eligible for 2nd term)	
racy McDonald, Branch Mgr.	L&N Federal Credit Union	(eligible for 2nd term)	
Donna Ngo, Branch Mgr.	PNC Bank	(eligible for 2nd term	
.D. Nunnelley, owner		(eligible for 2nd term)	
effrey V. Oeswein, Sr. Civil Eng.	Nunnelley Funeral Home LG& E	(eligible for 2nd term	
David Tummonds, Gen. Mgr.		(eligible for 2nd term)	
Total State of the	LG&E	(eligible for 2nd tern	June 2020

Describe the Board term limit policy:

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

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

Throo Highest D. I.d. C. (SA)	
Three Highest Paid Staff Names	Annual Salary
Executive Director (vacant)	60,000
Asst. Director Kate Husk	47,450
Adam Walker and Nisha Kishor (equal salaries)	26,000

Page 3 Effective May 2016

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

The Ninth Annual Taste of South Louisville, a one-day event, is open to the general public. The date is Saturday, August 18, 2018, from 6:00 p.m. until 8:30 p.m. at Churchill Downs Millionaires Row. This is a food-tasting extravaganza where patrons pay an admission fee to receive a sample of various specialty foods from participating South Louisville and area restaurants.

In addition to admissions, restaurants donate their food samples to help offset the expenses of the event and to enhance the profitability of the Taste of South Louisville. Revenues by this event in excess of the NDF Grant dollars (12,236) will go directly back into the operation of the agency and to the programming it provides.

NDF dollars are requested to offset the general operating expenses that are the major expense in this community event/fundraiser.

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

The \$12,236 of NDF dollars requested by this application will be used as follows:

\$ 3,036: Will be utilized to provide emergency assistance to qualifying residents residing in the South Louisville area. This assistance may be in the form of partial payments for rent, utilities and/or medications.

\$ 9,200: Will be used to offset expenses incurred in holding the event, i.e., expenses associated with the venue (Churchill Downs) and miscellaneous costs including decorations, signage and printing, paper, disposable paper products for vendors, plus the cost of some food that will be purchased (which is in addition to the food donated by participating restaurants). This allows SLCM to make the event affordable to all residents in South Louisville.

There are no sub-grantees in this project.

C. If Al.	
C: If this request is a fundraiser, ple	ease detail how the proceeds will be spent:
The NDF dollars requested are to offer	oot the same I
more funds for the services.	set the general costs that are major expenses of the SLCM event and to genera
Funds generated by this event will go	directly back to the agency and to the programming it provides (described on
page 2).	and to the programming it provides (described on
: For Expenditure Reimbursement C	Only – The grant award period begins with the Metro Council approval date
nd ends on June 30 of Metro fiscal ye unds to be spent before the grant awa	ear in which the grant is approved. If any part of this funding request is for ard period, identify the applicable circumstances:
The funding request is a reimburs application date, but prior to the example of the example.	sement of the following expenditures that will probably be incurred after the
If selecting this option, the invoice application.	e, receipt and payment documentation should not be available as of the date of this
The Grantee will be required to submit	t financial reporting in accordance with the reporting schedule provided in the
grant agreement,	the reporting schedule provided in the
Reimbursements should not be made by the primary council sponsor. The	de before application date unless an emergency can be demonstrated e funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):	the following expenditures (attach
identified in this application. Attach a copy of cancelled shocks as	ceipts to provide proof of purchase of activities associated with the work plan
plan identified in this application.	p provide proof of payment of the invoices or receipts associated with the work
2.5	

Page 5 Effective May 2016

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:
As described on Page 2 of this application, detailed statistics on the numbers of individuals and families that the agency serves are maintained. Identifications of all individuals and families are logged into a master database. Services and dates of services rendered are subsequently entered into that same database.
Monthly reports are generated from each of our service areas and presented to the SLCM Board of Directors for review.
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 South Louisville Community Ministries realizes that to best serve the needy of South Louisville, it is essential to build partnerships with other community organizations. We currently have numerous relationships with other organizations that help support and sustain the programming offered by SLCM. A partnership with Dare-to-Care places in excess of \$200,000 worth of food into our pantry for distribution to those in need. A relationship with Kentucky One Health Foundation funds two of our seven Meals on Wheels routes. SLCM is very proud of the engoing relationships it has built with LG&E, Louisville Water Company, Kosair Charities and the Louisville Urban League, to name a few.

Page 6 Effective May 2016

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1		Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Fund	5	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits				
B: Rent/Utilities	1	+		
C: Office Supplies		+		
D: Telephone		+		
E: In-town Travel		-		
F: Client Assistance (See Detailed List on Page 8)	\$3,036	+-	221.054	
G: Professional Service Contracts	\$3,030	+-3	31,964	\$35,000
H: Program Materials	 	-		
: Community Events & Festivals (See Detailed List on Page 8)	\$9,200	+		
: Machinery & Equipment	Ψ,200	+-		\$9,200
K: Capital Project		-		
: Other Expenses (See Detailed List on Page 8)				
*TOTAL PROGRAM/PROJECT FUNDS	\$12,236	\$1	31,964	\$44.200
Coffeening friger		 		\$44,200
	28 %	72	%	100%

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

Other State, Federal or Local Government	tio rungs:
United Way	\$6,000 (Metro Formula)
Private Contributions (do not include individual donor names)	\$25,964
Fees Collected from Program Participants	\$25,904
Other (please specify)	
al of Column 1 MUST match "Total Poquet on Day 1.6	\$31,964

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

Page 7 Effective May 2016



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

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3	
	Proposed Metro Funds	Non- Metro Funds	Total Funds	
Client Assistance	3,036	31,964	35,000	
See attached budget on page 8-A for Community Event	0.000			
To state community Event	9,200		9,200	
Total	12,236	31,964	44,200	

Page 8 Effective May 2016

2018 Neighborhood Development Fund Grant Application TASTE OF SOUTH LOUISVILLE, AUGUST 18, 2018

Budget Expenses

	Event Expenses
Churchill Downs Increased expenses due to VIP Reception, additional Servers, addn. cart service And addn. wheel chair serv.	\$2,500
Printing/Signage/Office Supplies	\$3,000
Flowers & Table Decorations	\$ 325
Purchase of Food	\$2,500
Paper Supplies for food serving	\$ 525
Permit – City of Louisville Health Dept.	\$ 50
Postage	\$ 200
Awards	\$ 100
TOTAL	<u>\$9,200</u>

Applica Initials

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
450 volunteer hrs @\$17.83	\$8,023.50	NMV
Total Value of In-Kind (to match Program Budget Line Item.	\$8,023.50	
N PER WEEK Fiscal Year Start Date: July 1, 2018	SIT ONE LINE AS A TOTAL NOTIN	G HOW MANY HOURS PE
OR INFORMATION REFERS TO WHO MAE INDIVIDUALLY, BUT GROUPED TOGETHE IN PER WEEK IN Fiscal Year Start Date: July 1, 2018 Our Agency anticipate a significant increase projected for next fiscal year? NO	se or decrease in your budget from	G HOW MANY HOURS PE
OR INFORMATION REFERS TO WHO MAE INDIVIDUALLY, BUT GROUPED TOGETHE N PER WEEK Fiscal Year Start Date: July 1, 2018 our Agency anticipate a significant increa projected for next fiscal year? NO	se or decrease in your budget from	G HOW MANY HOURS PE
OR INFORMATION REFERS TO WHO MAE INDIVIDUALLY, BUT GROUPED TOGETHE N PER WEEK Fiscal Year Start Date: July 1, 2018 our Agency anticipate a significant increase projected for next fiscal year? NO	se or decrease in your budget from	G HOW MANY HOURS PE
OR INFORMATION REFERS TO WHO MAE INDIVIDUALLY, BUT GROUPED TOGETHE N PER WEEK V Fiscal Year Start Date: July 1, 2018 Our Agency anticipate a significant increa	se or decrease in your budget from	G HOW MANY HOURS PE

Page 9 Effective May 2016

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of 1. expenditure is subject to Kentucky's open records law.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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 6. 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 7
- 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.
- 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.
- 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

Standard Certifications

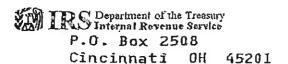
- The Agency certifies It will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 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.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations. 5.

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.

5	ECTION 8 - CERTI	FICATIONS & ASSUR	ANCES	
I certify under the penalty of law the inform accurate to the best of my knowledge. I am falsification. If falsification is shown after fur repaid. I further certify that I am legally auti application.	ation in this application aware my organization address to the state of the state o	on (Including, without lim on will not be eligible for t	itation, "Certifica unding if investig	gation at any time shows
Signature of Legal Signatory:	1 FATO		Date:	Tholed
Legal Signatory: (please print):	Katet	tusk	Title:	Asst. Director
Phone: 502-361-7763	Extension:	Email:	katehusk@sl	cm.org

Page 10

Effective May 2016



addendum A

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

00017552

BODC: TE

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



12242

Employer Identification Number:

Person to Contact: Mrs. Black

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



Form W-9
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

South Louisville Community of Ministres Inc	_
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payes code (If any)
LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)
	(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite ho.) See instructions. H15 12 West Ashland Avenue 6 City, state, and ZIP-code LOUISVILLE KY 40214	nd address (optional)
7 List account number(s) here (optional)	
Taxpaver Identification Number (TIN)	
our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social secu	rity number
nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
If the account is in more than one name, see the instructions for line 1. Also see What Name and	lantification number
II Certification	
number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issu . not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been no rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the	tified by the Internal Revenue
onger subject to backup withholding; and	ne IRS has notified me that I am
a U.S. citizen or other U.S. person (defined below); and	ne IRS has notified me that I am
onger subject to backup withholding; and a U.S. citizen or other U.S. person (defined below); and FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
onger subject to backup withholding; and a U.S. citizen or other U.S. person (defined below); and	ct to backup withholding because mortgage interest paid, IRA), and generally, payments
	2 Business name/disregarded entity name, if different from above 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

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

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

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

ARTICLE I

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

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

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

ARTICLE IV

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

ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue Louisville, KY 40214

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

ARTICLE VI

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

- a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.
- b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws.

- c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:
 - 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
 - 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
 - 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
 - 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later tax laws.
 - 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

ARTICLE VIII

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

- (2) The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its Bylaws or a resolution adopted after notice to members entitled to vote.
- (3) The Corporation hereby eliminates the personal liability of a director to the Corporation for monetary damages for breach of his or her duties as a director, provided that this provision shall not eliminate the liability of a director in the following circumstances:
 - A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
 - B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
 - C. For any transaction from which the director derived an improper personal benefit.

ARTICLE IX

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

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

ARTICLE X

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

IN TESTIMONY WHEREOF, witne	ess the signature of the secretary of this
Corporation this 18 day of August	, 2014.
	Joyce Whalin, Secretary
(Joyce Whalin, Secretary
· ·	
STATE OF KENTUCKY)	
COUNTY OF JEFFERSON)	
The foregoing Amended and Restate acknowledged before me this	of ())()()()()()()()()()()()()()()()()()(
Witness my signature and seal of off	ice this <u>AS</u> day of <u>AUGUST</u> , 2014
My Commission Expires: <u>QUQUS</u>	
Notary Public, State at Large, KY My commission expires Aug. 27, 2016 Notary iD# 473862	NOTARY PUBLIC
	STATE AT LARGE, KENTUCKY

adlerdun D

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2016

De Int	epartment of the Treas	Do not enter social secu	urity numbers on this form as it may	he made public	nuations)	Open to Public
A	For the 2016	alendar year, or tax year beginning 7/01	1990 and its instructions is at www.	irs.gov/form990. / 1 7		Inspection
В	Check if applicable:	C Name of organization South Louisvil	le Community	<u> </u>	D Employer I	dentification number
	Address change	Ministries, Ir		- 1	D Employer	denuncation (fillips)
	Name change	Doing business as				
-	-	Number and street (or P.O. box if mail is not delivered to street	et address)	Room/suite	⊏ relepnone i	number
<u> </u>	Initial return Final return/	415-1/2 West Ashland Avenu City or town, state or province, country, and ZIP or foreign pu	e			81-4983
L	terminated			ı		
	Amended return	Louisville KY 4	0214		G Gross receip	ts 766,495
	Application pending	Yvette Livers		H(a) Is this a gro	un roturo for out	ordinates Yes X No
		ivecte hivers				
				H(b) Are all subs		
_	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)		— IT "No,"	attach a list, (se	ee instructions)
J		X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 527	\dashv		
ĸ		199		H(c) Group exer		
		Mary Corporation Trust Association Other	<u> L '</u>	Year of formation:	М	State of legal domicile:
	d Dairette de		Cont politica.			
ä	To e	code the organization's mission or most significations or crise apower our neighbors in crise.	is to move to the			
B	suff	ciency.	is to move toward St	ability ar	nd self	
ērī	*********		*			
Activities & Governance	2 Check thi	box 🖭 if the organization discontinued its o	nerations or disposed of more than	0E0/ -51		
- 25	3 Number of	voting members of the governing body (Part VI	line 1al		_ .	1 4
es	4 Number of	independent voting members of the governing	hody (Part VI. line 1h)		3 3	<u> </u>
Σ	5 Total num	per of individuals employed in calendar year 20	16 (Part V. line 2s)		5 1	11
Act	6 Total num	or or voidureers (estimate it necessary)			1 ~ 1 *	L3 L75
	7a Total unre	ated business revenue from Part VIII, column (C). line 12		7a	
	b Net unrela	led business taxable income from Form 990-T,	line 34		7b	0
				Prior Year		Current Year
Le	8 Contributi	ns and grants (Part VIII, line 1h)		676	,807	725,323
Revenue	o i togram;	SIVICE IEVELIGE (FAIL VIII, IME ZO)			,251	0
Re	I I IIIVestille	income (Part VIII, column (A), lines 3, 4, and 7	d)		,396	0
	11 Other reve	nue (Paπ VIII, column (A), lines 5, 6d, 8c, 9c, 1(Ic, and 11e)		,559	25,186
	12 lotalreve	iue – add lines 8 through 11 (must equal Part V	III. column (A) line 12)	798	,013	750,509
	13 Grants an	similar amounts paid (Part IX, column (A), lines	s 1–3)	474	, 386	451,799
(B	14 Denents p	id to or for members (Part IX, column (A), line 4	·)			0
Expenses	15 Salaties, 0	her compensation, employee benefits (Part IX,	column (A), lines 5–10)	258	,041	236,539
ben	h Total fund	al fundraising fees (Part IX, column (A), line 11e)			0
Ä	17 Other eve	aising expenses (Part IX, column (D), line 25)	66,199			
	18 Total eyne	nses (Part IX, column (A), lines 11a-11d, 11f-2	(4e)	111,	195	87,311
	19 Revenue I	ises. Add lines 13–17 (must equal Part IX, colui ss expenses. Subtract line 18 from line 12		<u>843</u> ,		775,649
ces	19 1101011451	as expenses, outside fine to nom line 12		-45, Beginning of Currer	, 609	-25,140
Net Assets or Fund Bajances	20 Total asse	s (Part X, line 16)	<u> </u>		018	End of Year
d As	21 Total liabil	ies (Part X, line 26)			008	62,965 49,095
	22 Net assets	or fund balances. Subtract line 21 from line 20			010	13,870
	art II Sig	ature Block	<u> </u>			
Ur	nder penalties of p	rjury, I declare that I have examined this return, including	ding accompanying schedules and stat	ements and to the	hest of my l	cnowledge and holief it is
tru	re, correct, and cor	plete. Declaration of preparer (other than officer) is b	ased on all information of which prepar	er has any knowle	edge.	arawage and belief, it is
۵.	-				T	
Sig	167	ture of officer			Date	
Her		vette Livers	Execut	ive Dire	ector	
		or print name and title				
Paid		eparer's name Preparer's		Date	Check	if PTIN
	Barbara		Lasky	01/26/1	8 self-emp	
	Only	Baldwin CPAs, PLLC		Firm!	s EIN 🕨	
	-	943 S 1st Street	303			_
May	firm's addre	s Louisville, KY 402 his return with the preparer shown above? (see	203	Phan	е по. 50	2-584-9793
For F	aperwork Reduc	on Act Notice, see the separate Instructions.	instructions)	<u></u>	<u></u>	. Yes No
DAA	_,					Form 990 (2016)

Form 990 (2016) SOUTH LOUISVI		<u> </u>	Page 2
	n Service Accomplishments		T
		line in this Part III	X_
1 Briefly describe the organization's missing See Schedule O	sion:		
pee priledate o		,	
***************************************	••••••		•••••

2 Did the organization undertake any sig	pnificant program services during the year	which were not listed on the	
	······		Yes X No
If "Yes," describe these new services of	on Schedule O.		🗀 :00 📇 !!0
	, or make significant changes in how it con	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on So	chedule O.		
		ee largest program services, as measured by	
		he amount of grants and allocations to others	5,
the total expenses, and revenue, if any	/, for each program service reported.		
4a (Code:) (Expenses \$	560,227 including grants of\$	4=4=00	
well as payment assi maintains an extensi	stance for medical no ve Dare to Care pant: , refrigerated dairy	ity bills and housing eeds. In addition, the ry that distributes car products, fresh produ	e program nned goods, ce, and
LG&E, water, rent an	ance program receives d mortgage payments	s inquiries for assist from over 235 families	ance with each month
4b (Code:) (Expenses \$ Program for Homeboun	47,118 including grants of\$ d Seniors) (Revenue \$	and the second
seniors in South Lou provide daily person deliver approximatel dessert, and a bever weekday. There are	isville with a goal tal interaction. This y 1650 lunches a montage delivered directions and part of 40208.	friendly visit daily to increase nutritionals program relies on voth. This includes Inly to homebound seniors in South Louisville	l health and lunteers who unch, s every
	CIGG MEATS ITOGIAM (F	rears on wheers)	
4c (Code:) (Expenses \$	19,408 including grants of\$) (Revenue \$)
Volunteer services	•••	***************************************	***************************************
	**************************************		20/100m20mm111133W
***************************************	are an arrangement of the control of		
	and a second		
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==:::::::::::::::::::::::::::::::::::::			
211011011001000000000000000000000000000			
STREETSTANDOWN CORPORATION			
	m+++;::::::::::::::::::::::::::::::::::		
***************************************		(1=1/1)::::::::::::::::::::::::::::::::::	11 4 (= 1 4 1 1 4 1 4 4 4 4 4 4 4 4 4
4d Other program services (Describe in So	chedule Q.)		
(Expenses \$	including grants of\$) (Revenue \$)
4e Total program service expenses ▶	626,753	/ (1.010.100 V	1

Form 990 (2016) South Louisville Community

Part IV Checklist of Required Schedules

Triv Checklist of Required Schedules			_
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) 3.15 f//c= 2		Yes	No.
		-	
***************************************	· -		╁
		<u>^</u>	+
candidates for public office? If "Yes." complete Schedule C. Part I	,	1	X
	. 3	_	┿
election in effect during the tax year? If "Yes." complete Schedule C. Part II	1	İ	X
	· 🐣	_	 °
Part III			X
Did the organization maintain any denor advised funds or any similar funds or accounts for which denors	.		1
	1		
"Ves." complete Schedule D. Part I	6		X
	. -		
the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."	·		-
complete Schedule D. Part III	R		x
	. "	_	1 2
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
debt negotiation services? If "Yes." complete Schedule D. Part IV	۵		x
	-		-
endowments, permanent endowments, or quasi-endowments? If "Yes." complete Schedule D. Part V	10		X
If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI	-10		-
VII, VIII, IX, or X as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes."			
complete Schodule IV. Part VI	112	¥	
	110		\vdash
	116		Х
	110		-
	110		x
	110		-
reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	114		x
		v	_
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Pert Y	445	v	
Did the organization obtain separate, independent audited financial statements for the tay year? If "Yes" complete		-21	_
School Jo D. Bodo VI and VII	122	v	
	120		_
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is ontional	12h		X
Is the organization a school described in section 170/b)(1)(A)(ii)? If "Yes" complete Schedule F	120		X
Did the organization maintain an office, employees, or agents outside of the United States?			X
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	170		
foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F. Parts I and IV	146		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		- 21
for any foreign organization? If "Ves." complete Schodule E. Borte II and III	15		x
	13		
assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		X
Did the organization report a total of more than \$15.000 of expenses for professional fundraising services on	-"	$\overline{}$	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
nerview of the state of the sta	17		
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on] [
Did the organization report more than \$15,000 total of fundraising event gross income and contributions ол Part VIII, lines 1c and 8a? <i>If "Yes." complete Schedule G. Part II</i>	10	× I	
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	х	
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "Old the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II "Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization as chool assets are organization report an amount for their assets in Part	1 Ish en organization required to complete Schedule 8, Schedule of Contributors (see instructions)? 2	Is the organization described in section \$01(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) 5 Is the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-189? If "Yes," complete Schedule C, Part III Did the organization maintain orbid a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization directly or through a related organization, hold assets in temporarity restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V In United organization organization, directly or through a related organization, hold assets in temporarity restricted endowments, promount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V In United organization report an am

Form 990 (2016) South Louisville Community Part IV Checklist of Required Schedules (continued)

	art IV Checklist of Required Schedules (continued)			,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		+
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		_v
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	!	32	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	X	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	l i		١
2/12		23		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	believe the state of the state of the bollet boyers a temporary period exception:	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l i		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-	-	₹.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	\dashv	_X
_	Schedule L, Part IV			77
С	***************************************	28b		X
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		П	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	ı	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		- †	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	3011	-+	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\dashv	-22
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.			
	Dod 1/I	27	- 1	v
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-+	X
_	19? Note. All Form 990 filers are required to complete Schedule O.	.	. l	
		38	<u> </u>	
			uun	

P	Check if Schedule O contains a response or note to any line in this Part V			Г
			Υe	s No
1a	12 T-2			
b	ID O			
C	The state of the s			
_	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	and any state of the second state of the secon	<u>3a</u>	┷	X
b 4a	The state of the s	3b	+	┷
4a	y and a significant management of a significant management management of a significant management of a significant management managem			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	· .		۱
b	· · · · · · · · · · · · · · · · · · ·	4a		X
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		-4		
b		<u>5a</u>	_	X
c		<u>5b</u>	$\overline{}$	X
6a	***************************************	<u>5c</u>	+	╂
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	of "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>ba</u>	+-	┿
	gifts were not tax deductible?	6b		1
7	***************************************			
а				
	and services provided to the payor?	7a	x	
b		7b	X	
C			1	1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	5	7e		x
f	and a second of the Joseph Pay promitting, directly of managery, of a personal belieff contract?	7f		X
g	a die die die de la contraction de la contractio	required? 7g		X
h	the at	orm 1098-C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	11.00		100
a				
b	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9b		ļ
0	Section 501(c)(7) organizations. Enter:	,		
b	100			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or charabelders			
	against amounts due or received from thom \			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		t n.	
b		12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		**	٠.
		13a	 -	-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	the organization is licensed to issue qualified health plans 13b	4-37		
С	Enter the amount of reserves on hand 13c	7/-1		,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	$\overline{}$	T

For	m 990 (2016) South Louisville Community				Dana
Р	art VI Governance, Management, and Disclosure For each "Vo	nh 7h held	ימפ עור	l for a	Page
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_		Ouredate	. O. 36	C 1115	Tucuc X
<u>5e</u>	ction A. Governing Body and Management				₽
				Υe	s No
1a	at the fav year	11		116	SINC
	if there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
þ	The first of voting monthers included in line 18, 200Ve, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-		
_	any other diffeer, difector, trustee, or key employee?		2	1	X
3	Did the diganization delegate control over management duties customarily performed by or under the direct		·	_	+**
4	supervision of officers, directors, or trustees, or key employees to a management company or other account.		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 900 was filed.		4	_	X
5	and the organization become aware during the year of a significant diversion of the organization's accord?	**********	5		X
6	Did the diganization have members or stockholders?		6	1 -	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		· —	1	 -
h	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approved by) members		· 	1-	
8	stockholders, or persons other than the governing body?		7b	1	x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year The governing body?	by the foll	owing		
a b	and gordining body:			x	
9	or manage with actionly to act on behalf of the doverning body?		8b	X	T -
J	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				-
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		X
	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal Reve	nue C	ode.	
	Did the organization have local chapters, branches, or affiliates?			Yes	No
b	If "Yes" did the organization base switter pelicine and the complete base switter pelicine and t		10a		X
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
1a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		1
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the Describe in Schedule O the process if any year level.	e form?	11a	X	
2a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13				
b	Were officers, directors, or trustees, and key omnieuse a region to line 13		12a	X	
С	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	conflicts?	12b	X	
	describe in Schedule O how this was done				
3	Did the organization have a written whistleblower policy?		12c	X	
1	Did the organization have a written document retention and destruction policy?		13	Х	
5	Did the process for determining compensation of the following persons include a review and approval by		14	X	
	independent persons, comparability data, and confemboraneous substantiation of the confemboraneous			4 .	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization				
b	Other officers or key employees of the organization		15a		X
i	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15b		X
a i	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
١					-
b l	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		16a		<u>X</u>
ļ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
_ (organization's exempt status with respect to such arrangements?				
<u>ecti</u>	ion C. Disclosure		16b		
L	ist the states with which a copy of this Form 990 is required to be filed & KY				
٥	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (Section Folds)	400			
a	nable for pastic inspection, indicate now you made these available. Check all that apply	(3)s only)			
L,	Own website X Another's website X Upon request Other (explain in Schoolule Other)				
Ē	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest principal statements available to the public design to				
	mandar diatements available to the public during the tax year				
S	state the name, address, and telephone number of the person who possesses the organization's books and reserved				
	415 1/2 Ashland Ave	P			
100	isville KY 40214	EOO	601		
	AL 40214	302	<u>-681</u>	<u>-49</u>	<u>83</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, al Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation from the organizations are view of the organizations and compensation. But year. • List all of the organization's current key employees, if any See instructions for definition of 'key employee.' • List all of the organization's four-runt key employees, and highest compensation for the calender year ending with or within the organization's four-runt key employees, if any See instructions for definition of 'key employee.' • List all of the organization's four-runt key employees, and highest compensation for officer, device, in the capacity of t	03 0 (126)2010 1.37 PM										
Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 14 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's lark year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0: no columns (D), (E), and (F) if no compensation was naid. • List all officers, officer organization's five current twing the organization's five organization's five organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former officers, key employees and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former officers or trustees that received, in the capeoly as a former director or trustee of the organization from the organization and any related organizations. • List all of the organization from the organization and any related organizations. • List all of the following order: individual trustees or directors, institutional trustees; ordines; key employees, highest compensated amployees, and terms such as a first organization or any related organization organization organization organizations. • List all of the following order: individual trustees or directors; institutional trustees; ordines; key employees, highes											Page
Check if Schedule O contains a response or note to any line in this Part VII Scartion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization from the organization's current spines. (incoton, Intaltes (whether individuals or organizations), regardless of amount of compensation from the organization's current key employees, if any, See instructions for definition of "key employees." • List all of the organization's current key employees, if any, See instructions for definition of "key employee." • List the organization's current key employees, if any, See instructions for definition of "key employee." • List the organization's current key employees, if any, See instructions for definition of "key employee." • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former officers, key employees, and the organization and any related organizations. • List all of the organization's former officers, key employees, and the organization and any related organizations. • List all of the organization's former officers, institutional trustees; officers, key employees, highest compensation from the organization and any related organizations. • List all of the organization's former officers with the organization and any related organizations. • List	Part VII Compensation	n of Officers	, D	irec	tor	s, 1	rus	tee	s, Key Employees,	Highest Compensa	ated Employees, a
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 2 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0-in columns (D), (C), and (F) if no compensation was paid. 3 List all of the organization's fure current highest compensated amployees (after than an officer, director, trustee, or key employee) who received reportable compensation (80 x 6 f Form W-2 and/or 80 x 7 of Form 1098-MISC) of more than \$100,000 from the organizations of some officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. 3 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 3 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 3 List all of the organization is former such persons. 3 List all of the organization is former such persons. 3 List all of the organization from the organization and any related organizations. 4 List all of the organization is former such persons. 4 List persons in the following order individual trustees or directors; institutional trustees, different key dependent organizations. 5 List all of the organization from the organization or any related organization compensation from the organization from t			ne i	a re	enc	ne	- or	nai	to to any line in this	Dod VII	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's current officers, directors, furstees (whether individuals or organizations), regardless of amount of compensation. Enter 4-0 in columns (c). (E), and (F) if no compensation for enter 4-0 in columns (c). (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List all of the organization's former fileses, key employees, and highest compensated employees who received more than \$10,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received. In the capacity as a former director or trustee of the organization from the organization and any related organizations. • List all of the organization's former directors or trustees that received. In the capacity as a former director or trustee of the organization or the function of reportable compensation from the organization and any related organizations. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former study response. • List all of the organization's former directors or trustees that received in the capacity as a former director's response to the capacity as a former director's response to the capacity as a former director's response to the capacity as a former director's											······
organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0-in columns (D), (C), and (F) if no compensation was paid. List all of the organization's five current key employees, if any, see instructions for definition of "key employee." List all of the organization's five current highest compensated employees (c) fam, see instructions for definition of "key employee." List all of the organization's five current highest compensated employees (c) fam, see instructions for definition of "key employee." List all of the organization's former officers, key employees, and highest compensated employees who received more than \$10,000 of more than \$10,000 of more than \$10,000 of more from Weight and part received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, lightest compensated employees, and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title (B) Name and Title (B) Name and Title (C) OR (C) (C) (C) (C) (C) (C) (C) (C)											
compensation. Enter-0-in columns (D), (E), and (F) if no compensation was paid. • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) which received reportable compensation (Box of Form W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation flow of Form W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organization and any related organizations. List all of the organization former structures or directors; institutional trustees; different; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A)	organization's tax year.								-	_	
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organizations organization and one than \$100,000 of reportable compensated from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organizations of more than \$100,000 of reportable compensation and only related organizations. • List persons in the following order: individual trustees or directors; institutional trustees; afficers; key employees; highest compensation from the organization and or											ovee)
** List all of the organization's former officers, key employees who received more than \$10,000 of reportable compensation from the organization. And any related organization. The state of the organization and any related organization. The state of the organization is to fine the organization and any related organization. The state of the organization is to fine the organization of the organization and any related organizations. It is the state of the organization and any related organizations. It is the persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees who any received organization compensated any current officer, director, or trustee. (a)	who received reportable compens	ation (Box 5 of F	om	W-2	2 an	d/or	Box	7 of	Form 1099-MISC) of mo	re than \$100,000 from the))
\$100,000 of reportable compensation from the organization and any related organizations. List all of the organizations former directors or trustee of the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title (B) Name and Title (C) Poettion (D) Reportable (Reportable Compensation (M-2/1098-MISC) (P) Reportable Compensation (M-2/1098-MISC)	, ,		kov.	amn	وبدا		and h	iah	est compensated employ	and who received more th	
organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (a) (b) Name and Title (c) Name and Title (d) (d) (e) Name and Title (ii) (iii) (iii) (iii) (iv)	\$100,000 of reportable compensa	ition from the or	gani	zatio	n ar	id ai	ny rel	ated	est compensated employ d organizations.	ees who received more th	an
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title (B) (B) (Concilion (of not check more than one body hours per week body interest of related organization and related organization or the compensation from related organization or from the organization of the compensation from the organization of the organization organization of the organi	• List all of the organization's t	former director	s or	trus	tee	s tha	at rec	eive	ed, in the capacity as a fo	rmer director or trustee of	the
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title (B) Average box price (list any) boars for organization show often or any related organization compensated any current officer, director, or trustee. (B) Reportable Compensation from the organizations below dotted in e) (A) Michael T. Chinigo 1.00 X X X 0 0 0 0 COMPENSATION OF The state of the compensation from the organizations of the compensation of the	List persons in the following order:	ii reportable con ∷individual truste	ipei es d	ısaud or dir	ecto	omu ors:i	ine oi nstiti	rgar Ition	nal trustees: officers: key i	rganizations. emnlovees: highest	
(4) Michael T. Chinigo (2) Stacy Herdt (3) Theresa Batliner (4) Terry Conway (4) Terry Conway (5) Melissa Davis (6) Reportable (6) Reportable (7) Reportable	compensated employees; and forn	ner such person	s.			, .			ar tradicod, cincoro, koj	omployees, mgnest	
Name and Title Average book President	Check this box if neither the or	ganization nor a	ny r	elate	d o	gan	izatio	n c	ompensated any current	officer, director, or trustee	
Compensation Comp											
Column C	Name and Title				heck	more					11 1 1
Column C											
Companizations Comp		hours for	<u> </u>	_		_	,	,	organization		from the
Companizations Comp		organizations	di di	stituti	ficer	y en		emi	(VV-2/1099-MISC)		
(1)Michael T. Chinigo			호류	ona		yoler Volet	e com	•			organizations
(1)Michael T. Chinigo]	ustee	trust		8	Pens				
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Vice President	(2) Stacy Herdt	1 00					il				
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Secretary	(4) Terry Conway	4 00									-
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Board Member

(9) Stephan Kirby

Board Member

(11)Nancy Strapp

(10) Jeffery V. Oeswein

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Form 990 (2016)	South	Louisville	Community
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Part VII Section A. Omicer	s, Directors, I	rust	ees,	Key	/ En	ipio	yees	s, and Highest Compens	ateu Employees (continu	ued)
(A) Name and title	Name and title Average hours per week (list any		x, unk		erson	is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Joyce Whalin		\vdash	-	+	\vdash	e				
	1.00									
Emeritus (13) Ollye Clark	0.00	X	L	-	<u> </u>	_	_	0	0	0
(13) OTINE CIAIR	1.00									
Emeritus	0.00	X						0	0	0
(14) Karen Compto	h 1.00									
Emeritus	0.00	x						o	o	0
(15) Donna Harper			Г							
Emeritus	1.00	x						اه		
(16) Rob Fohr	0.00	_				_		0	0	0
· <u>··</u> ·······	1.00									
Emeritus (17) Craig Oeswei	0.00	X						0	0	0
(1) Clary Ceswer	1.00									
Emeritus	0.00	x						0	0	0
(18) Yvette Liver	40.00									
Executive Director	0.00			X				58,708	0	0
								İ		•
	_									
							D	58,708		
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,						•	58,708		
2 Total number of individuals (ir	cluding but not	limit	ted t	o the	se I	istec		ove) who received more th	nan \$100,000 of	
reportable compensation from	the organization	on D	U							Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, d	irect	or, o	r tru	stee	, key	em	ployee, or highest compe	nsated	
4 For any individual listed on lin	e 1a, is the sun	n of i	repo	rtabl	e co	mpe	nsat	tion and other compensati	on from the	3 X
organization and related organization and related organization										4 X
individual Did any person listed on line 1	la receive or ac	crue	con	nper	sati	on fr	om a	any unrelated organization	or individual	
for services rendered to the or Section B. Independent Contractor		Yes,	CO	mpie	ere s	спе	<u>auie</u>	J for such person		5 X
1 Complete this table for your five	ve highest com	pens	ateo	linde	ерег	iden	t cor	ntractors that received mo	re than \$100,000 of	
compensation from the organi	(A) business address	comp	oens	atioi	1 101	tne	cale	ndar year ending with or v	vithin the organization's ta (B) on of services	(C) Compensation
- Name and I	odsiiless audiess							Descripti	on of services	Compensation
						_				
		_							····	
						\dashv				
2 Total number of independent of	contractors (in-	اررطند	er her	d pe	l line	ر المراز	اء ما	one lieted about 1.11		
received more than \$100,000	of compensatio	n fro	m th	ie or	gani	zatio	o th	use listed above) who	0	
DAA										Form 990 (2016)

t V	(2016) South Loui Statement of Rev Check if Schedule	enue			e in this Part V	11	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section
1a	Federated campaigns	1a			TEVELING		512-514
	Membership dues	1b					
	Fundraising events	1c	18,266				(55-25-25)
d	Related organizations	1d					500000
е	Government grants (contributions)	1e					21550
f	Ali other contributions, gifts, grants, and similar amounts not included above	1f	707,057				
g	Noncash contributions included in lines 1:	a-1f: \$	286,550				
	Total. Add lines 1a-1f			725,323			- 4 - 5
g	All other program service reve Total. Add lines 2a–2f	enue	B				
	Investment income (including	dividends,	interest,				
	and other similar amounts)		▶ ∟				
	Income from investment of tax						
i l	Royalties	·····					255
	Gross rents (i) Real		(ii) Personal				
	Less: rental exps.						
	Rental inc. or (loss)						
	Vet rental income or (loss)		- N				
a	Gross amount from (i) Securities	· · · · · · · · · · · · · · · · · · ·	(ii) Other				
	sales of assets		(ii) Culsi				
	other than inventory less: cost or other	_			*1	5-21-3-1-40	
	TODO: MOSE OF DEFICE !	1				The state of the s	

(not including \$ 18,266 of contributions reported on line 1c).

See Part IV, line 18 a 41,172

b Less: direct expenses b 15,986

c Net income or (loss) from fundraising events > 25,186

9a Gross income from gaming activities.

9a Gross income from gaming activities.

See Part IV, line 19

b Less: direct expenses

c Net income or (loss) from gaming activities

10a Gross sales of inventory, less
returns and allowances a
b Less: cost of goods sold b
c Net income or (loss) from sales of inventory.

Miscellaneous Revenue Busn. Code

25,186 Form **990** (2016)

Other Revenue

c Gain or (loss)

Part IX Statement of Functional Expenses

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX												
Do													
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to domestic organizations												
_	and domestic governments. See Part IV, line 21												
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22	451,799	451,799										
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign			No. of the second									
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·								
	trustees, and key employees	58,708	17,612	11 740	00 054								
6	Compensation not included above, to disqualified	30,700	11,012	11,742	29,354								
-	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	120 271	00.060										
8		138,371	89,069	39,442	9,860								
0	Pension plan accruais and contributions (include												
_	section 401(k) and 403(b) employer contributions)		<u> </u>										
9	Other employee benefits												
10	Payroll taxes	39,460	25,400	6,661	7,399								
11	Fees for services (non-employees):												
а	Management												
b	Legal												
C	Accounting	13,774	4,220	8,325	1,229								
d	Lobbying			,,,,,,,									
е	Professional fundraising services. See Part IV, line	17											
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25, column												
Ī	(A) amount, list line 11g expenses on Schedule O.)												
12	Advertising and promotion												
13	Office expenses	14,882	9,580	0.510	0.500								
14	Information technology	14,002	9,360	2,512	2,790								
15	Royalties		<u> </u>										
16	Royalties	6,362	4 005	4 004									
17	Occupancy	0,302	4,095	1,074	1,193								
18	Payments of travel or entertainment expense	as .											
40	for any federal, state, or local public officials												
	Conferences, conventions, and meetings	929			174								
20	Interest	1,914	1,232	323	359								
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	4,350	2,800	734	816								
23	Insurance	7,766	4,999	1,311	1,456								
24	Other expenses. Itemize expenses not covered												
	above (List miscellaneous expenses in line 24e. If				a a								
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)	* · · · · · · · · · · · · · · · · · · ·											
a	Other Misc.	13,486		6,389	7,097								
b	Repairs & Maintenance	9,444	6,079	1,594	1,771								
C	Utilities	7,980	5,137	1,347	1,496								
d	Miscellaneous	2,975	1,914	503	558								
е	All other expenses	3,449	2,219	583	647								
	Total functional expenses. Add lines 1 through 24e	775,649	626,753	82,697	66,199								
26	Joint costs. Complete this line only if the	,	0207700	32,031	00, I 39								
	organization reported in column (B) joint costs												
	from a combined educational campaign and fundraising solicitation. Check here												
	following SOP 98-2 (ASC 958-720)		1										
DAA					Form 990 (2016)								
					rorm a a U (2016)								

<u> P</u>	art						
		Check if Schedule O contains a response or r	ote to any li	ne in this Part X	***************************************		Π
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			17,871	1	9,149
	2	Savings and temporary cash investments	• • • • • • • • • • • • • • • • • • • •			2	9,143
	3	Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • • •		16,097	_	10 76
	4				238		10,76
	5	Loans and other receivables from current and forme			230	4	1,119
	ľ	trustees, key employees, and highest compensated		rectors,			
		Complete Part II of Schedule I	employees.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified				5	
	ľ					1	
		4958(f)(1)), persons described in section 4958(c)(3)					
		sponsoring organizations of section 501(c)(9) volunt	ary employe	es' beneficiary			
Assets	_	organizations (see instructions). Complete Part II of	Schedule L			6	
85	7					7	
	8	Inventories for sale or use				8	
ı	9	Prepaid expenses and deferred charges				9	61
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	60,447			
		Less: accumulated depreciation	10b	19,112	45,684	10c	41,335
	11			<u>.</u>		11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
- 1	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			128	15	538
_	16	Total assets. Add lines 1 through 15 (must equal lin	80,018	16	62,965		
	17	Accounts payable and accrued expenses			6,487	17	5,627
	18	Grants payable		18			
i	19	Deferred revenue		19			
		ax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	V of Schedu	le D		21	
y:	22	Loans and other payables to current and former office	ers. director	s.			
Liabilities		trustees, key employees, highest compensated emp		·			4 4 μ
api		disqualified persons. Complete Part II of Schedule L				22	
3	23				23		
	24	Unsecured notes and loans payable to unrelated thir		24			
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2					
		of Schedule D		34,521	25	43,468	
	26	Total liabilities. Add lines 17 through 25			41,008		49,095
, ,		Organizations that follow SFAS 117 (ASC 958), ch	eck here	X and	11,000	20	49,090
ğ		complete lines 27 through 29, and lines 33 and 34				50	
<u>a</u>	27	Unrestricted net assets			38,882	27	10 022
8		Temporarily restricted net assets	128	28	10,022 3,848		
Pul	29	Permanently restricted net assets		·····	120	29	3,040
<u> </u>		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	958) check	here and		45	EACHMETAL
Net Assets or Fund Balances		complete lines 30 through 34.	out, check	incie > aliu		1	
ets	30	Capital stock or trust principal, or current funds				30	н
SS		Paid-in or capital surplus, or land, building, or equipm	ent fund			30	
# F		Retained earnings, endowment, accumulated income				31	
Ž	33	Total net assets or fund halances		20 010	32	13 050	
	34	Total net assets or fund balances Total liabilities and net assets/fund balances			39,010	33	13,870 62,965
	JT	i oter nacinties and het assets/fullu balances			80,018	34	62,965

62,965 Form 990 (2016)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 775,649	For	m 990 (2016) South Louisville Community		ь	17
1 Total revenue (must equal Part Vill, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -25, 140 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 A seasets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Cther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis	P	art XI Reconciliation of Net Assets			age 12
1 Total revenue (must equal Part Vill, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -25, 140 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 A seasets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Cther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis		Check if Schedule O contains a response or note to any line in this Part XI			
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 -25, 140 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Unter changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C if "Yes" to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the orga	1	Total revenue (must equal Part VIII, column (A), line 12)	7	50	509
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of the services and use of the services and	2	Total expenses (must equal Part IX, column (A), line 25)			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and the organization sharped basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," the ck a box below to indicate whether the financial statements and selection of an independent accountant? If the organization changed either its oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB C	3	Revenue less expenses. Suptract line 2 from line 1			
Separate basis Consolidated basis Both consolidated and separate basis be Were the organization's financial statements audited by an independent accountant? If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis C	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			
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Threstment expenses	6				
Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did no	7			_	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,870 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	8	Prior period adjustments			
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33, column (B) 10 13,870 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10				
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		33, column (B))		13	870
1 Accounting method used to prepare the Form 990:	Pa	art XII Financial Statements and Reporting		10 ,	070
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII			
Accounting method used to prepare the Form 990:				Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100	140
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		Schedule O.			,
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reviewed on a separate basis, consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	20		1
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		reviewed on a separate basis, consolidated basis, or both:		- `	
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis	b	Were the organization's financial statements audited by an independent accountant?	2h	x	
separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	2.5		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		separate basis, consolidated basis, or both:			7719
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the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3a X		Schedule O.			1
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3a X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		the Single Audit Act and OMB Circular A-1332	3.5		Y
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_ Ja		
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
				990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Nam	e of t	he organization	South Louis	sville Commu	ınity	7			ber				
			Ministries	, Inc.									
	art	I Rea	<u>ison for Public Char</u> i	ity Status (All orga	nizatio	ns mu	st com	plete this part.) see insi	ructions.				
The	org	anization is r	not a private foundation bed	cause it is: (For lines 1 t	hrough 1	12, chec	k only or	ne bax.)					
1		A church, d	convention of churches, or	association of churches	describ	ed in se	ction 17	'0(b)(1)(A)(i).					
2	L	A school d	escribed in section 170(b)	(1)(A)(ii). (Attach Scher	dule E (F	orm 996	or 990-	EZ),}					
3		A hospital	or a cooperative hospital se	ervice organization desc	cribed in	section	170(b)(1)(A)(iii).					
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 17	0(b)(1)(A)(iv). (Complete F	Part II.)				y a governmental and describ	Jeu III				
6		A federal, s	state, or local government o	or governmental unit de	scribed i	n sectio	on 170(h)(1)(A)(v).					
7	X	An organiza	ation that normally receives n section 170(b)(1)(A)(vi).	s a substantial part of its	suppor	t from a	governm	ental unit or from the general	public				
8		A communi	ity trust described in sectio	n 170(b)(1)(A)(vi). (Co	mplete F	Part II.)							
9		An agricultu	ural research organization of	described in section 17	о(b)(1)(.	A)(ix) or	perated in	n conjunction with a land-gran	nt college				
		or university:	y or a non-land grant colleg	je of agriculture (see in:	struction	s). Ente	r the nan	ne, city, and state of the colleg	ge or				
10		An organiza	ation that normally receives	s: (1) more than 33 1/3%	of its s	unport fr	om confi	ributions, membership fees, a	nd groce				
		receipts tro	m activities related to its ex	tempt functions—subject	t to cert	ain exce	ntions a	nd (2) no more than 33 1/3%	of its				
		Support from	n gross investment income	and unrelated business	s taxable	- income	(less sa	ction 511 tay) from businesses	es				
	\Box	acquired by	the organization after June	e 30, 1975. See sectio i	n 509(a)	(2). (Co	mplete P	art III.)					
11	Н	An organiza	ation organized and operate	ed exclusively to test for	public s	safety. S	ee secti	on 509(a)(4).					
12		An organiza	ition organized and operate	ed exclusively for the be	nefit of,	to perfo	rm the fu	nctions of, or to carry out the	purposes				
		Check the h	ore publicly supported orga	inizations described in s	section	509(a)(1) or sec	tion 509(a)(2). See section 5	509(a)(3).				
	-	T	A sussession services	u mai describes the type	e of supp	porting o	rganizati	ion and complete lines 12e, 1	2f, and 12g.				
	а	the euro	A supporting organization (operated, supervised, o	r control	led by it:	s suppor	ted organization(s), typically b	y giving				
		supporti	ing organization. You must	t complete Part IV. So	nt or ele	ct a maj	ority of th	ne directors or trustees of the					
	b	Type II	A supporting organization	supervised as controlled	die	and B.	atala tala a		_				
	_	control	or management of the sunn	onting organization vec	un com	ection v	VIIN ITS SI	apported organization(s), by hithat control or manage the su	aving				
		organiza	ation(s). You must comple	ete Part IV. Sections A	and C	c same (00120112	mai control or manage the su	pported				
	C	Type III	functionally integrated. A	A supporting organization	n opera	ted in co	nnection	with, and functionally integra	المانيين المحاد				
		its suppi	orteu organization(s) (see i	nstructions). You must	comple	ete Part	IV. Secti	ons A. D. and E.					
	ď	Type iii	non-functionally integrat	ted. A supporting organ	ization o	perated	in conne	ction with its supported organ	nization(s)				
		mai is no	ot functionally integrated. I	he organization genera	llv must	satisfy a	ı distribut	tion requirement and an attent	tiveness				
	_	requiren	ient (see instructions). You	ı must complete Part I	V, Secti	ions A a	ınd D. ar	nd Part V.					
	е	Check the	his box if the organization really integrated, or Type III in	eceived a written determ	nination	from the	IRS tha	t it is a Type I, Type II, Type II	II				
	f	Enter the nu	ally integrated, or Type III number of supported organization	otions	ea suppo	orting or	ganizatio	n.					
	g	Provide the	following information about	the supported organiza	tion(a)								
m		of supported	(ii) EIN			fall of							
1.7		inization	(11) (11)	(lil) Type of organization (described on lines 1—		(IV) IS the d listed in you	rganization r governing	(v) Amount of monetary	(vi) Amount of				
				above (see instructions	s))		nent?	support (see instructions)	other support (see instructions)				
						Yes	No	ŕ	,				
(A)													
					1								
(B)													
	_												
C)													

(D)

(E)

	Part III. If the organization	ecked the box n fails to quali	on line 5, 7, or	· 8 of Part I or	if the organiza	ation failed to d	ualify under
S	ection A. Public Support	A lane to quan	iy under the te	sis listed belo	w, prease com	piete Part III.)	
Ca	lendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	589,852	692,395	621,169	676,807	725,323	(f) Total
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	589,852	692,395	621,169	676,807	725,323	2 225 544
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)				370,807	125,323	3,305,546
6	Public support. Subtract line 5 from line 4.						3,305,546
Se	ction B. Total Support						5,303,346
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	589,852	692,395	621,169	676,807	725,323	3,305,546
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						3,303,340
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,068	8,070	131	57,910	41,172	115 251
11	Total support. Add lines 7 through 10					41,1/2	115,351 3,420,897
12	Gross receipts from related activities, etc.	(see instructions)				12	3,420,697
13	First five years. If the Form 990 is for the	organization's firs	t second third to	urth or fifth tox w		047.70	
<u></u>	organization, check this box and stop here	3				(0)(0)	de 🗔
14	Public support percentage for 2016 (line 6,	column (f) divide	d by line 11, colum	ın (f))		14	96.63%
15	profit percentage from 20 10 delie	uule A. Fan II. Im	e 14			اعدا	97.74%
16a	To 10. If the digalit	zation did not che	CK the box on line	13 and line 14 is	33 1/3% or more	, check this	
b	poy and arch neter the oldanization drail	iles as a publiciv s	SUbborted organiza	ation			▶ X
-	33 1/3% support test—2015. If the organization q	zation did not che	ck a box on line 13	COLUMN and line	15 is 33 1/3% or 1	more, check	
17a	10%-facts-and-circumstances test_2010	uailles as a publi	cly supported orga	inization		,,,,,	
	10%-facts-and-circumstances test—2010 10% or more, and if the organization meets	the "feets and si	ion aid not check a				
	10% or more, and if the organization meets Part VI how the organization meets the "Yac	tre racis-and-ci	cumstances" test,	check this box ar	nd stop here. Ex	plain in	
	Part VI how the organization meets the "factoring anization"	is-anu-circumstai	nces" test. The org	anization qualifie	s as a publicly su	pported	
b	10%-facts-and-circumstances test—2018	If the organizati	on did not obselve		200220000		₽ 🔲
	15 is 10% or more, and if the organization in Explain in Part VI how the organization mee	neets the "facts-a	nd-circumstances'	test check this h	ov and stop how	_	
	supported organization					-	77.80
18	supported organization Private foundation. If the organization did instructions	HOLGEIGER A DOX C	nincia na in	1 1/21 AT 1/A AN	ack thic have and a		
	777			• • • • • • • • • • • • • • • • • • • •	<u></u>		11981

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

	If the organization fails t	recked the box to qualify unde	x on line 10 of er the tests liste	Part I or if the	organization f	failed to qualify	under Part II.
Se	ction A. Public Support		110 10010 11011	sa solow, pica	oc complete i	art ir.)	
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(D.T.)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(=) = 0.7	(2) 2010	(0) 2014	(u) 2013	(e) 2016	(f) Total
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						<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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.)						
Sec	tion B. Total Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) T-4-1
9	Amounts from line 6		(=)==:	(0) 2011	(u) 2013	(e) 2016	(f) Total
10a							
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14							
, ,	First five years. If the Form 990 is for the organization, check this box and stop her	organization's fir	rst, second, third, f	ourth, or fifth tax	year as a section	501(c)(3)	
Sec	tion C. Computation of Public S	upport Perce	nfago	<u></u>		<u></u>	<u>P</u>
5	Public support percentage for 2016 (line s	apport rerce	intage		<u> </u>		
6	Public support percentage for 2016 (line 8	odulo A. Doct III. I	eu by line 13, colu	mn (I))		15	%_
	Public support percentage from 2015 Sch tion D. Computation of Investme	ent Income Da	arcentage		<u></u>	16	%_
7	Investment income percentage for 2016 /	ine 10c column /	f) divided by line 4	2 actum - /5\			
8	Investment income percentage for 2016 (Investment income percentage from 2015	Schedule A. Par	i) divided by line 1 + III line 17				%_
	33 1/3% support tests—2016. If the orga	nization did not a	hack the boy on the	no 14 and 5 - 4	'is many the 00	118	
	17 is not more than 33 1/3%, check this be	ox and stop here	The organization	ue 14, and line 15	blick our	1/3%, and line	
b	33 1/3% support tests—2015. If the orga	ınization did not cl	heck a box on line	14 or line 19a, ar	nd line 16 is more	than 33 1/3% and	
	line 18 is not more than 33 1/3%, check th	ils box and stop I	h ere. The organiza	ation qualifies as a	a publicly support	ed organization	
.0	Private foundation. If the organization die	not check a box	on line 14, 19a, o	r 19b, check this l	box and see instr	uctions	▶ □

Page 3

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Γ		Y	es	No
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	3	a			No.
	3	b	-	4	
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	<u>5a</u>	+		+	
	5b		4		
	5c				
		1			
	6	L		Ŀ	
	7				
	8				
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	9a				
-	Oh			٠ `	
ŀ	9b				
	9c				
	10a				1.1
Form	10b n 990	or 9:	90-E	Z) 2	016
				•	

	Part IV Supporting Organizations (continued)			Page 5
	Gordinaea)			
1	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No_
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	solow, the governing body of a supported organization?	44.		
	b A family member of a person described in (a) above?	11a		
8,	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
36	ection B. Type I Supporting Organizations	11c		
1	Did the directors trustees or membership of		Yes	No
	and an action of the middle of the off more supported organizations because the			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization is activities to the organization is activities.			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or pressure dispetation and the controlled the organization and the controlled the organization of the controlled the organization of the controlled the organization of the controlled the organization of the controlled the organization of the controlled the organization of the controlled the organization of the organization of the controlled the organization of			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions if any conditions of restrictions.]	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	_1		
	organization(s) that operated supervised or controlled the automatic			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised on controlled the supported.	1.00		14.
	supervised, or controlled the supporting organization.	5.3	000	
Se	ction C. Type II Supporting Organizations	2		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	of the organization's supported organization(e)? If "No " decorbe in the start			
	and the supporting organization was vested in the same nersons that controlled			
_				
Sec	ction D. All Type III Supporting Organizations			
1	Did the annual C		Yes	No.
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		168	No
	Tigation a tax year, (i) a written notice describing the type and amount of support services to the contract of the contract o			
	y a sopy of the form 950 that was most recently filed as of the date of notification and (iii)			
2	- S	1	.	
	and of the organization's unicels, directors or tripstees either (i) appointed as all the state of			
	The government of the graph of the government of the graph of the grap			
3	The standard maintained a close and continuous working relationship with the company of the standard and the	2		
J	- y reserved to the relationship described in (2), did the organization's supported amonimations to the			
	significant voice in the organization's investment policies and in directing the tipe of the arrests to the			
	insome of assets at all times during the tax year? If "Yes." describe in Part VI the role the committee to			
Sec		3		
1	tion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the arrange is in the property of the			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst The organization satisfied the Activities Test. Complete line 2 below.	ructions).		
b	Sample in Activities lest. Complete in a Apploit			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Occasion in Parel 8 to 18 to			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions).	
2 ,	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tay year directly further the assessment and	r Y	es I	do
	The state of general of the which the didanization was responsive? If "Voc." they in Destinate the			
	arous supported diganizations and explain how these activities directly furthered their area.			
	to organization was responsive to those supported organizations, and how the organization states at the state of the state		,	
_	The tree destricts constituted substantially all of its activities			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement	2a		_
	and organization's supported organization(s) would have been engaged in 2 If "Voc " avalage in the provincial in the pro			
	readents for the organization's position that its supported organization(s) would have one and in the		1	
	againties but for the organization's involvement.	-		
3	Parent of Supported Organizations. Answer (a) and (b) helow	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, dispeture as			
	The supported organizations? Provide details in Dart VI			
b	Did the organization exercise a substantial degree of direction over the policies, progress and differences are differences and differences and differences and differences are differences and differences and differences and differences are differences and differences and differences and differences are differences and differences and differences are differences and differences and differences are differences and differences and differences are differences and differences and differences ar	3a	-	
)AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	21-		
W1	January III and regard.	3b	ı	

<u> </u>		Page (
Organ	izations	
on Nov.	20, 1970 (explain in Part \	√I). See
ns must o	complete Sections A throu	gh E.
	(A) Prior Year	(B) Current Year
1		(optional)
		· · · · · · · · · · · · · · · · · · ·
6		
		(B) Current Year
	(A) Prior Year	(optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
		
-		
5		
1		
6		
ated Typ	e III supporting organization	on (see
	Organ on Nov. ns must c 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 8	Organizations on Nov. 20, 1970 (explain in Part Vins must complete Sections A throu (A) Prior Year 1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 1 12 3 4 4 5 6 7 8 8

instructions).

	att V Type III Non-Functionally Integrated 500(c)	Community		Page :					
	art V Type III Non-Functionally Integrated 509(a)(Supporting Orga 	nizations (continue	d)					
1				Current Year					
	Amounts paid to perform activity that directly furthers exempt purposes of supported								
-	organizations, in excess of income from activity	oses of supported							
3									
4	Administrative expenses paid to accomplish exempt purposes of s Amounts paid to acquire exempt-use assets								
- _5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
- 8	Distributions to attentive supported organizations to which the orga								
	(provide details in Part VI). See instructions.	inization is responsive							
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
	anto o arrisont divided by Line 5 arribunt	- m							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable					
1	Distributable amount for 2016 from Section C, line 6		116-2010	Amount for 2016					
	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2016:								
a									
<u>b</u>									
	From 2013								
a	From 2014								
<u>e</u>	From 2015								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2016 distributable amount								
-	Carryover from 2011 not applied (see instructions)								
_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2016 from								
	Section D, line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2016 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result								
-	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
	Excess distributions carryover to 2017. Add lines 3j and 4c.			in the second second					
	Breakdown of line 7:								
a	DICANDOWN OF MINE /.								
	Excess from 2013								
	Excess from 2013								
	Excess from 2015								
	Excess from 2016								
	LAGODO ROMI ZU ID								

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part I	I, Line 10 - Other Income Detail
• · · · · · · · · · · · · · · · · · · ·	\$ 74,179

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W00000 2233 555 555	

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vii vali pali pali paga	

11-11-1-1-1-1-1-1-1	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2016

Open to Public Inspection

South Louisville Community		amplayer identification number
Ministries, Inc.		
Part I Organizations Maintaining Donor Advise Complete if the organization answered "Ye	ed Funds or Other Similar Funds os on Form 990, Part IV, line 6.	or Accounts.
4. Tatal number of the	(a) Donor advised funds	(b) Funds and other accounts
23 2 area of countributions to (diffill ABS)		
as series of grants from (duffing veal)	.,,	
- 33.030.0 raide at cita of Aeat		
The the organization inform all donors and donor advisors in write	ting that the general but it is a second	
idide are the diganization's property, subject to the organization	n's evelusive local control?	Yes 🗆
a grantees, coriors, and donor adv	ISOIS IN Writing that grant funds can be used	
only to changable purposes and not for the benefit of the donor	or donor advisor as far and all	
contenting impermissible private benefit?		Yes
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization	(check all that apply).	
Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for land for public use (e.g., recreation or education of land for land	tion) Preservation of a historically imp	ortant land area
Protection of natural habitat	Preservation of a certified historic	structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified easement on the last day of the tay year	conservation contribution in the form of a coi	nservation
or the tax year.		Held at the End of the Tax Y
a Total number of conservation easements		
and a control of a	ire included in (a)	2c
The state of the s	r 8/17/06, and not on a	
historic structure listed in the National Register		2d
release the conservation easements modified, transferred, release	ed, extinguished, or terminated by the organi	zation during the
tak year p		
Number of states where property subject to conservation easeme	ent is located >	
Does the organization have a written policy regarding the periodic	a managita aliana di salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah	
violations, and enforcement of the conservation easements it halo	de?	Yes N
Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
Amount of expenses incurred in monitoring, inspecting, handling o	of violations, and enforcing conservation easi	ements during the year
Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170/h)/4)/B	Viv
and 300((()) (4)(())(()) ?		
and include, if applicable, the text of the footnote to	o the organization's financial statements that	describes the
s and a decounting for conservation easements		
art III Organizations Maintaining Collections of A Complete if the organization answered "Yes"	OHIOHH SSU PARTIVINE X	
in the organization elected, as permitted under SEAS 116 (ASC os	(8) not to report in its revenue at a	I halango ahead
the start instance treasures, or other similar assets held for hi	Uhlic Exhibition education or recover in first	L
Passes solvings, provide, in Part Alli, the text of the mornore to its tin	1980ial etatemento that deserbles also se	
in the organization elected, as permitted under SFAS 116 (ASC 95	i8) to report in its revenue statement and but	
works of art, historical treasures, or other similar assets held for purple service provide the following assets held for purples services provide the following assets held for purples as a second asset as a second as a se	ublic exhibition education or respect to 5 and bal	ance sneet
public service, provide the following amounts relating to these item	16.	
(i) Revenue included on Form 990, Part VIII, line 1		h a
If the organization received or held works of art, historical treasures	S. Or other similar assets for financial sain.	
10 to the second of the second	958) relating to those itsers.	Ovide trie
Revenue included on Form 990, Part VIII, line 1		h a
Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form		., 📂 💲
Paperwork Reduction Act Notice, see the Instructions for Form	990.	🔑 \$
		Schedule D (Form 990) 20

Schedule D (Form 990) 2016 South	Louisville	Community	<u> </u>				Page
Part III Organizations Mainta	ning Collections	of Art, Historic	al Treasu	r es, or our	er Simmar A	ssets (co.	ntinue
collection items (check all that apply):	cession, and other red	cords, check any of t	the following	that are a signi	ficant use of its		
a Public exhibition	d	Loan or exchange	programs				
b Scholarly research	e	Other					
c Preservation for future generations							
4 Provide a description of the organization	n's collections and exp	plain how they furthe	er the organiz	ation's exempt	burbose in Par	t	
XIII.					, , , , , , , , , , , , , , , , , , ,	•	
5 During the year, did the organization so	licit or receive donatio	ons of art, historical t	reasures, or	other similar			
assets to be sold to raise funds rather t	han to be maintained a	as part of the organiz	zation's colle	ction?		Yes	No
Escrow and Custodial	Arrangements.			_			
Complete if the organiz 990, Part X, line 21.	ation answered "Y	es" on Form 990	0, Part IV,	line 9, or re	ported an an	nount on F	orm
1a Is the organization an agent, trustee, cu	stodian or other interr	nediary for contributi	ions or other	assets not			
included on Form 990, Part X? b If "Yes." explain the arrangement in Part		, , , , , , , , , , , , , , , , , , , ,	ond or other	assols not		Yes	
b If "Yes," explain the arrangement in Par	t XIII and complete the	e following table:				L 168	∐ No
		.				Amount	
c Beginning balance					1c	Antount	
a Additions during the year					1.0		
o pierupatione dating the year					1 10		
- Ending palatice					1 15 1		
and the diganization monde an amount	on Form 990, Part X, I	line 21. for escrow o	r custodial ad	ecount liability?		Yes	No
b if Yes, explain the arrangement in Par	XIII. Check here if the	explanation has be	en provided	on Part XIII	********************************	res	H
rait v Endowment Funds.							
Complete if the organize	ntion answered "Ye	es" on Form 990), Part IV. I	ine 10.			
	(a) Current year	(b) Prior year	(c) Two ye		Three years back	(s) Four ye	ere back
1a Beginning of year balance					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)1 001 90	ara dadk
b Contributions							
c Net investment earnings, gains, and							
losses			1				
d Grants or scholarships							
e Other expenditures for facilities and						 	
programs	L						
f Administrative expenses						-	
g End of year balance							
2 Provide the estimated percentage of the	current year end bala	nce (line 1a. column	(a)) held as:				
 a Board designated or quasi-endowment) 	▶ %	(***= *3) *******************************	(u)) Hold do.				
b Permanent endowment ▶ 9							
c Temporarily restricted endowment	%						
The percentages on lines 2a, 2b, and 2c	should equal 100%.						
3a Are there endowment funds not in the po	ssession of the organi	ization that are held	and administ	ered for the			
organization by:	-			crea for the		Ye	a l Na
(i) unrelated organizations						2=/0\	s No
							+
b If "Yes" on line 3a(ii), are the related orga	nizations listed as red	uired on Schedule F			· · · · · · · · · · · · · · · · · · ·	3a(ii)	-
4 Describe in Part XIII the intended uses o	f the organization's en	dowment funds	***************************************			3b	
Part VI Land, Buildings, and Ed	zuipment.		· · · · · · · · · · · · · · · · · · ·				
Complete if the organiza	tion answered "Ye	s" on Form 990	Part IV li	ne 11a See	Form 990 F	ort V line	. 10
Description of property	(a) Cost or other ba	asis (b) Cost or o	other hasis	(c) Accumul			
· 	(investment)	(oth		depreciati		(d) Book value	•
fa Land		 					
b Buildings							
c Leasehold improvements			54,175	7 -	2 440	- 40	70-
d Equipment	`		6,272		3,440	40,	735
e Other			9,212		5,672		<u>600</u>
	ist equal Form 000, D	art Y column (D) "-	0.100.	 			-
otal. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990, Pa	art X, column (B), line	e 10c.)			41,	335

Part VII	Form 990) 2016 South Louisville Com Investments—Other Securities.	шиптсу		Page
	Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990 Da	rt V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	ILA, IIIIE IZ
	(including name of security)		Cost or end-of-year market vi	alue
1) Financial	derivatives			
2) Closely-h	eld equity interests			
o) Other				
(^) (B)				
(C)				
(D)				
(E)				
(F)				
(G)		· · · · · · · · · · · · · · · · · · ·		
(H)				
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			<u> </u>
	Complete if the organization answered "Yes" of	n Form 990, Part IV	<mark>, line 11c. See Form 9</mark> 90, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
(1)			Cost or end-of-year market va	ше
(2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
tal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	<u>, line 11d. See Form 990, Part</u>	X, line 15.
1)	(a) Description		(b)	Book value
2)				
				
4)				
5)				
6)				
7)				
B)				
9)				
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)	·····	>	
Part X	Other Liabilities.	_		
	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV,	line 11e or 11f. See Form 990), Part X,
) Federal is	(a) Description of liability	(b) Book value		
	of Credit	43,468		
3)		43,400		
1)				
5)				

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

Schedule D (Form 990) 2016

^{1. (1) (2) (3) (4) (5) (6) (7) (8)} (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 43,468

	edule D (Form 990) 2016 South Louisville Communit			Page 4
P	art XI Reconciliation of Revenue per Audited Financial S	Statements Witness	evenue per ke turn	i
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 1	2a	
1 2	Total revenue, gains, and other support per audited financial statements		1	750,509
a	The state of the s	1.1		
		2a		
	Donated services and use of facilities	2b	9-11	
d	Recoveries of prior year grants	2c		
		2d		
3	Add lines 2a through 2d Subtract line 2e from line 1		2e	750 500
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	750,509
а	Investment expenses not included on Form 990, Part VIII, line 7b	40		
b	Other (Describe in Part XIII.)	4b		
C				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	· · · · · · · · · · · · · · · · · · ·	4c	750,509
Pa	art XII Reconciliation of Expenses per Audited Financial	Statements With F	Ynenses ner Retu	
	Complete if the organization answered "Yes" on Form	990 Part IV line 1	zpenses per itelu 2a	111.
1	Total expansion and leader per audited for a siel at the sector	TOOO, T CITTY, IIIC 1		775,649
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			113,043
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	***************************************	3	775,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		Facility	1.07020
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4h		40	
			- MC	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	4c 5	775,649
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)	5	775,649
Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) : Part IV. lines 1b and 2	b: Part V. line 4: Part X	
Pa Provi Pa; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	8.) : Part IV. lines 1b and 2	b: Part V. line 4: Part X	
Pa Provi Pa; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) : Part IV. lines 1b and 2	b: Part V. line 4: Part X	
Pa Provi Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art X - FIN 48 Footnote	8.) i; Part IV, lines 1b and 2 provide any additional in	b; Part V, line 4; Part X, formation.	line
Pa Provi Pa Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art X - FIN 48 Footnote	8.) i; Part IV, lines 1b and 2 provide any additional in	b; Part V, line 4; Part X, formation.	line
Pa Provi Pa Pa Ma	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art X - FIN 48 Footnote anagement has concluded that any tax possible for the second seco	8.) ; Part IV, lines 1b and 2 provide any additional in ositions tha	b; Part V, line 4; Part X, formation.	meet the
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Schedule D (Form 990) 2016 South Louisville Community Part XIII Supplemental Information (continued)	Page 5
- Constitution (Constitution)	
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SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, Ilna 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,

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2016

Inspection

South Louisville Community Ministries, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (fi) Activity or entity (fundraiser) control of from activity fundraiser listed in organization ontributions col. (i) Yes No 1 2 8 10 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.

	6 Volunteer labor	No	No No	No No	76
	7 Direct expense summary	r. Add lines 2 through 5	in column (d)		▶
	8 Net gaming income sum	mary. Subtract line 7 fro	m line 1, column (d)		Þ
	Enter the state(s) in which the state is the organization licensed to if "No," explain:				Yes No
10a b	a Were any of the organization of If "Yes," explain:	's gaming licenses revol	ked, suspended, or terminated	during the tax year?	Yes No
DAA				Schedu	lle G (Form 990 or 990-EZ) 2016

Sche	edule G (Form 990 or 990-EZ) 2016 South Louisville Community			Page	3
11	Does the organization conduct gaming activities with nonmembers?		Y		Νo
12	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	_	– □ v	es	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	a		%)
b	An outside racinty 13	b		%	_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				_
	Name ▶				
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Γ	7 v	es 🗆 N	lo
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$. L	٦,		
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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	. [Ye	s 🗌 N	0
	spent in the organization's own exempt activities during the tax year \$6				
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions	ınd (mati	(v); a on.	and	
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	Schedule G (Form 99	0 or !	990-E	Z) 2016	

SCHEDULE I (Form 990)

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

South Louisville Community

Part I	Ministries, Inc. General Information on Grants ar	rd Assistance							
1 Do	es the organization maintain records to substantiate selection criteria used to award the grants or assis scribe in Part IV the organization's procedures for r	e the amount of the transce?	e grants o	ands in the United Sta	tes			Yes	X No
Part I	Grants and Other Assistance to D 990, Part IV, line 21, for any recipie	Omestic Orga	anizatio	ns and Domestic	Governments	Complete if the	e organization	anguared "Vee" or	n Form
1	(a) Name and address of organization or government	(b) EIN .	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Melhod of valuation (book, FMV, appraisal, other)		(h) Purpose of gra	ant
(1)						outer)		3, 3,0,0,0,1,1,0	
(2)									
(3)				-	·	-			
(4)									
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(5)		_		-	 -	_			
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(7)						-	-		
(8)		<u></u>						-	
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2 Ente	er total number of section 501(c)(3) and governmen er total number of other organizations listed in the li								
	rwork Reduction Act Notice, see the Instruction		*				***************************************	▷ Schedule } (Form 99	0) (2040)
AA								Concoding () Dim as	0) (2010)

Schedule I (Form 990) (2016) South Loui	sville Communi	ity			Page 2
Part III Grants and Other Assistance	e to Domestic Indivi-	duals. Complete it tr	ne organization answ	wered "Yes" on Form 990), Part IV, line 22.
Fait ill call be duplicated if ac	iditional space is need	ied.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Assistance	25000	165,249	286,550	FMV	Food
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information.	Provide the information	required in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional information.
Part IV - Additional Info					
Emergency Assistance - In				nrocanintiana	
and managing a Dare to Ca					***************************************
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

South Louisville Community

Ministries, Inc.

Part I Types of Property (c) (a) (d) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, fine 1g Art — Works of art _____ 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications A 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation 13 contribution — Historic structures Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 286,550 Provided by Donor 25 Other > (Food Donations) 1 26 Other ►(27 Other ►() Other >(28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Vac N

			res	NO
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			8
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	-		
	describe in Part II.	100	1 1	

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

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received.
	or a combination of both. Also complete this part for any additional information.
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SCHEDULE O (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization South Louisville Community Employer identification number

Open to Public

Ministries, Inc.
Form 990 - Organization's Mission
To empower our neighbors in crisis to move toward stability and self-
sufficiency. We do this by demonstrating respectful compassion; practicing
faithful stewardship; and providing:
-Emergency assistance with food, medicine, housing and utilities
-Comprehensive referral services and partnerships (individual, family and
marriage counseling)
-Daily enrichment services for senior adults
Form 990, Part III, Line 4a - First Accomplishment
and this program assists over 100 of those families in most critical need
each month. Additionally, South Louisville Community Ministries assists
between 25-60 families monthly by providing funds for necessary
medications, glasses, durable medical goods, and individualized counseling
-distributing up to \$200 per year/per person. Over the last year, the food
pantry has been serving around 1600 individuals monthly, including an
average of 55 families with fresh produce during weekly distributions.
Funding and in-kind donations for this Emergency Assistance Program comes
from supporting churches, Metro Louisville government, CHI/Jewish Hospital
and St. Mary's Healthcare, Dare to Care Food Bank, special grants, local
businesses, and individuals.
2016-2017 EMERGENCY ASSISTANCE PROGRAM:
The Emergency Assistance Program (EA) served (number of households):

10.7

Name of the organization South Louisville Community	Employer identification number
Governing documents available upon request, 990 avail	able upon request and
via Guidestar's website	
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South Louisville Community Ministries Statement of Activities For the Eleven Months Ending May 31, 2018

	_	YTD Actual	 Annual Budget	 Variance	% of Budget Collected/Spent
Individual Giving	\$	48,354	\$ 30,050	\$ 18,304	160,91%
Business/Corporation Giving	\$	5,820	\$ 7,000	\$ (1,180)	83.14%
Memorial Giving	\$	20	\$ 600	\$ (580)	3.33%
Church Giving	\$	37,234	\$ 43,000	\$ (5,766)	86.59%
Fundraising (Net) and Misc. Income	\$	79,461	\$ 60,950	\$ 18,511	130.37%
Grants	\$	323,101	\$ 304,600	\$ 18,501	106.07%
Total Revenue	\$	493,989	\$ 446,200	\$ 47,789	110.71%
Personnel Expenses	\$	208,490	\$ 237,372	\$ 28,882	97 0207
Professional Fees	\$	24,352	\$ 23,650	\$ (702)	87.83% 102.97%
Supplies/Services	\$	13,663	\$ 11,135	\$ (2,528)	102.97%
Telephone	\$	2,565	\$ 2,850	\$ 285	90.00%
Postage & Shipping	\$	1,716	\$ 1,100	\$ (616)	156.00%
Occupancy Expenses	\$	14,119	\$ 16,210	\$ 2,091	87.10%
Rentals & Technology	\$	3,248	\$ 3,450	\$ 202	94.14%
Printing Expenses	\$	2,371	\$ 750	\$ (1,621)	316.16%
Travel Expenses	\$	504	\$ 750	\$. 246	67.23%
Client Services	\$	162,566	\$ 140,608	\$ (21,958)	115.62%
Dues & Subscriptions	\$	380	\$ 400	\$ 20	95.00%
Insurance	\$	4,897	\$ 6,050	\$ 1,153	80.94%
Interest	\$	1,884	\$ 1,700	\$ (184)	110.79%
Misc, Expenses	\$	138	\$ 175	\$ 37	78.86%
Total Expenses	\$	440,892	\$ 446,200	\$ 5,308	98.81%
Revenue in Excess (Deficit) of Expense	\$	53,097	\$ 0	\$ 53,097	
In Kind Income	\$	-	\$ 0.70	\$ -	
In Kind Expense	\$	(25)	\$	\$ A26	
Net In-Kind Activity	\$	-	\$ -	\$ (4)	
Net Agency Activity	\$	53,097	\$ 0	\$ 53,097	

South Louisville Community Ministries Fundraising Summary For the Eleven Months Ending May 31, 2018

Taste of South Louisville - Income	\$ 42,636.47
Taste of South Louisville - Expense	\$ (5,896.72)
Net Income - Taste of South Louisville	\$ 36,739.75

Golf Scramble - Income	\$ 11,432.17
Golf Scramble - Expense	\$ (2,289.50)
Net Income - Golf Scramble	\$ 9,142.67

Net Income - Families Helping Families	\$ 17,354.42
Families Helping Families- Expense	\$ (9,171,23)
Families Helping Families - NDF	\$ 8,885.00
Families Helping Families- Income	\$ 17,640.65

Total Fundraising Income	\$ 80,594.29
Total Fundraising Expense	\$ (17,357,45)
Net Income - Total Fundraising	\$ 63,236.84

So. Louisville Community Ministries (SLC)

	Year to Date	Prior Year to Date
Assets		real to Date
Current Assets		
Cash - Republic Bank Operating		
Cash - Emergency Assistanc 789	37,792.27	5,338.31
Cash-Republic-Restricted Funds-0249	8,871.22	723.22
Cash-Republic Bank-Emer Assistance	11,403.89	6,144.50
Republic Bank-Gaming-xx9574	8,828.21	8,413.81
Pelly Cash	257.00	242.00
Accis Rec Metro MOW	50.00	50.00
Grant Receivable CHI Medical Assistance	1,853.10	3,088.80
Health Ins-Dependent	0.00	1,500.29
G/R CHI MOW Relmbursement	1,673.74	1,878.50
Total Current Assets:	2,000.00	1,491.71
Fixed Assets	72,729.43	28,871,14
Furniture & Fixtures		
Accum. Depr Furn & Fixtures	4,046.92	18,877,92
Equipment	-7 ,4 56.40	-17,937,40
Accum. Depr Equipment	4,880.13	2,225.39
Leasehold Improvements	-1,828.00	-1.828.00
Accum, Depr Leasehold Imprv	54,175,32	54,175.32
	-9,829.00	-9,829.00
Total Fixed Assets:	43,988.97	45,684.23
Total Assets:	116,718.40	
Liabilities	710,710,70	74,555.37
Current Liabilitles		
Accounts Payable		
LOC - Republic Bank#25596233	410.57	694.91
Deferred Revenue-TOSL	44,278.54	37,600.95
Affac Withholding	9,000.00	0.00
Total Current Liabilities:	-218.92	0.00
Total Llabilities:	53,470.19	38,295.86
Equity	53,470.19	38,295,86
Net Assets - Temp Restricted		•
Retained Earnings-Current Year	128,44	128.44
Net Assets	53,097.24	-2,750.42
Total Paretter	10,022.53	38,881.49
Total Equity:	63,248.21	36,259.51
Total Liabilities & Equity:	116,718.40	
	110,710.40	74,555.37

No CPA provides any assurance on these financial statements.

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						So	So. Louisville Community Ministries (SLC)	mmunity Minis	áries (SLC)
Revenue		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	Var 9.
Individual Contributions 3030	Ons Denotional profit de la Company								2
Total Individua	Total Individual Contributions:	5,515.00	2,504.17	3,010.83	120.23	48,353.62	30,050.00	18,303.62	60.91
Business/Corporate Giving	Giving	00.618,6	2,504.17	3,010.83	120.23	48,353.62	30,050,00	18,303.62	60.91
3035 Total Rusiness	Foundations & Corporations Total Business/Comments Comments	30.00	583.33	-553.33	-94.86	5,820.00	7.000.00	140000	9
Memorials	Societie Giving:	30.00	583.33	-553.33	-94.86	5,820.00	7,000.00	-1,180.00	-16.86
3040 Total Memorials:	Memorials	0.00	50.00	-50.00	-100.00	20.00	90000	000	3 6
Fundraising Efforts	ň	0.00	50.00	-50.00	-100.00	20.00	600.00	-580.00	-90.67 -06.87
3105	Fundraising Income	2.00	0.00	2.00	000	ć			ò
3205	Fundraising Income	52.91	0.00	52.91	0.00	1.202.50	9 6	2.00	00'0
3206	Fundraising Expense	9,072.17	5,416.67	3,655.50	67.49	80,055.73	65.000.00	15,055,73	0,00
3207	NDF Admin	2,304.50 9 89F 00	-1,358.33	-1,006.17	-74.07	-17,666.85	-16,300.00	-1.366.85	23.16 9.33
3210	Misc Income	0.000	937.50	7,947.50	847.73	15,813.00	11,250.00	4,563.00	40.56
Total Fundraising Efforts:	ng Efforts:	15.647.58	5 070 47	-65.33	-100,00	54.32	1,000.00	-945.68	-94.57
Grants - Misc			0,078.17	10,558.47	208.07	79,460.70	60,950.00	18,510.70	30,37
3258 Total Greate 1872	Grants - Miscellaneous	0.00	2,083.34	-2,083.34	-100.00	19,994.00	25,000,00	, de .	
Amnual EA Grante	(5) 200	00.0	2,083.34	-2,083.34	-100.00	19.994.00	25,000,00	2,000.00	-20.02
3355	HO HOUSE	1					700000	-5,006.00	-20.02
3618	Kosair - EA	1,000.00 0.00	1,000.00	00.00	0.00	23,000.00	12,000.00	11,000.00	91.67
Total Annual EA Grants:	Grants:	1.000.00	1 791 87	701.07	00'00!	1,750.00	9,500.00	-7,750.00	-81.58
Metro Govt Grants			200	/91.6/-	44.19	24,750.00	21,500,00	3,250.00	15.12
3310 3320	Metro Formula Louisvíji NDF., Admin	0.00	0.00	0.00	0.00	172.100.00	172 102 60	ć	! !
3330	Metro MOW Reimbursement	915.00	583.33	331.67	56.86	4,987.00	7,000.00	-2.013.00	0.00
Total Metro Govt Grants:	f Grants:	CU. 708	1,000.00	-32.95	-3.30	9,336.51	12,000.00	-2.663.49	22.20
Utility Grants		1,882.05	1,583.33	298.72	18.87	186,423.51	191,102.00	4.678.49	-22.20
3623 3624	Winterhelp - EA	2,861,04	1,750.00	1,111.04	63.49	23,933,54	24 000 00		į
3628	Utility Match LGE - FA	2,550.00	0.00	2,550.00	0.00	12,608.00	000	4,933,54 12 Ans no	13.97
Total Utility Grants:	155.	43 964 04	7,006.67	5,783.33	216.87	46,367.00	32,000.00	14,367.00	44.90
		19,001.04	4,416.67	9,444.37	213.83	82,908.54	53,000.00	29,908.54	56.43
ALC ADA									

No CPA provides any assurance on these financial statements.

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								Cornelling Williams (OFC)	Series (OLC)
		Period to Date	ORIGINAL PTD Budget	1 Contract	à	;	ORIGINAL		
Church Contributions	رن د	2007 00 00000	r in Burget	variance	var %	Year to Date	Annual Budget	Variance	Var %
3109	Church Unrestricted Donations	0.00	250.00	-250.00	-100.00	C	00000		
3110	Church Monthly	1,463.32	3,333.33	-1,870.01	-56.10	17 539 89	3,000,00	-3,000.00	-100.00
רודט	Church Donations Discretionary	0.00	0.00	0.00	000	E13000	00.000,0+	-22,460.11	-56.15
3112	Church Donations	1,436.00	0.00	1.436.00	00.0	012.00	0.00	512.00	0.00
3115	Church Pledges Specific Clients	1.050.00	000	1 050 00	000	00.101.0	000	6,151.00	0.00
Total Church Contributions:	ontributions:	3 940 32	2 509 55	00:0001	00.0	91.130,51	0:00	13,031.19	0.00
Total Revenue:	ő	44 994 00	00,000,00	98.000	10.21	37,234.08	43,000.00	-5,765.92	-13.41
Groce Drofit-	ì	66,900,14	21,6/5.01	20,209.98	93.24	484,964.45	432,202.00	52,762,45	12.21
Expenses		41,884.99	21,675,01	20,209.98	93.24	484,964.45	432,202.00	52 762 45	1
Salaries								CT-70-T-0	1771
7007	Salaries - Exempt	0	1						
7002	Salaries - Non-Exempt	45,000,00 00,000,00	8,387.25	-269.09	-6.79	98,519.74	100,647.00	2,127.26	211
Total Salaries:		02.808.0	7,583.34	1,714,14	22.31	67,123.84	92,200.00	25,076.16	27.20
Employee Benefits		14,925,54	16,070,59	1,145.05	7,13	165,643.58	192,847.00	27,203.42	14.11
7100	Health/Life/Disability - Budget	0.00	2.377.09	2 377 09	100.00	Č			
7102	Life Insurance Premium	169.63	0.00	-169.63	0000	0.00	00.626,82	28,525,00	100.00
7103	Health Insurance Premiums	2,873,64	000	20.00.	0.00	2,233.2/	0.00	-2,233.27	0.00
Total Employee Benefits:	Benefits:	2003.27	00.5	+0.0.00	00.0	26,176.56	0.00	-26,176.56	0.00
Payroll Taxes		77010	80.77642	-666.18	-28.03	28,409.83	28,525.00	115.17	0,40
7201	Payroll Taxes	1.137.10	1 225 50	000	! !				
7203	Workers Compensation Insurance	635,00	108.34	93.90	7.67	12,530.41	14,700.00	2,169.59	14.76
Total Payroll Taxes:	. xes:	1 768 10	1 200 00	02020	486.12	1,906.00	1,300.00	-606.00	-46.62
Professional Fees		2	\$C-255.1	452.76	32.46	14,436.41	16,000.00	1,563.59	9.77
8004	Advertising	8	ç c	6	1				
8008	Audit and Accounting fees	900	000	00.0	00.0	25.00	000	-25.00	000
8008	Pavroll Processing Fees	20.0	00.020	00,620	100.00	10,211.00	7,500,00	-2,711.00	-36.15
8011	Contract Labor	1 200 00	00:00	46.00	-27.60	1,495.74	2,000.00	504.26	25.27
8012	Contractor Labor - Accounting	200.002	908.53	-591.67	-97.26	5,702,00	7,300.00	1.598.00	27.89
8013	Bank Service Fees	00.150	941.86	89.34	-16.49	6,771,00	6,500.00	-271.00	4 4
Total Drofescolose Contra		00.0	728.77	29.17	100.00	147.00	350.00	203.00	25.00
Supplies	la recs.	2,043.66	1,970.82	-72.84	-3.70	24,351.74	23,650.00	-701.74	-2.97
8104	Food & Beverages	124.19	148 R7	\$	ć L	1			
8106	Office stationery and supplies	165.94	90 CUC	\$ 75 S	10.33	587.45	1,760.00	1,172.55	66.62
8107	Copier/duplicating supplies	0.00	288 88	36.14	17.88	1,876.00	2,425.00	549.00	22.64
8140	Janitorial & Housekeeping Supplies	0.00	33.33	33.33	100.00	2,533.78	3,200.00	666.22	20.82
No CPA provides any a	No CPA provides any assurance on these financial contracts						100:00	-/06.8b	-192.22

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									(270)
:		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Bridget	Varianco	70
Supplies			(Continued)					- College Inco	V 70
8150	Program Supplies	0.00	68.75	68.75	100.00	0000	100	i i	i
8151	Training Supplies	65.45	0.00	-65,45	000	65.45	0000	00.627	87.88
2512	Training Fees	1,290.00	00.00	-1,290,00	000	7 160 00	0.00	-05.45	0.00
415 6 1	Tokens of Appreciation - Volunteers	0.00	210.42	210.42	100.00	2,171.03	2.525.00	353.07	0.00
Telephone Telephone		1,645.58	927.91	-717.67	-77.34	13,662.57	11,135,00	-2.527.57	14.02
8201	Telephone Expense	231 82	237.40	E-V S	6			<u>;</u>	}
Total Telephone:		931.93	207.40	/0.0	2.39	2,564.87	2,850.00	285.13	10.00
Postage and Shipping		20:10	65/65	5.67	2.39	2,564.87	2,850.00	285.13	10.00
8301	Postage	155.92	91.67	-64.25	-70.09	1718.09	*	0	
Total Postage and Shipping:	d Shipping:	155.92	91.67	-64.25	60 02-	1 748 02	1,100,00	-010-02	-56,00
Occupancy					200	70.01 / 1	1, 100,00	-616.02	-56.00
8401	Rent	530.00	530.00	0.00	0.00	5,830,00	9000	000	•
8405	Electricity	560.86	766.66	205.80	26.84	7.580.42	00,000,0	330.00	, so i
9419	Contract Maintenance Services	49.00	54.17	5.17	45.0	539.00	650.00 650.00	00.000	09.71
	Marntenance - Repairs	0.00	0.00	0.00	0.00	170.00	000	170.00	80.71
Rental R&M of Equipment	***	1,139.86	1,350.83	210.97	15.62	14,119.42	16,210.00	2.090.58	12 90
8502									B
8504	Comouter Hartward Conference & Repair	0.00	29.17	29.17	100.00	79.00	350.00	271.00	77 43
8505	Computer Construction Construction	0.00	25.00	25.00	100.00	433.15	300.00	133 15	02 VV
	Corributer Services (Website, Backup	269.71	233.33	-36.38	-15.59	2,735,57	2,800,00	54 43	230
lotal Kental, R&M of Equipment:	/ of Equipment:	269.71	287.50	17.79	A 10	CT TAC C	20.02	CLUS .	2.30
Printing & Publication					<u> </u>	5,247.72	3,450.00	202.28	5.86
8601	Printing	0.00	62,50	62.50	100 001	1 797 11	200	1	;
8603	Photography/Video	0.00	0.00	0.00	0.00	584 07	00.00	-1,037.11	-138.28
Total Printing & Publication:	ublication:	0.0	62.50	8	70000	10 P	00:0	/0.450°	0.00
Travel			2000	3	00.001	2,3/1.18	750.00	-1,621.18	-216.16
8707	Mileage Reimbursement	0.00	62.50	62.50	400.00	20.00	1		
Total Travel:	•	800	2 68	20.20	00.001	504.24	/20.00	245.76	32.77
Direct Client Assistance	(n)	3	סקיים	05.50	100.00	504.24	750.00	245.76	32.77
8900	Direct Client Assistance Budget	0.00	11,717.33	11 717 33	90	6	1		
8901	Metro Formula	5.881.00		200	00.001	00.0	140,608.00	140,608.00	100.00
8902	Metro Neighborhood Development C	915.00	00.0	7,000 -00 04 F O	0.00	43,871.00	0.00	-43,871.00	0.00
8903	Clent Cash	0.00	000	8 6	0.00	3,717.00	0.00	-3,711.00	0.00
8904	Church Pledges to specific client	2,375.00	0.00	-2,375.00	00.0	79.00	0.00	-79.00	0.00
No CPA provides any ass	No CPA provides any assurance on these financial statements.					200	0.00	00.186,81-	0.00

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Page: 3 User Logon: CK

Combined Income Statement For The 11 Periods Ended 5/31/2018

						So	So. Louisville Community Ministries (SI C)	mmunity Min	istries (SLC)
	re	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Deta	ORIGINAL		
Direct Client Assistance	90		Continued)			200 00 00	Aurusa suoger	Variance	Var %
8908	Church Monthly Donations to EA	0.00	0.00	0.00	00.0	00 703 /	4		
7000	Crit Medical Assistance	121.55	0.00	-121.55		4,087.00	0.00	4,697.00	0.00
, nee	Kosair	35.95	000	-35 95	6	10,000,47	0.00	-10,665,47	0.00
8908	Community Winterhelp	2,861.54	0.00	22 26-1 50	000	4,500.15	0.00	4,500.15	000
8903	Utility Match Water	94100	800	400 TOO	0.00	23,523.54	0.00	-23,523.54	000
8910	Utility Match LGE	6 845 00	9 6	00.149-	0.00	6,448.00	00'0	-6,448,00	000
8011	EA Discretionary	1 834 78	000	-6,845.00	0.00	40,347.00	0.00	40.347.00	800
Total Direct Client Assistance:	nt Assistance:	24.040	00.0	-1,834.78	0.00	6,162.97	0.00	-6.162.97	9 6
Dues & Subscriptions		78.018,12	11,717.33	-10,093.49	~86,14	162,566.13	140,608.00	-21,958.13	-15.62
9001 Total Brees 6 St	Dues & Subscriptions	0.00	33.33	33.33	100,00	380.00	700.00		!
oral pues & subscriptions:	oscriptions:	0.00	33.33	33.33	100.00	20000	400.00	20.00	2.00
mmerest Expense					00.001	380,00	400.00	20.00	5.00
9203 Total 1-4-1	Interest - Short or Long Term Debt	159.82	141.67	-18.15	-12.81	1 883 50	70000	1	
l old interest Expense:	pense:	159.82	141.67	-18 15	+5 64	Socoal.	1,700.00	-183.50	-10.79
Insurance					-14.01	1,883.50	1,700.00	-183.50	-10.79
9330 0 0830	Insurance - Building & Equipment	0.00	00.0	00:00	0.00	1.864.00	6	4	
9350	Insurance - Directors & Officers	00.0	329.17	329.17	100.00	932.00	3.950.00	7,864.00	0.0
Total Insurance		00:0	175,00	175.00	100.00	2,101.00	2,100.00	3,019.00	76.41
Misc Expense		0.00	504,17	504.17	100.00	4.897.00	8 050 00	1 452 00	C0.0-
9456	Licenses & Permits	() () () () () () () () () ()					O CONTO	1, 133.00	19.06
Total Misc Expense:		00.01	14.58	4.58	31.41	138.00	175.00	37.00	24.45
Total Expenses		10.00	14.58	4.58	31.41	138.00	175.00	37.00	77.70
Net Income from Oxernetons	- Constitution	47,202.10	37,183.32	-10,018.78	-26.94	440,892.21	446.200.00	07.705 A	41.14
Other Income and Expense		-5,317,11	-15,508.31	10,191,20	65.71	44.072.24	-13 909 00	87.100.0	5
3617	Kosair Charities Grant	o c	•				00.000	95,070,24	414.85
3626	Metro Match - LGE	0.00	0.00	0.00	0.00	6,750.00	0.00	6,750.00	0.00
Total Other Inc	Total Other Income and Expense:	000	4 400 07	70,001,1	-100.00	2,275.00	14,000.00	-11,725.00	-83.75
Earnings before Income Tax:	e Income Tax:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,100.0/	1,166.6/	-100.00	9,025.00	14,000.00	-4,975.00	-35.54
Net Income (Loss);	:(38	2,117,11	- 14,341.64	9,024.53	62.93	53,097.24	2:00	53,095.24	2,654,762.00
•	u	11./10,0-	-14,341.64	9,024.53	62.93	53,097.24	2.00	53.095.24	2 654 782 00
									4.50T,7 UZ.00

No CPA provides any assurance on these financial statements.

Program Income Statement For The 11 Periods Ended 5/31/2018 Admin

					So	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	/ore/
								2
Donations - Individual Giving	200,00	1 888 67	10000					
,	0.00	000	(a.oo.)	-88.00	4,982.00	20,000.00	~15,018.00	-75.09
Donations-\$25,000 Challenge	80.00	000	000	00.0	30.00	0.0	30.00	000
5	000	800	80.00	0.00	9,755.00	000	9.755.00	000
	800	00.0	0.00	0.00	8,985.00	000	8 985 00	8
Donations Membership Drive	0.00	000	0.00	0.00	6,773.00	000	6 772 00	000
Donations-Brackets for Good	000	0.00	0.00	00.00	20.00	000	50.00	0.00
	00.0	0:00	0.00	0.00	1,267.96	0.00	1.267.96	00.0
	Z80.00	1,666.67	-1,386.67	-83.20	31,842.96	20,000.00	11,842.96	59.21
Foundations & Corporations Business Contributions	30.00	333.33	-303.33	-91.00	5,320.00	4,000.00	1,320.00	33.00
roorate Giving.	000	000	0.00	00.00	200.00	0.00	200'00	000
	30.00	333.33	-303.33	-91.00	5,820.00	4,000.00	1,820.00	45.50
	0.00	41.67	-41.67	-100.00	0.00	500.00	-500 OO	9
	0.00	41.67	41.67	-100.00	0.00	500.00	-500.00	-100.00
	0.00	83.33	-83.33	-100.00	54.32	1,000,00	94 170	3
	0.00	83,33	-83.33	-100 00	EA 22	20000	00.54	-84.5/
					75.45	00,000,1	-945.68	-94.57
	0.00	666.67	-666.67	-100,00	00:00	8.000.00	20 000 8-	000
Grants -Capacity Grant Marketing	0.00	0.00	00.0	0.00	2,994.00	0.00	2,994,00	00.00
	00.0	חמים	0.00	0.00	15,000.00	0.00	15,000,00	00:0
	0.00	666.67	-666.67	-100,00	17,994.00	8,000,00	9,994,00	124.93
	1,170.00	0.00	1.170.00	5	0	;		
	1.170.00	000	1470.00	oron or	6,122.00	0.00	6,122.00	0.0
		2	1,170,00	0.00	6,122.00	0.00	6,122.00	00'0
Church Unrestricted Donations	0.00	250.00	-250.00	-100.00	000	0000	6	
	1,436.00	00.0	1,436.00	0.00	5.926.00	00.000	-3,000.00	-100.00
Church Donations, Membership	0.00	0.00	0.00	0.00	25.00	000	0,925.00	00.0
1	00:00	0.00	0.00	0.00	200.00	000	200:00	000
	00'00+1	290.00	1,186.00	474.40	6,151.00	3,000.00	3,151.00	105.03

Program Income Statement For The 11 Periods Ended 5/31/2018 Admin

						S	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (S) C)
		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL		(0.20)
Total Revenue:	6:	2,916.00	3,041.67	-125.67	4 13	67 084 70	Airinal Budget	Variance	Var %
Gross Profit:		2,916.00	304187	400 000	2	07,304.48	36,500.00	31,484,28	86.26
Expenses Salaries			100	/0.62.1=	£.13	67,984.28	36,500.00	31,484.28	86.26
7001-00-00	Salaries - Exempt	2,244.16	2.814.58	100 A	6				
7,002-00-00	Salaries - Non-Exempt	0.00	2,416,67	2,416.67	72.62 100.001	25,469.24	33,775,00	8,305.76	24.59
local salanes:		2.244.16	5 224 25	20 200 0	2000	00.4cc.	29,000.00	24,445.34	82.28 23
Employee Benefits	:		(2) (2)	4,387.09	57.10	30,023.90	62,775.00	32,751.10	52.17
7102-00-00	Health/Life/Disability - Budget	0.00	942.92	045 62	000	;			
7103-00-00	Life Insurance Premium	55.48	0.00	55.48	00.00	0.00	11,315.00	11,315,00	100.00
Total Employee Secretary	nealth insurance Premiums	740.24	0.00	-740.24	0.00	810.70 7.448 7	0.00	-810.70	0.00
Davies Taxon		795.72	942.92	147.20	15.61	0,020	Onio	-7,448.79	0.00
7201-00-00					2	84.802,0	11,315.00	3,055.51	27.00
7203-00-00	Fayrdii Laxes Workers Componention Incidence	375.42	500.00	124.58	24.92	4.524.35	9000	1	
Total Payroll Taxes:		127.00	16.67	-110.33	-661.85	381.20	200.00	1,4/5,65	24.59
Professional Fees		502.42	516.67	14.25	2.76	4,905.55	8 200 00	1 204 45	90.00
8004-00-80	Advertising	6						C4.457	20.88
8008-00-00	Audit and Accounting Fees	00:00	0.00	00'0	0.00	25.00		i d	
8009-00-00	Pavroll Propessing Fees	00'0	152.33	152.33	100.00	5,511.00	1 828 00	22.00	0.00
8011-00-00	Contract Labor	42.52	33.33	-9.19	-27.57	289.05	400.00	4,005.00	-201.48
8012-00-00	Contractor Labor - Accounting	00.002,1	608.33	-591.67	-97.26	5,702.00	7.300.00	100.35	25.24
8013-00-00	Bank Service Fees	02.02.1 00.0	108.33	-17.87	-16.50	1,354.20	1.300.00	.54 20	21.89
Total Professional Fees:	al Fees:	00.00	71.82	29.17	100.00	147.00	350.00	203 00	7. 4. 5. 00. 83
Supplies		77.805.1	931.49	437.23	46.94	13,038,25	11.178.00	-1 860 2E	38.00
8104-00-00	Food & Beverages	0	1					and the second	10.04
8104-00-95	Food & Beverages	124.19	78, 14.	141.67	100.00	225.22	1,700.00	1474.78	32, 30
8106-00-00	Office Supplies	73 67	0,00	-124.19	0.00	362.23	0.00	362.22	67.00
8107-00-00	Copier/Duplicating Supplies	(S.C.)	70.83	46.86	66.16	374.32	850.00	475.68	800
8140-00-00	Janitorial & Housekeeping Supplies	000	20.00	58,33	100.00	517,59	700.00	182.41	D8.60
8150-00-00	Program Supplies	800	55.55	88.8	100.00	1,168.86	400.00	-768.86	40.00
8151-00-95	Training Supplies-Capacity Grant Ma	65.45	900	25.00	100.00	0.00	300.00	300.00	100.00
8152-00-95	Training Fees:Gen-Capacity Grant M	1.290.00	8 6	-65,45	0.00	65,45	0.00	-65.45	2000
8755-00-00	Tokens of Appreciation - Volunteers	0.00	18.75	18 75	0.00	5,160.00	0.00	-5,160.00	0000
oral Supplies:	ı	1,503.61	347.91	-1.155.70	322.40	100.75	225.00	58.25	25,89
No CPA provides any as	No CPA provides any assurance on these financial extremental				d 1300	8,040.42	4,175.00	-3,865.42	-92,58

Run Date: 6/18/2018 2:52:22PM G/L Date: 6/18/2018

Program Income Statement For The 11 Periods Ended 5/31/2018 Admin

			1						
Telephone		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	/ar %
8201-00-00 Total Telenhono:	Telephone Expense	46.36	45.83	-0.53	-1.16	512.96	,		2
Postage and Shipping		46.36	45.83	-0.53	-1.16	512.98		37.04	6.73
8301-00-00	Postade	4 1					00,000	% 4.	6.73
Total Postage and Shipping	Shipping	75.92	66.67	-9.25	-13.87	924.02	800.00	-124 00	E T
Occupancy		/5.92	66.67	-9.25	-13.87	924.02	800.00	12/ 02	00.01
8401-00-00	Rent	90	•					JOHN TON	06.61-
8405-00-00	Electricity & Gas	100.00	106.00	0.00	0.00	1,166.00	1272 00	40.00	
8409-00-00	Contract Maintenance Services	112.17	158,33	46.16	29.15	1,516.08	1 900 00	100.00	8.33
8416-00-00	Maintenance - Beneits	08.6	25.00	15.20	60.80	107.80	000000	383.52	20.21
Total Occurancy			0.00	0.00	0.00	34.00	800	02:26	70.75
Rental B&M of Equipment	*	227.97	289.33	61.36	21.21	2 823 80	2000	00.45°	0.00
SECOND OF CO.	פונג ו				ļ	4,04.00	3,472.00	648.12	18.67
8504-00-00	Equipment Maintenance & Repair	0.00	29.17	29.17	100.00	70.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	į	
8505-00-00	Compared to compared to the co		25.00	25.00	100.00	47.007	00'nes	271.00	77.43
Total Dante, Don	Certification of vices (Wedsite, Backup		233,33	-36.38	-15.59	2 725 E7	300.00	-133,15	44.38
ocal nearest, Roun of Equipment;	of Equipment;	269.71	287.50	17 70	9	i i i i i i i i i i i i i i i i i i i	2,000,00	64,43	2.30
Finding & Publication	,				6	3,247.72	3,450.00	202.28	5.86
	Printing Photographs/Ades	0.00	62,50	62.50	100,00	1.787.11	00 OHE	1	
	Photography Maco		0.00	0.00	0.00	30000	00.067	-1,037.11	-138.28
Drinking 9		0.00	0.00	0.00	0.00	185.07	9.5	-399.00	0.00
i van Friisillig es Pu Dines & Subceninffens	tolication:	0.00	62.50	62.50	100 00	10000	800	-185.07	0.00
				•		4,371.16	/20.00	-1,621.18	-216.16
Diec & Subs	Cues a subscriptions	0.00	33.33	33,33	100.00	380.00	400.00	Š	
Interest Expense	cipacis.	0.00	33,33	33.33	100.00	380.00	400.00	20,00	2.00
	Interest - Short ox 1 one Tour						2000	20.00	2.00
Interest Exno		159.82	141.67	-18.15	-12.81	1,883.50	1.700.00	200	1
msurance		159.82	141.67	-18,15	-12.81	1,883,50	1.700.00	-183 50	67.01-
	Insurance - Building & Equipment	2	4					0000	-10.79
	Insurance - General	0.00	0,00 86 e7	0.00	0.00	372.80	0.00	-372.80	5
	Insurance - Directors & Officers	0.00	175.00	66.67 77 00	100.00	186.40	800.00	613.60	76.70
Total Insurance:	•	UU U	0.44.67	00.57	100.00	2,101.00	2,100.00	-1.00	0.05
Misc Expense			10:147	241.67	50 50	00000			

Run Date: 6/18/2018 2:52:22PM G/L Date: 6/18/2018

Program Income Statement For The 11 Periods Ended 5/31/2018 Admin

	0
Misc Expanse	Period to Date PT
9456-00-00 Linguist Bounds	(Con
Raine Communication	10.00
Table Table	10.00
Total Expenses:	7,204.41
Net Income from Operations:	4,288.41
Earnings before Income Tax:	4,288.41
Net income (Loss):	4 288 41

				os	So. Louisville Community Ministries (SLC)	mmunity Minis	stries (SLC
Period to Date	ORIGINAL PTD Budget	Variance	Ver 0		ORIGINAL		
	(Continued)		02 ISA	rear to Date	Annual Budget	Variance	Var %
10.00	14.58	4.58	31,41	138 00	,		
10.00	27 KP			On too	1/9.00	37.00	21.14
	00.41	8C.4	31.41	138.00	175.00	27.00	
7,204.41	9,153,32	194891	5		^~~	07.00	21.14
77 000 7		10:0101	87.7	79,209.07	109,840,00	30 630 03	20 54
4,288.4	-6,111,65	1,823,24	28.83	11 224 TO	20 070 01	00:000:00	27.00
4 288 41	10 TTT 01			61.43.7	2,340.00	62,115,21	84.59
	20,111,0	1,823.24	88.83	-11,224,79	-73 340 00	3 447 94	
4,288.41	-8 111 BE	, 000				17,611,50	8.59 80.50
	3,11,00	1,823,24	83	-11,224.79	-73.340.00	RO 145 24	30.00
							X

No CPA provides any assurance on these financial statements.

Run Date: 6/18/2018 2:52:22PM G/L Date: 6/18/2018

Program Income Statement For The 11 Periods Ended 5/31/2018 Metro Formula Grant

			ORIGINAL				12.4000	OLO COLONIA DE LA COLONIA DE L	Sales (SEC)
Revenue		Period to Date	PTD Budget	Variance	Var %	Year to Date	Annual Budget	Variance	Var %
Metro Govt Grants									
3310-05-00 3310-05-99	Metro Formula Grant	0.00	0.00	0.00	0.00	139,397.00	141.174.00	-1 777 04	ć
Total Motor Gost Contract		0.00	0.00	0.00	00.00	32,703.00	30,928.00	1,775.00	57.4
Total Bosons	cours.	0,00	0.00	0.00	0.00	172,100.00	172,102.00	2.00	000
local Reventue	w	0.00	0.00	00:0	0.00	172,100.00	172.102.00	00.6	000
Expenses		0.00	00:0	0.00	0.00	172,100.00	172,102.00	-2.00	000
Salaries 7001-05-00 7003-05-00	Salaries - Exempt	5,800.79	5,572.67	-228.12	4 8	62.434.03	86 873 O	10 BOX 4	
Total Safadas	Selection - Non-Exempt	3,359.57	3,666.67	307.10	8.38	33,802.01	44.000.00	10 107 00	5. 6. 4. 6.
oral Salaries: Payroli Taxes		9,160.36	9,239,34	78.98	0.85	96,236.04	110,872.00	14,635.96	13.20
7203-05-00 W	Workers Compensation Insurance	508.00	91.67	416.33	-454.16	1,524.80	1.100.00	424 RO	00
Professional Fees	Sea	508.00	91.67	416.33	454.16	1,524.80	1,100.00	424.80	38.62
8008-05-00	Audit and Accounting Fees	0	1000	į					
8009-05-00	Payroll Processing Fees	170 14	4/4.0/	472.67	100.00	4,700.00	5,672.00	972.00	17.14
8012-05-00	Contractor Labor - Accounting	504.80	433.33	-30.6 -71 47	L3./2-	1,196.69	1,600,00	403.31	25.21
Total Professional Fees:	al Fees:	KO NTA	CC 000 T	, to 1 0 0	Styol -	5,416.80	5,200.00	-216.80	4.7
Supplies		t of	55°500'1	364.39	35.06	11,313.49	12,472,00	1,158.51	9.29
8106-05-00 8107-05-00	Office Supplies	141,97	125.00	-16.97	-13.58	1,444.51	150000	2	
Total Summine:	seliddins funcarding/pado	0.00	208.33	208.33	100.00	2,016.19	2,500.00	483.81	3.70 5 25
Telephone		141.97	333,33	191,36	57.41	3,460.70	4,000.00	539.30	13.48
8201-05-00	Telephone Expense	185.46	183.33	-2.13	-1 16	0,54.64	6000		
Total Telephone:	•	185.46	183.33	-2.13	2 4	2,001.81	2,200,00	148.09	6.73
Postage and Shipping				ì	2	18:160°2	2,200.00	148.09	6.73
Total Doctors and Stringer	Fostage: Wetro Formula Grant	80.00	0.00	-80.00	00.00	792.00	0.00	-792.00	0
Occupancy	o orași portigi.	80.00	0,00	-80.00	0.00	792.00	00:00	-792.00	0.00
8401-05-00 8405-05-00	Rent Electricity & Gas	424.00 448.60	424.00 608 23	0.00	0.00	4,664.00	5,088,00	424.00	8,33
Total Occupancy:		872 60	1 022 52	90.50	26.24	6,064.34	7,300.00	1,235.66	16.93
			1,004.00	\$0.86 <u>.</u>	15.46	10,728.34	12,388.00	1,659.68	13.40

Run Date: 6/18/2018 2:52:34PM

G/L Date: 6/18/2018

ctrice (CI C)	Series (SEC)	Var %		0.00	00'0		0.00	76.33	2000	68:07	-17.81	-100.44		100.44	77 00,	- 100.44
So. Louisville Community Ministries (S1 C)		variance		45,871,00	43,871.00	,	2,491.20	2,404.40	913.20		-26,033.08	-26,035,08	00 300 00	-zo,U35.U8	-26.035.08	
Louisville Co	ORIGINAL Appries Rudos	Software Transfer	c	00.0	0.00	c c	3 150 00	٥, ١٥٥، ١٥٥	3,150.00	110 400 00	140, 182.00	25,920.00	25 020 00	70.026,02	25,920.00	
So.	Year to Date	ı	43.871.00	20 710 07	43,871,00	1.491.20	745.60		2,236.80	172 215 00	00:01767	-115.08	~115.08		-115.08	
	Var %		0.00	8	000	0.00	100.00		00.001	43.69	90	-43.69	-43.69		-43.69	
	Variance		-5,881.00	-5.881.00		0.00	262.50	767 50	705.30	-5,322,59	E 200 E0	-0,044.08	-5,322.59	F 0000 EA	60,220,0	
	ORIGINAL PTD Budget		0.00	0.00		0.00	262.50	262.50		12,181.83	-12.181.83		-12,181,83	-12 181 83	Control for	
	Perfod to Date		5,881.00	5,881.00		0.00	0:00	0.00		17,504.42	-17,504.42	47 504 40	24×400×21-	-17,504,42		
	Direct Client Assistance	8901-05-99 Makes Estate 1	Direct Client			9330-05-00 Insurance - Building & Equipment 9330-05-00 Insurance - General	neitrance.		Total Expenses:	Mark Income of the control of the co	wet income from Operations:	Earnings before Income Tax:	Not Income (I con).	ise income (Loss);	11	

No CPA provides any assurance on these financial statements,

Run Date: 6/18/2018 2:52:34PM G/L Date: 6/18/2018

						So	. Louisville Co	So. Louisville Community Ministries (SLC)	stries (SLC)
Revenue	•	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	3077
Individual Contributions	S							2018	% IE ^
3030-15-76 3030-15-80	Donations:Fund Development-\$25,000 Give Local Income	5,200.00	0.00	5,200.00	0.00	5.200.00	ć	, c	
Total Individual Contributions:	Contributions:	00:0	0.00	0.00	0000	658.66	0.00	5,200.00 658.66	000
Fundraising Efforts		9,200.00	0.00	5,200.00	00.0	5,858.66	000	7 259 BB	0.00
3105-15-00	Fundraising Income	2.00	8	ć				00:00:0	00:00
3200-15-20	Fundraising Income:Fund Developme	1,00	999	00.7	0.00	2.00	00.0	2.00	00:0
3200-15-30	Fundraising Income - Kroger Cards	40.57	00:0	00:1 67:08	0.00	225.50	00.00	225.50	00'0
3200-15-85	Fundraising Income:-Amazon	11.34	0.00	11.34	000	125,66	0.00	125.66	0.0
3205-15-00	Special Emanage in Come	0.00	0.00	0.00	000	\$5.7.58 \$0.00	0.0	1.3	00'0
3205-15-55	Checker I dividishing Events	0.00	5,416.67	-5,416.67	-100.00	00.05	0.00	840.00	000
3205-15-58	Tase of South Louiselle forms	4,372.17	00.0	4,372.17	0.00	11.432.17	00.000,00	-65,000,00	-100.00
3205-15-63	Families Helving English	100.00	00.0	100.00	000	42 GDB 47	0.00	11,432.17	0.00
3205-15-64	Fundraising Inc. Marianne Butleye De	0.00	0.00	00.0	0.00	17,640.65	9.5	42,606.47	0.00
3205-15-65	Fundraising Income:-Network for Go	2 525 00	00.0	1,800.00	0.00	5,576,44	800	17,040.65 5 576 44	0.00
3205-15-76	Fundraising Income: Fund Developm	275.00	0.00	2,525.00	0.00	2,525,00	000	2 525 00	0.00
3206-15-00	Fundraising Event Expense	2000	0.00	275.00	0.00	275.00	000	275 00	0.00
3206-15-55	Golf Scramble Expense	2 289 50	55.855,1-	1,358.33	100.00	-309.40	-16,300,00	15.990.60	0.00
3206-15-58	Taste of South Louisville Expense	000	00.0	-2,289.50	0.00	-2,289.50	0.00	-2,289.50	90.10
3207 1F 00	Families Helping Families Expense	-75.00	0.00	00.00	000	-5,896.72	0.00	-5,896.72	000
32U/-15-00	NDF Admin	000	937.50	00.67-	0.00	-9,171.23	00.0	-9,171,23	000
34U/~{3-03	NDF Admin:-Families Helping Famili€	8,885.00	0.00	8.885.00	00:00	6,928.00	11,250.00	4,322.00	-38.42
Total Fundraising Efforts:	Efforts:	15.647.58	A 005 8A	000000	000	8,885.00	00.00	8,885.00	0.00
Total Revenue:	1	20 847 58	4,000.04	10,631.74	213.21	79,406.38	59,950.00	19,456.38	32.45
Gross Profit:	1	20.847.59	4,390,84	15,851,74	317.30	85,265.04	59,950.00	25,315.04	42.23
Expenses Supplies			48.088,4	15,851.74	317.30	85,265.04	59,950.00	25,315.04	42.23
Q	Program Subplies: Yard Sale	4							
Total Supplies:		0.00	0.00	0.00	0.00	100.00	0.00	100.00	ć
Total Expenses:	1	0,00	0:00	0.00	0.00	100.00	0.00	-100.00	8.5
Net income from Operations:	Oberations	00.0	0.00	0.00	00:0	100.00	00.0	-100 00	20.0
Earnings before Income Tax	Trooms Tax	20,847.58	4,995.84	15,851.74	317.30	85,165.04	59 950 00	25 345 04	0.00
	TOOLIGE LAX.	20,847,58	4,995.84	15,851,74	317.30	85.165.04	50.000000	25,215,04	42.06
							00,000,00	25,215,04	42.06

Run Date: 6/18/2018 2:52:44PM G/L Date: 6/18/2018

Program Income Statement For The 11 Periods Ended 5/31/2018 Fund Development So. Louisville Community Ministries (SLC)

Net Income (Loss):

	Var %	42.06	
	Variance	25,215.04	
ORIGINAL	Annual Budget	59,950.00	
	Year to Date	85,165.04	
	Var %	317.30	
	Variance	15,851.74	
ORIGINAL	rib stoget	4,995.84	!
Dorlord of the		20,847.58	

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								Community Ministries (SEC)	STUES (STC)
Raventie		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	, , , , , , , , , , , , , , , , , , ,
Individual Contributions	ions								V 64 %
3030-25-99	Individual Giving - EA	0.00	833.33	-833.33	-100.00	10.581.00	10,000,00	Š	i
Business/Corporate Giving	rotal Individual Contributions: ess/Corporate Giving	00:00	833.33	-833.33	-100.00	10,581,00	10,000.00	581.00	30 EQ
3035-25-99	Business & Contributions - EA	0.00	250.00	-250.00	-100.00	00.0	3,000,00	6	
oral business Grants - Misc	l oral business/corporate Giving: s - Misc	0.00	250.00	-250.00	-100.00	0.00	3,000.00	-3,000.00	100.00
3258-25-99 G	Grants - Restricted EA	0.00	1,416.67	-1,416.67	-100.00	2.000.00	17 000 00	4	
Annual EA Grants	MISC:	00.0	1,416.67	-1,416.67	-100.00	2,000.00	17,000.00	-15,000.00	88.24
3355-25-99 3618-25-99	CHI Prescription Reimb - EA Kosair - EA	0.00	0.00	0.00	0.00	9,000.00	0.00	9,000,00	0.00
Total Annual EA Grants:	A Grants:	00.0	791 67	701.07	00.001-	1,750.00	9,500.00	-7,750.00	-81.58
Metro Govt Grants			9:19	/018/-	00.001-	10,750.00	9,500.00	1,250.00	13.16
3320-25-99 Notes Govt Grants:	NDF - Admin	915.00	583.33	331.67	56.86	4,987.00	7,000.00	-2.013.00	20,00
Utility Grants	of Glants.	915.00	583.33	331.67	56.86	4,987.00	7,000.00	-2.013.00	28.76
3623-25-99	Winterhelp - EA	2,861.04	1,750.00	1,111.04	63 40	A3 000 E0	6		
3628-25-99	Utility Match LGE - EA	2,550.00	0.00	2,550.00	0,00	12,608.00	0.00	2,933.54	13.97
Total Utility Grants:	ants;	12 601 04	2,000.07	4,613.33	173.00	40,245.00	32,000.00	8,245.00	25.77
Church Contributions	w	400	4,410.07	8,274.37	187.34	76,786.54	53,000.00	23,786.54	44.88
3110-25-99 3111-25-99	Church Monthly Donations - EA	1,463.32	3,333.33	-1,870.01	-56,10	17,539.89	40.000.00	.20 ABO 41	t C
3115-25-99	Church Pledges Specific Clients	1.050.00	0.00	0.00	0.00	512.00	0.00	512.00	0.00
Total Church Contributions:	ontributions:	2,513.32	3 222 22	00:000'1	0.00	13,031.19	0.00	13,031.19	00.0
Total Revenue:	0	2010101	00.000,0	-820.01	-24.60	31,083.08	40,000.00	-8,916.92	-22.29
Gross Profit:	i	16,119.36	11,625.00	4,494.36	38.66	136, 187.62	139,500.00	-3.312.38	75.67
Expenses		16,119.36	11,625.00	4,494.36	38.66	136,187,62	139.500.00	-3 345 39	, C
Salaries								00.410.0	75.3
7001-25-00 7002-25-00	Salaries - Exempt	911.39	0.00	-911.39	0.00	10,616.47	000	17 07 0 T	ć
Total Salaries:	Idi saval son - Sones	820.80	0.00	-820.80	00:00	10,109.45	0.00	-10,109.45	8 8
		1,732.19	0.00	-1,732.19	0.00	20,725.92	0.00	-20.725.92	000
No CPA provides any a	No CPA provides any assurance on these faceatal attended							•	3

Run Date: 6/18/2018 2:52:54PM G/L Date: 6/18/2018

Page: 1 User Logon: CK

		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Applied Budget	,	2
Employee Benefits							A HINGI POPOCE	valiance	var %
7100-25-00	Health/Life/Disability - Budget	0.00	934.17	934.17	100 00	6	000	3	
7102-25-00	Life Insurance Premium	89.73	0.00	89.73	800	700.00	11,210,00	00:012;11	100.00
7103-25-00	Health Insurance Premiums	1,522.54	0.00	-1.522.54	8 8	12,100,1	0,00	-1,061.27	0.00
Total Employee Benefits:	Benefits:	16 013 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9		12,072,01	00.0	-12,5/2,81	0.00
Payroll Taxes		777101	Ť	-6/8.10	-72.59	13,634.08	11,210.00	-2,424.08	-21.62
7201-25-00	Payroll Taxes	595.62	566.67	38.95	т. 1	940.06	0	1	
Total Payroll Taxes:	Kes:	595.62	568 A7	30 00	1.0	0,040.20	9,800.00	459.74	6.76
Supplies			()	26.03	<u> </u>	0,340.26	6,800.00	459.74	97.9
8150-25-00	Program Supplies	000	37.50	37,50	100.00	000	450.00	000	4
8155-25-00	Tokens of Appreciation - Volunteers	0.00	91.67	91.67	100.00	963.54	1.100.00	450.00 136.46	100.00
Total Supplies:		00.0	129.17	129.17	100 00	A 2 C 40	4	DE-OC-	14.21
Occupancy					3.00	\$0.50e	00.0ee,1	586.46	37.84
8409-25-00	Contract Maintenance Services	39.20	29.17	-10.03	34.38	431.20	350.00	6	Ş
8416-25-00	Maintenance - Repairs	0.00	0.00	0.00	0.00	136.00	00.0	138.00	23.20
Total Occupancy:	Ľ	39.20	29.17	-10.03	34.38	567.20	350.00	00.000	00.0
Direct Client Assistance	8						00000	77.71.7-	-62.06
8900-25-99	Direct Client Assistance Budget	00.00	11,717.33	11,717,33	100.00	0	440 £09 00	440 000 00	:
8902-25-99	Metro Neighborhood Development C	915.00	0.00	-915.00	8	3711.00	00.00.04	40,505,00	00.001
8903-25-99	Client Cash	0.00	0.00	0.00	0.00	00.07	00.0	00.F17,8-	0.00
8904-25-99	Church Pledges to specific client	2,375.00	0.00	-2.375.00	800	12 561 00	900	0.8/-	0.00
8905-25-99	Church Monthly Donations to EA		000	000	8 8	10,301,00	0000	-18,561.00	0.00
8906-25-99	CHI Medical Assistance	121.55	0.00	121.55	8 6	4,097,00	0.00	4,697.00	0.00
8907-25-99	Kosair	35.95	0.00	35.05	8 6	10,000.47	0.00	-10,665,47	0.00
8908-25-99	Community Winterhelp	2,861.54	0.00	-2.861.54	000	72 822 64	0.00	4,500.15	00.0
8909-25-99	Utility Match Water	941.00	0.00	-941 00		5 440 00	000	-23,523,54	0.00
8910-25-99	Utility Match LGE	6,845.00	0.00	-6.845.00	8 6	0,446.00	0.00	-6,448.00	0.00
8911-25-99	EA Discretionary	1,834.78	0.00	-1 834 78	800	40,047,00	00.0	40,347.00	000
Total Direct Client Assistance:	t Assistance:	45,000,00	24,000	O ritori.	00.0	/8.20I.o	0.00	-6,162.97	0.00
ŀ		70'272'01	55./17,1	4,212.49	-35.95	118,695.13	140,608.00	21,912.87	15.58
local expenses		19,909.10	13,376.51	-6,532.59	-48.84	160,926.13	160,518.00	408.13	-0.25
Net Income from Operations:	m Operations:	-3,789.74	-1,751.51	-2,038.23	-116.37	-24.738.51	-21.018.00	-3 720 81	07.77
Other Income and Expense	9800							21.000	0/*/!-
3617-72-88	Kosair - EA	0.00	0.00	0.00	0.00	6,750.00	0.00	6 750 00	Č
2020-23	Wero Watch - LGE	9.0	1,166.67	-1,166.67	-100.00	2,275,00	14,000.00	-11,725.00	%3.75
							1		> >

Total Other income and Expense:
Earnings before Income Tax:
Net Income (Loss):

tries (SLC)	% **/	24	\$5.57 \$7.52	00 00	08:07	-123.90
mmunity Minis	Variance		4,975.00	A 605 84	0.000	-8,695,51
So. Louisville Community Ministries (SLC)	ORIGINAL Annual Budget	11,000,00	14,000.00	-7.018.00		-7,018.00
So.	Year to Date	00 ACO 0	9,020,00	-15,713.51		-15,713.51
	Var %	-100.00		-548.00		-548,00
	Variance	-1,166.67		-3,204.90	20000	-5,504°30
	ORIGINAL PTD Budget	1,166.67	10101	-384.84	.524 84	1
	Period to Date	0.00	14 VOT 6	-3,708.74	-3.789.74	

	To thousand the same of the sa					So	. Louisville Co	So. Louisville Community Ministries (SLC)	stries (SLC)
Revenue		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget		
Individual Contributions	S						Toffman Danier	variance	Var %
3030-40-00	Donations - Individual Giving	35.00	4.17	30.83	739.33	7	i i	ï	
l otal individual Contributions: Memorials	Contributions:	35.00	4.17	30.83	739.33	71.00	50.00	21.00	42.00
3040-40-00	Memorials - MOW	Ċ					00:00	8.12	42.00
Total Memorials:		0.00	8.33	-8.33	~100.00	20.00	100.00	00 08-	6
Annual EA Grants		0.00	8.33	-8.33	-100.00	20.00	100.00	80.08-	00.00
3355-40-00	CHI Grants - MOW	1,000.00	1,000,00	00.0	c	44,000	3		9
Total Annual EA Grants:	Grants:	1,000.00	1,000.00	0.00	000	14,000,00	12,000.00	2,000.00	16.67
3330-40-00 3330-40-00					}	2000	12,000.00	2,000.00	16.67
Total Matra Good Constant	Metro Mow Keimbursement	967.05	1,000.00	-32.95	-3.30	9.336.51	12 000 00	200	;
Total Barrett		967.05	1,000.00	-32.95	-3.30	9.336.51	12 000 00	2,000.49	22.20
Catal November		2,002,05	2,012,50	-10.45	-0.52	23.427.51	24 150 00	24-000-Z-	-22.20
Expenses		2,002.05	2,012,50	-10.45	-0.52	23.427 E4	24,130.00	-/22.49	-2.99
Salaries						10:12L02	24,150.00	-722.49	~2.99
7002-40-00	Salaries - Non-Exempt	1,788.83	1 600 00	000	;				
Total Salaries:		1 788 83	1 800 00	50,001-	-11.80	18,657,72	19,200.00	542.28	2.82
Employee Benefits		20:00 1	1,000.00	-188.83	-11.80	18,657.72	19,200,00	542.28	2.82
7100-40-00	Health/Life/Disability - Budget	0.00	500.00	500.00	100.00	8	0000		
7402 40 00	Late II Surance Premium	24,42	00.0	-24.42		20.00	00.000,0	6,000.00	100.00
00-04-001	Health Insurance Premiums	610.86	0.00	-610.86	000	35130	0.00	-361.30	0.00
total Employee Benefits:	Jenetits:	635.28	500.00	135 28	2016	00:4-0	00.0	-6,154.96	0.00
7201 Jaxes	1				27.70	6,516.26	6,000.00	-516.26	-8.60
Total Persons	Payroli laxes	160.06	158.33	-1.73	1,09	1 885 90		;	
Strange	:33	160.06	158.33	-1.73	2	20.0001	1,300.00	234.20	12.33
Supplies 8404 40 00	1			:	D	1,665.80	1,900.00	234.20	12.33
8106-40-00	Food & Beverages	0.00	5.00	5.00	100.00	000	i d	;	
8150-40-00	Cince stationery and supplies Program Supplies	0,00	6.25	6.25	100.00	57.17	27.00	60.00	100.00
8155-40-00	Tokens of Appreciation Welmings	00.00	6.25	6.25	100,00	0.00	00.5% 00.4%	7. 1833 83. 1833	23.7
Total Supplies:		0.00	100.00	100.00	100.00	1,040,74	1,200.00	75.00 159.26	100.00
Telephone		00:0	117.50	117.50	100.00	1,097.91	1,410.00	312.09	22.13

Run Date: 6/18/2018 2:53:07PM G/L Date: 6/18/2018

Page: 1 User Logon: CK

					S	So. Louisville Community Winistries (St. C.)	mmunity Minis	strioe (e. c.)
Telankono	Period to Date	ORIGINAL PTD Budget	Variance	%æ/ ∧æ/	Year to Date	ORIGINAL Applied Budget		onics (SEC)
8201-40-00 Telephone Expense	00.0	(Continued) 8 23	0			108000000000000000000000000000000000000	valiance	var %
Total Telephone:	800		2000	100.00	0.00	100.00	100.00	100.00
Postage and Shipping	00.00	8.33	8.33	100.00	00.0	100.00	100,00	100,00
8301-40-00 Postage	00.00	25.00	25.00	100.00		G G G	•	
oral Postage and Shipping:	000	25.90	*****		000	200.00	300.00	100.00
	8	00:53	00,62	100.00	0.00	300.00	300.00	100.00
8707-40-00 Mileage Reimbursement	0.00	62,50	62.50	100.00	204.02	1		
Total Travel:	000	62 E0			47:4A	00.00/	245.76	32.77
Total Expenses:		06,20	62.50	100.00	504.24	750.00	245.76	32.77
Net Income from Contract	2,584.17	2,471.66	-112.51	4.55	28,441,93	29.660.00	1 219 07	
Total Control of Contr	-582.12	459.16	-122.96	-26.78	E 044 45	20 074	12.001	4.11
Earnings before Income Tax:	-582 12	450 45		2	2,0 14.4K	00.01 5,5-	495.58	8.99
Net Income (Loss):	71.700	438.10	-122.95	-26.78	-5,014.42	-5,510.00	495.58	800
	-582.12	-459.16	-122.96	-26.78	-5,014.42	-5.510.00	405 52	000
		factorial district				20.01-	10000	\$.85 \$.85

Event Income Statement For The 11 Periods Ended 5/31/2018 Families Helping Families

#ioc (61 0)	nies (SLC)	Var %	0.00	0.00	000	000	0,00	0,00	0.00	0.00	200	0.00
So. Louisville Community Ministrice (St. C.)	5	Variance	17,640.65 -9,171,23	8,885.00	17.354.42	17 264 40	17,304,42	17,354.42	17,354.42	17,354.42	17 354 10	24-24-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Louisville Cor	ORIGINAL Armiol B. doze	and confide	000	0.00	0.00	000	200	000	00'0	0.00	0.00	
So.	Year to Date	i	17,640.65	0,685.00	17,354.42	17,354.42	17.354.40	47 254 40	17,304,42	17,354.42	17,354.42	
	Vær %		00.0	300	0.00	0.00	0.00	000	200	0.00	0.00	
	Variance		0.00 0.57- 0.885.00	00 010 00	0,010,0	8,810,00	8,810.00	8,810.00	2 240 00	00,010,0	8,810,00	
	ORIGINAL PTD Budget		0.00	000		000	00.00	00.0	0.00	200	0.00	•
	Perfod to Date		0.00 -75.00 8,885.00	8,810.00	00 040 0	00-010-0	8,810.00	8,810.00	8,810.00	8810.00	00:01:00	
	Revenue	Fundraising Efforts	3205-15-63 Families Helping Families Income 3206-15-63 Families Helping Families Expense 3207-15-63 NDF Admin-Families Helping Familie	local rundraising Efforts:	Total Revenue:	Gross Profit:	Net Income from Constitution	Coming Lot	carmigs before income Tax:	Net Income (Loss):		

Event Income Statement For The 11 Periods Ended 5/31/2018 Marianne Butler's Retirement Roast

tries (SI C)		Var %		200	00.0	0.00	000	20:0	0.00	0.00		0.00	0.00	
So. Louisville Community Ministries (SLC)		variance		5,576,44	5 57E 44	44.070.0	5,576.44	5 57¢ 44	0,0/0.44	5,576.44	5 576 14	40.00	5,576.44	
ouisville Con	ORIGINAL Annual Richard	in delight		0.00	90'0		0.00	0.00		0.00	00.0		0.00	
20.1	Year to Date	ł	1	9,5/6,44	5,576.44		9,576,44	5,576,44	E 570 44	44,075,0	5,576,44	77 013 3	5,5/6,44	
	Var %		5	20.5	000	900	35	0.00	00.0		0.00	900	O.O.	
	Variance		1.800.00		00:008,1	1,800.00		1,800.00	1,800.00	0000	00.000,1	1,800,00		
	ORIGINAL PTD Budget		0.00	200	00:0	0.00	800	00	0.00	000	815	0.00		
	Period to Date		1,800.00	1.800 00	Ancopar	1,800.00	1.800.00	20000	1,800.00	1,800.00	2000	1,800.00		
	Revenue	Fundraising Efforts	3205-15-64 Fundraising Inc:Marianne Butler's Re	oral culturalsing enors:	Total Revenue:			Net Income from Operations:	The state of the s	mannings before income lax:	Net income (Loss):			

No CPA provides any assurance on these financial statements.

Run Date: 6/18/2018 2:50:46PM

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Event Income Statement For The 11 Periods Ended 5/31/2018 Network for Good

tries (SLC)	10-0/	92 JD ^		0.00	8	0.00	000	000	0.00	500		000		0.00
Imunity Minis	Variance			00.626,2	2.525.00		2,525,00	2 505 00	7,525.00	2,525.00		2,525.00	0 505 00	4,363.00
So. Louisville Community Ministries (SLC)	ORIGINAL Annual Budget	,	ć	00:0	0.00		0.00	600	86	0.00	5	0.00	000	200
7.00	Year to Date A	1	2.525.00	And I	2,525.00	20.10.2	70,626,2	2.525.00		2,525.00	2 525 00	20.040.2	2.525.00	
	Var %		0.00		0.00	200	20.0	000		000	000		8.0	
	Variance		2,525.00	0 E0E 00	4,343.00	2.525.00		2,525.00	2 525 00	Annah	2,525.00		2,525.00	
	ORIGINAL PTD Budget		0.00	5	2000	0.00		0.00	000		000	4	00.0	
	Period to Date		2,525.00	2.525.00		2,525.00	A 101 6	2,525.00	2,525.00		7,525,00	2 525 00	4,020,00	
	Revenue	Efforts	3205-15-65 Fundraising Income:-Network for Go	Total rundraising Efforts:	Total Revenue:		Gross Profit:	Model processes from the contract of the contr	Marin Control	Earnings before income Tax-		Net Income (Loss):		

tries (SLC)	/sr.%	2	Ċ	0.00	000	66	00:0	0.00	0.00	000	Or.O.	0.00
So. Louisville Community Ministries (SLC)	Variance		76		7.38	11.34		₽ 5.1−	11.34	11.32	14.04	4C-11
ouisville Con	ORIGINAL Annual Budget		00.0		0.00	00.0	000	0.00	0.00	00.0	000	Comp.
So. L	Year to Date A		11.34	14.04	٠. ن	11.34	11.34		<u>ئ</u>	11.34	11.34	
	Var %		0.00	1000	200	0.00	0.00	8	855	0.00	0.00	
	Variance		11.34	1.24		11.34	1.34	1.2		11.34	11.34	
	ORIGINAL PTD Budget		00:00	00.0		0.00	0.00	00:0		000	0.00	
The state of the s	Period to Date		11.34	11.34	10,75	11.34	11.34	11.34	14.94	ţ.	11.34	
	Revenue	Horts	3200-15-72 Fundraising Income:-Amazon	oral religing Etforts:	Total Revenue:	Gross Profit:		net income from Operations:	Earnings before Income Tax:	Net Income (Least):		

Event Income Statement For The 11 Periods Ended 5/31/2018 \$25,000 Challenge

fries (SI C)	(2-6) (2-6)	R	0.00	90.0	00.00		0.00	000	200	0.00	0.00	000		0.00	000	?
ımunit∨ Miní≲	Variance		9,755.00	3,200,00	14,955.00		275.00	275.00	4E 020 00	10,4530.00	15,230.00	15,230,00		15,230.00	15,230.00	
So. Louisville Community Ministries (SLC)	ORIGINAL Annual Budget		0.00	0.00	0.00		0.00	00.0	000		0.00	00:0	8	00:0	0.00	
So. I	Year to Date A		9,755.00	00:00=0	14,955.00	00 1100	7/9:00	275.00	15.230.00	15 220 00	10,4500.00	15,230.00	15 230 00	Oncorto.	15,230.00	
	Var %		0.00		0.00	ć		0.00	0.00	00 0		0.00	0.00		0.00	
	Variance		80.00 5,200.00	10000	2,280.00	275.00	00 320	779.00	5,555.00	5.555.00	00 200 0	00.000,0	5,555.00	100	00.000,0	
	ORIGINAL PTD Budget		0.00 0.00	200	no:o	0.00	6	000	0.00	0.00	500		00:0	9	2000	
	Period to Date		80.00 5,200.00	5 280 00	20.00	275.00	275 00	200	5,555.00	5,555.00	5,555.00		5,555.00	5.555.00		
	Reventie	Contributions	3030-15-76 Constitutions-22,000 Createnge Bonstions:Fund Development-\$25,00	Jotal Individual Contributions:	Fundraising Efforts	3205-15-76 Fundraising Income:Fund Developms	Total Fundraising Efforts:	Total Revenue:			Net Income from Operations:	Earnings before Income Tax		Net Income (Loss):	11	

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0.00 0.

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	Period to Date	ORIGINAL PTD Budget	Variance	/ar %	Year to Date	ORIGINAL Annual Rudose	//erienov	2000
Revenue		and the second second				rained country	valiarice	var %
ontributions								
3030-00-78 Donations	0.00	0.00	0.00	0.00	8,985.00	00'0	8,985,00	0.0
Total Individual Contributions:	0.00	0.00	0.00	0.00	8,985.00	00.00	8,985.00	000
3035-00-78 Business Contributions	0.00	0.00	0.00	0.00	500.00	0.00	500.00	Ö
Total Business/Corporate Giving: Church Contributions	0.00	00.0	0.00	0.00	200.00	0.00	500.00	0.0
3112-00-78 Church Donations:Gen	0.00	0.00	00.0	0.00	25.00	0.00	25.00	ò
Total Church Contributions:	00.0	0.00	0.00	00:0	25.00	0,00	25,00	0.0
Total Revenue:	00'0	00'0	0.00	0.00	9,510.00	0.00	9,510.00	0.00
Gross Profit	0.00	0.00	0.00	00.0	9,510.00	0.00	9,510.00	0.0
Net Income from Operations:	0.00	0.00	0.00	0.00	9,510,00	0.00	9,510.00	0.0
Earnings before income Tax:	0.00	0.00	00:0	0.00	9,510.00	00.0	9,510.00	O'O
Net Income (Loss):	0.00	00.00	0.00	00'0	9,510.00	0.00	9,510.00	0.0

No CPA provides any assurance on these financial statements.

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Event Income Statement For The 11 Periods Ended 5/31/2018 Give Local

					So	So. Louisville Community Ministries (SLC)	mmunity Minis	stries (SLC)
Determine	Period to Date	ORIGINAL PTD Budget	Variance	Vær %	Year to Date	ORIGINAL Annual Budget	Variance	Var%
Contributions								
3030-00-80 Donations	0.00	00:00	0.00	0.00	6,773,00	0.00	6.773.00	000
() () () () () () () () () ()	00'0	00.0	0.00	0.00	658.66	0.00	658.66	00:0
	00:0	00.00	000	0.00	7,431.66	0.00	7.431.66	000
Total Revenue:	00'0	0.00	00.0	0.00	7,431.66	00'0	7.431.66	000
Gross Profit: Expenses	0.00	00.00	0.00	0.00	7,431.66	0.00	7,431.66	000
Fees								
8004-00-80 Advertising	00:00	0.00	0.00	0.00	25.00	0.00	25.00	8
Total Professional Fees;	0.00	00:00	0.00	0.00	25.00	0.00	-25.00	000
otal Expenses:	0.00	00.00	00:00	0.00	25.00	00'0	-25.00	000
Net income from Operations:	0.00	0.00	00.0	0.00	7,406.66	00.00	7.406.66	000
Earnings before Income Tax:	00.0	0.00	00.0	0.00	7,406.66	0.00	7,406.66	000
Net income (Loss):	0.00	0.00	0.00	0.00	7,406.66	0.00	7,406.66	000

Event Income Statement For The 11 Periods Ended 5/31/2018 Membership Drive

					S	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	70 -10/
								2
Donations: Membership Drive	00:00	0.00	0.00	0.00	50.00	8	20.02	ć
l otal Individual Contributions; raising Efforts	0.00	0.00	00.0	0.00	50.00		50.00	0.00
Membership Drive Income	0.00	0.00	0.00	0.00	840.00	8	000	ć
	00'0	0.00	00:00	0.00	840.00		840.00	0.00
Church Donations-Membership	0.00	0.00	0:00	0.00	200.00	9	00000	
lotal Church Contributions:	0.00	00.0	0.00	0.00	200.00	800	200.00	00:00
	0.00	0.00	0:00	00:0	1.090.00		200.00	On:n
	0.00	0.00	0.00	0.00	1.090.00	00.0	1,090.00	0.00
Net Income from Operations:	0.0	00.0	000	900	200001	00:0	00:060,1	0.00
Earnings before Income Tax:	000	000	200	00.0	າກຕອກຳເ	0.00	1,090.00	0.00
	00:0	0.00	0.00	0.00	1,090.00	0.00	1,090,00	0.00
	0.00	0.00	0.00	0.00	1,090.00	0.00	1.090.00	0

No CPA provides any assurance on these financial statements.

Run Date: 6/18/2018 2:51:36PM

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	Period to Date	ORIGINAL PTD Budget	Variance	/a %	Year to Date	ORIGINAL Annual Budget	Variance	Var %
Revenue Grants - Misc				Ī				
3258-00-90 Grants - KY Colonels	00:00	0.00	0.00	00.00	2,994.00	000	2,994.00	0.00
Total Grants - Misc:	0.00	00.00	00.00	0.00	2,994.00	0.00	2,994.00	0.00
Total Revenue:	0.00	0.00	00.0	0.00	2,994.00	0.00	2,994.00	0.00
Gross Profit: Expenses	0.00	0.00	0.00	0.00	2,994,00	0.00	2,994.00	0.00
Printing & Publication								
8603-00-90 Photography/Video	0.00	0.00	0.00	00.00	399,00	0.00	399.00	0.00
Total Printing & Publication:	00:0	0.00	0.00	0.00	399.00	00'0	-399.00	0.00
Total Expenses:	0.00	0.00	00.0	00.00	399.00	0.00	-399.00	0.00
Net Income from Operations:	0.00	0.00	00'0	0.00	2,595.00	00:0	2,595.00	0.00
Earnings before Income Tax:	0.00	0.00	00:00	0.00	2,595.00	0.00	2,595.00	0.00
Net income (Loss):	00.00	0.00	0.00	00.00	2,595.00	0.00	2,595.00	0.00

Event Income Statement For The 11 Periods Ended 5/31/2018 Capacity Grant Marketing

					į	S	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
Revente		Perfod to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	//or 9/
Grants - Misc 3258-00-95	Grants -Capacity Grant Merketing	00.0	00:0	0.00	0.00	15,000,00			
Total Grants - Misc:	.sc:	0.00	0.00	00.0	0.00	15,000.00	00.0	15,000,00	00:0
Total Revenue:	5.5	0.00	00'0	0.00	0.00	15,000.00	0.00	15,000,00	800
Expenses		0.00	0.00	0.00	0,00	15,000.00	0.00	15,000.00	0.00
Supplies									}
8104-00-95 8151-00-95	Food & Beverages	124.19	0.00	-124.19	0.00	362.23	ć	60	1
8152.00.05	Training Supplies—Capacity Grant Ma		0.00	-65.45	0.00	65.45	000	-302.23	0.00
Total Summittee	Idining reestden-Capacity Grant M		00:00	-1,290,00	0.00	5,160.00	0.00	-5.160 00	8 8
Printing & Publication		1,479.64	00:00	-1,479.64	0.00	5,587.68	00'0	-5,587,68	0.00
8603-00-95	Photography/Video:Gen-Capacity Gr	0.00	0.00	0.00	0.00	185.07	ć	100	•
lotal Printing & Publication:	Publication:	0.00	0.00	0.00	00.0	185 07	8	100.07	0.00
Total Expenses:		1,479.64	00:00	1479.64	8	75.025	Più l	/0.681-	0.00
Net Income from Operations:	m Operations:	-1 479 EA	50.0	100001	00.0	3,772,75	0.00	-5,772,75	0.00
Earnings before Income Tax	e Income Tax	10.075	0.00	-1,479.64	0.00	9,227,25	00.00	9,227.25	0.00
Net Income (Lose):		40.0/4.1.	0.00	-1,479.64	0.00	9,227.25	0.00	9,227.25	00.0
	-(20	-1,479.64	0.00	-1,479.64	00:0	9,227.25	000	30 700 D	000
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	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	//ar %
Revenue			- Ammunda		i			2 5
Individual Contributions								
3030-00-98 Donations-Brackets for Good	0.00	0.00	0.00	0.00	1.267.96	0.00	1 287 98	c c
Total Individual Contributions:	000	5	6	20.0	00100		00:103:1	0000
	3	000	00.0	0000	1,267.96	0.00	1,267.96	00.00
loral Neveriue.	0.00	0.00	0.00	0000	1,267.96	00.0	1.267.96	000
Gross Profit:	0.00	0.00	0.00	000	1 267 06	900	00 100 7	2000
Net Income from Onerations:					00,102,1	מימו	1,25/.85	0.00
	0.00	00.0	0.00	0.00	1,267.96	00:0	1,267,96	0.00
Earnings before income Tax:	00:00	000	00.0	0.00	1,267.96	0.00	1267.96	000
Net Income (Loss):	000						201.00	000
	200	0.00	0.00 0.00	0.00	1,267.96	0.00	1,267.96	0.00
					ļ			

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		Perfoot to Date	ORIGINAL PTD Budget	Variance	%	Year to Date	ORIGINAL Apprila Rudget	\/acienos	3000
Revenue	•				2		100000000000000000000000000000000000000	v drigitude	00 TO A
3030-25-99	IIS Individual Giving - EA	0.00	833.33	-833.33	-100.00	10,581.00	10,000.00	581.00	5.83
Total Individual Contributions:	Contributions:	0.00	833.33	-833.33	-100.00	10,581.00	10.000.00	581.00	581
Business/Corporate Giving	iving	;	į						}
3035-22-33	Business & Confibritions - EA	00.0	250,00	-250.00	~100.00	0.00	3,000.00	-3,000.00	-100.00
Total Business/C	Total Business/Corporate Giving:	00.00	250.00	-250.00	-100.00	0.00	3,000,00	-3,000.00	-100.00
Grants - Misc							•		
3258-25-99	Grants - Restricted EA	00'0	1,416.67	-1,416.67	-100.00	2,000.00	17,000.00	-15,000,00	-88.24
Total Grants - Misc:	isc:	0.00	1,416,67	-1,416.67	-100.00	2,000.00	17,000.00	-15.000.00	-88 24
Annual EA Grants									1700
3355-25-99	CHI Prescription Reimb - EA	000	0.00	0.00	0.00	9,000.00	0.00	9.000.00	0.00
3618-25-99	Kosair - EA	0.00	791.67	-791.67	-100.00	1,750.00	9,500.00	-7,750,00	-81.58
Total Annual EA Grants:	Grants:	0.00	791.67	-791.67	-100.00	10,750,00	9.500.00	1.250.00	13 16
Metro Govt Grants						•			3
3310-05-99	Metro Formula Grant	0.00	0.00	0.00	0.00	32,703.00	30,928.00	1,775.00	5.74
3320-25-99	NDF - Admin	915.00	583.33	331.67	56.86	4,987.00	7,000.00	-2,013.00	-28.76
Total Metro Govt Grants:	t Grants:	915.00	583.33	331.67	56.86	37,690.00	37,928.00	-238.00	-0.63
Utility Grants							•		•
3623-25-99	Winterhelp - EA	2,861.04	1,750.00	1,111.04	63.49	23,933.54	21,000.00	2,933.54	13,97
3624-25-99	Utility Match Water - EA	2,550.00	00.00	2,550.00	00:0	12,608.00	0.00	12,608.00	0.00
3628-25-99	Utility Match LGE - EA	7,280.00	2,666.67	4,613.33	173.00	40,245.00	32,000.00	8,245.00	25.77
Total Utility Grants:	nts:	12,691.04	4,416.67	8,274.37	187.34	76,786,54	53.000.00	23.786.54	44.88
Church Contributions									
3110-25-99	Church Monthly Donations - EA	1,463.32	3,333.33	-1,870.01	-56.10	17,539.89	40,000.00	-22,460.11	-56.15
3111-25-99	Church Donations Discretionary	0.00	00.00	00:00	0.00	512.00	00'0	512.00	00.0
3115-25-99	Church Pledges Specific Clients	1,050.00	0.00	1,050.00	00'0	13,031.19	0.00	13,031.19	00.0
Total Church Contributions:	ntributions:	2,513.32	3,333,33	-820.01	-24.60	31,083.08	40,000.00	-8,916,92	-22.29
Total Revenue:	M	16,119.36	11,625.00	4,494.36	38.66	168,890.62	170,428.00	-1,537.38	0-0-
Gross Profit:		16,119.36	11,625.00	4,494.36	38.66	168,890.62	170.428.00	-1.537.38	08.0
Expenses Direct Client Assistance	*								
8900-25-99	Direct Client Assistance Budget	0.00	11,717.33	11,717.33	100.00	0.00	140,608.00	140,608.00	100,00
88-cn-1088	Metro Formula	5,881.00	0.00	-5,881.00	0.00	43,871.00	0.00	43,871.00	0.00

Event Income Statement For The 11 Periods Ended 5/31/2018 EA Passthrough

						S	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
		To the state of	ORIGINAL				ORIGINAL		
Action description		Penod to Date	FID Budget	Variance	Var %	Year to Date	Annual Budget	Variance	Var%
DIFFICE CITED ASSISTANCE	ance		(Continued)			j 			
8902-25-99	Metro Neighborhood Development C	915.00	0.00	-915.00	0.00	3 711 00		2 744 00	Č
8903-25-99	Client Cash	0.00	0.00	0.00	000	00.02	000	00.11.5	0.00
8904-25-99	Church Pledges to specific client	2,375.00	00.00	-2.375.00		10 56.1	000	00.87-	0.00
8905-25-99	Church Monthly Donations to EA	0.00	000	000		10,001.00	0.00	18,561.00	0.00
8906-25-99	CHI Medical Assistance	121 55			00.00	4,087.00	0.00	-4,697.00	0.00
8907-25-99	Kosair	20.00	0.00	55.121-	0.00	10,665.47	0.00	-10,665.47	0.00
8908-25-99	Comment of Superpole	DS: 25.00	0.00	-35.95	0.00	4,500.15	0.00	4,500,15	0.00
8009.25.00	Continued with the continued of the cont	2,861.54	0.00	-2,861.54	0.00	23,523.54	0.00	-23.523.54	
9040.2E.00	Culty March Water	941,00	0.00	-941.00	0.00	6,448.00	0.00	-6.448.00	000
0014 000	Unity Match LGE	6,845.00	000	-6,845.00	0.00	40,347.00	000	40.347.00	8 8
66-07-1160	EA Discretionary	1,834.78	0.00	-1,834.78	0.00	6,162.97	0.00	-6.162.97	8 6
Total Direct C	Total Direct Client Assistance:	21,810.82	11,717,33	-10,093.49	-86.14	162,566,13	140.608.00	27 059 12	200
Total Expenses:	ses:	21.810.82	11,717,33	-10 093 49	96 17	07 00 E 00 40	00000000	C1,900,12	70.61-
Net Income	Net Income from Chemations:	0. 100		Chinoco's	-00.14	102,200.13	140,608.00	-21,958,13	-15,62
Other Income and Expense	Xpense	-5,691.46	-92.33	-5,599.13	-6,064.26	6,324.49	29,820.00	-23,495,51	-78.79
3617-25-99	Kosair - EA	000	0.00	0.00	00.0	8 750 00	c	6 6 8 8	1
3626-25-99	Metro Match - LGE	0.00	1,166.67	-1,166.67	-100.00	2,275.00	14.000.00	41 725 00	0.00
Total Other	Total Other Income and Expense:	0.00	1,166.67	-1,166.67	~100.00	9.025.00	14 000 00	00.62/11-	-63.75
Earnings be	Earnings before income Tax:	-5,691,46	1,074.34	-6,765.80	-629.76	15.349.49	00.000,47	20 470 64	40.05
Net Income (Loss):	(Loss):	-5 691 AB	NC NTO 1	00 305 0	2 000	or total	W1060100	16014902-	-64.8/
		OL-I COLO	TCM-VCI.	-0,700.80	97.870	15,349,49	43,820.00	-28,470,51	-64.97

Event Income Statement For The 11 Periods Ended 5/31/2018 Admin

			ORIGINAL				ODIOMAI		(OLO)
Revenue		Period to Date	PTD Budget	Variance	Var %	Year to Date	Orlicinal Annual Budget	Variance	Var %
Individual Contributions	Suc.								
3030-00-00	Donations - Individual Giving	200,00	1,666.67	~1,466.67	-88.00	4,982,00	20.000.00	15 019 00	6 1
Total letter of lettering of the letter		35.00	4.17	30.83	739.33	71.00	50.00	21.00	42.00
Business/Corporate Giving	Siving	235.00	1,670.84	-1,435.84	-85,94	5,053.00	20,050.00	-14,997.00	-74.80
3035-00-00	Foundations & Corporations	30.00	333.33	-303.33	-91,00	5320.00	00000	000	
Total Business/	Total Business/Corporate Giving:	30.00	333.33	-303.33	-91.00	5.320.00	4 000 00	1,320.00	33.00
3040_00_00							70.000	00.056,1	33.00
3040-40-00	Memorials - MOW	0.00	41.67	41.67	-100.00	0.00	500.00	-500.00	100.00
Total Mamoriale:		0.00	8.33	-8.33	-100.00	20.00	100.00	80.00	00.08-
Fundraising Efforts		0.00	20.00	~50.00	-100.00	20.00	600.00	-580.00	-96.67
3105-15-00 3205-15-00	Fundraising Income	2.00	0.00	2.00	0.00	2.00	C	ć	
2000 11 00	opecial rundraising events	0.00	5,416.67	-5.416.67	-100 00		0000	7.00 Y	0.00
3205-13-00	Fundraising Event Expense	0.00	-1,358.33	1,358,33	100.00	300.40	00'000'69	-65,000.00	-100.00
3207-15-00	NDF Admin	0.00	937.50	-937.50	-100.00	90.90	-15,300.00	15,990.60	98.10
32.10-00-00	Wisc Income	0.00	83.33	-83.33	100.00	0,320.00	100.00	4,322.00	-38.42
Total Fundraising Efforts:	g Efforts:	2 00	5 070 47	17 175 4		76.40	00:000'1	-945.68	94.57
Grants - Misc		4:0	2,0,0,0	/1.//0.0-	-99.96	6,674.92	60,950.00	-54,275.08	-89.05
3258-00-00	Grants - Miscellaneous	0.00	666.67	-666.67	-100.00	000	0000	0000	9
lotal Grants - Misc:	1301	0.00	666.67	-666 67	-100 00	88	Connection	00.000,0-	00.001-
Annual EA Grants				20000	00:001-	0.00	8,000.00	-8,000.00	-100.00
3355-40-00	CHI Grants - MOW	1,000.00	1,000.00	0.00	0.00	14,000.00	12.000.00	00000	0
rowal Aminal EA Grants: Metro Govt Grants	Grants:	1,000.00	1,000.00	00.0	0.00	14,000.00	12,000.00	2,000,00	16.07
3310-05-00	Metro Formula Grant	C	•						
3330-40-00	Metro MOW Reimbursement	0.00	0.00	000	0.00	139,397.00	141,174.00	-1,777.00	-1.26
Total Metro Good Grante:	1	201.00	00.000,	-32.95	-3.30	9,336.51	12,000.00	-2,663,49	-22.20
Utility Grants	ordins,	967.05	1,000.00	-32.95	-3.30	148,733.51	153,174.00	4,440,49	2.30
3628-00-00	UM Admin	1,170.00	0.00	1,170.00	0.0	6.122.00	000	4000	
lotal Utility Grants:	t <u>s:</u>	1,170.00	00:0	1,170.00	00:00	6.122.00	800	0,122,00	0.00
STOR OF CONTROLLINGUES							20:5	0,122,00	0.00
00-00-8010	Church Unrestricted Donations	0.00	250.00	-250.00	-100.00	0.00	3,000.00	-3,000.00	-100.00

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:		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	% h.
Church Contributions		_	(Continued)			***************************************)		2
7-401-00	Curacu Constrous	1,436.00	0.00	1,436.00	00.0	5,926.00	00:0	5,926,00	0.00
lotal Church Contributions:	ontributions:	1,436.00	250.00	1,186.00	474.40	5,926.00	3,000.00	2,926.00	97.53
Total Revenue:	ái	4,840.05	10,050.01	-5,209.96	-51.84	191.849.43	261 774 00	A0 007 F7	7.00
Gross Profit:		4,840.05	10,050.01	-5.209.96	51.84	101 8/10/13	251 774 00	09,924,37	-79./
Expenses Salaries						24-24-21-21	201,774,00	-09,84.07	-26.71
7001-00-00	Salaries - Exempt	2,244.16	2.814.58	570.42	70.00	76.097.30	200	1	
7001-05-00	Salaries - Exempt	5,800.79	5,572.67	20 ACC-	200	42.409.24	33,775.00	8,305,76	24.59
7001-25-00	Salaries - Exempt	911.39	000	-911.39	000	10.616.47	00,872,00	4,437.97	6.64
/002-00-00	Salaries - Non-Exempt	0.00	2,416.67	2,416.67	100.00	4.554.66	00.00	74.010.01-	0.00
7002-05-00	Salaries - Non-Exempt	3,359,57	3,666,67	307 10	838	33 802 01	44,000,00	40,044,47	8 2
7002-25-00	Salaries - Non-Exempt	820.80	000	820.80	800	10 400 46	00.00	98.781.0T	23.78
7002-40-00	Salaries - Non-Exempt	1,788.83	1,600.00	-188,83	-11.80	18.657.72	00.00 00.000 pt	-10,109.45	0.00
Total Sajaries:		14,925.54	16.070.59	1 145 05	7 43	100 040 00	00000000	87.740	7.87
Employee Benefits				2	2.	100,045,58	192,847.00	27,203.42	14.11
7100-00-00	Health/Life/Disability - Budget	0.00	942.92	942.92	100.00	8	20 470 +1	170	,
7100-25-00	Health/Life/Disability - Budget	0.00	934.17	934 17	0000	3 8	00.616,11	00.615,11	100.00
7100-40-00	Health/Life/Disability - Budget	00.0	200.00	10000	5.55	800	0.012,11	11,210.00	100.00
7102-00-00	Life Insurance Premium	55.48		.55.48	9.00	0.00	9,000.00	6,000.00	100.00
7102-25-00	Life Insurance Premium	89.73	900	6 5 6	3 6	0/,018	0.00	-810.70	0.00
7102-40-00	Life Insurance Premlum	24.42	8 6	24.42	800	72.150,1	0.00	-1,061.27	0.00
7103-00-00	Health Insurance Premiums	740.24	8 8	74.42	86	361.30	0.00	-361.30	0.00
7103-25-00	Health Insurance Premiums	1.522.54	000	-1 522 FA	800	2/044,7	00'0	-7,448.79	0,00
7103-40-00	Health Insurance Premiums	610.86	0.0	-610.86	000	6 154 96	000	-12,572.81	86
Total Employee Benefits:	Benefits:	3.043.27	2.377.09	A66 18	20.00	28 400 80	00:0	0,134,90	0.00
Payroll Taxes					-Ko.U3	28,409,83	28,525,00	115.17	0.40
7201-00-00	Payroll Taxes	375.42	200,00	124.58	24.00	10 VC2 V	4000		
7201-25-00	Payroll Taxes	595.62	566.67	12 AC	1 1	4,044,00	0,000,00	1,475.65	24.59
7201-40-00	Payroll Taxes	160.06	158.33	-173	7	0,040.20	6,800,00	459.74	6.76
7203-00-00	Workers Compensation Insurance	127.00	18.67	110.33	1.08 1.08	00.000	1,900.00	234.20	12.33
7203-05-00	Workers Compensation Insurance	508.00	91.67	416.22	00.100	30.100	200.002	-181.20	-90.60
Total Payroll Taxes:	(es:	1 78K 10	1 200 34	201 P	2 3	08.4%(1,100.00	424.80	-38.62
Professional Fees			+C.:CC*-	426.70	-32.46	14,436.41	16,000.00	1,563.59	72.6
8008-00-00	Audit and Accounting Fees	0.00	152.33	152.33	100.00	5,511.00	1,828.00	-3,683,00	-201.48
No CPA provides any as	No CPA provides any assumance on those formal							•	2

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Page: 2 User Logon: CK

Event Income Statement For The 11 Periods Ended 5/31/2018 Admin

						So	. Louisville Co	So. Louisville Community Winistries (SLC)	stries (SLC)
		Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Applied Bridget		
richessional rees	. ,		Continued)				inflored man	valiance	var %
8008-02-00	Audit and Accounting Fees	0.00	472.67	472.67	100.00	700.00	i c		
00-00-6006	Payroll Processing Fees	42.52	33 33	0	1000	3	2,672,00	972.00	17.14
8009-05-00	Payroll Processing Fees	170 14	0000	<u> </u>	16.12	299.05	400.00	100.95	25.24
8011-00-00	Contract Labor	1 200 000	2000	-36.81	-27.61	1,196.69	1,600.00	403.31	25.24
8012-00-00	Contractor Jahor - Accounting	200.00	608.33	-591.67	-97.26	5,702.00	7.300.00	1 508 00	25.52
8012-05-00	Confractor Labor Accounting	126.20	108.33	-17.87	-16.50	1,354.20	1300 00	00.080,1	\$8.1.2 1.389
8012-00-00	Post actual Labor - Accounting	504.80	433.33	-71.47	-16.49	541880	00.000	D2.45	4.17
Total Design	Dank dervice rees	0.00	29.17	29.17	100.00	147.00	350.00	202.00	4.17
Citablica	lai rees;	2,043.66	1,970.82	-72.84	-3.70	24.326.74	22 RED AD	203,00	00.86
Supplies 6404 00 00	1					1	00.000,00	-6/6.74	-2.86
8104-00-00	Food & Beverages	00.0	141.67	1/1 67	000				
8104-40-00	Food & Beverages	000	6 4	70,141	100.00	225.22	1,700.00	1,474.78	86.75
8106-00-00	Office Supplies	35.01	00°6	2.00	100.00	000	90.00	90.00	100 00
8106-05-00	Office Supplies	18:03	28 O	46.86	66.16	374.32	850.00	475.69	00.00
8106-40-00	Office stationers and constitution	141.97	125.00	~16.97	-13.58	1,444.51	1.500.00	17.00 FF 40	08.00
8107-00-00	Chica state rely and supplies	0.00	625	6.25	100.00	57.17	00.00047	94.00	3.70
8107.05.00	Copies Cuplicating Supplies	0.00	58.33	58,33	100.00	717 50	00.07	× /	23.77
8140.00.00	Copieraupiicatud supplies	0.00	208.33	208.33	100	00.000	00.007	182.41	26.06
9450-00-00	Janitorial & Housekeeping Supplies	0.00	33,33	33.33	8000	2,010,19	2,500.00	483.81	19.35
8150-00-00	Program Supplies	00'0	25.00	25.00	200.00	1,156.86	400.00	-768.86	-192.22
8150-25-00	Program Supplies	0.00	37 50	1 50	00.00	0.00	300.00	300.00	100.00
8150-40-00	Program Supplies	800	DC: 40	05.75	100.00	0.00	450.00	450,00	100.00
8155-00-00	Tokens of Appreciation - Volunteers		070	6.25	100.00	0.00	75.00	75.00	100.00
8155-25-00	Tokens of Appreciation - Volunteers		18.75	18.75	100.00	166.75	225,00	58.25	8 46
8155-40-00	Tokens of Appreciation - Volunteers		79.16	91.67	100.00	963,54	1,100.00	136.46	12.44
Total Supplies			00.001	100.00	100.00	1,040.74	1,200.00	159.26	10.01
Тејериоле		165.94	927.91	761.97	82.12	7,974.89	11,135.00	3 160 11	2000
8201-00-00	Telenhone Expense	7	:				•		00:07
8201-05-00	Telephone Expenses	45,36	45.83	-0.53	-1.16	512.96	550 00	27.04	í
8201-40-00	Telephone Expense	185.46	183.33	-2.13	-1.16	2,051.91	2.200.00	148.05	9.73
Total Tolonhouse		0.00	8.33	8.33	100.00	0.00	100.00	00 POL	5 6.73
Poetane and Chimina		231.82	237.49	5.67	2.39	2.564.87	2 850 00	00:00	00.001
8301-00-00	Č						2000	700.13	10.00
8301-05-00	Postage Detace Make County America	75.92	66.67	-9.25	-13.87	924.02	00,008	5	1
8301-40-00	Postone	80.00	0.00	-80.00	0.00	792.00	92.00	20.421-	-15.50
Total Poeten and Shining	Spinore Comments	0.00	25.00	25.00	100.00	0.00	300.00	300.00	0.00
	Silloping:	155.92	91.67	64,25	90.07	1 742 00	00007	On the same	20.00
				!		70.01 /*1	1,100.00	-616.02	-56.00

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		Period to Date	ORIGINAL PTD Birdos) (polyner		1	ORIGINAL		
Occupancy			19870	A CHICATOR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Year to Date	Annual Budget	Variance	Var %
8401-00-00	Rent	106.00	106.00	000	8	4 400	e e		
8407-05-00	Rent	424.00	424,00	0.00	8 6	1,100,00	1,2/2,00	106.00	8.33
8405-00-00	Electricity & Gas	112 17	470 22	97.08	8.0	4,004.00	2,088.00	424.00	8.33
8405-05-00	Electricity & Gas	448 RD	CC 000	40.10	29.15	1,516.08	1,900.00	383.92	20.21
8409-00-00	Contract Maintenance Secures	200	00000	129.04	26.24	6,064.34	7,300.00	1,235.66	16.93
8409-25-00	Contract Maintenance Services	08/6/ 08/6/	29:00	15.20	60.80	107.80	300.00	192.20	64.07
8416-00-00	Maintanana Danii	38.20	29.17	-10.03	-34.38	431.20	350.00	18.	0000
8416-25-00	Maintenance - Repairs	0.00	00'0	00'0	0.00	34.8	000	3 2	00.00
Total Occuration	_	0.00	0.00	0.00	00.00	136.00	0.00	-136.00	8 6
Rental, R&M of Equipment	r. Jeot	1,139,86	1,350.83	210.97	15,62	14,119,42	16,210.00	2,090.58	12.90
8502-00-00	Equipment Maintenance & Repair	00.0	71 00	6	4	j			
8504-00-00	Computer Hardware/Software	000	21.00	2 6	00.001	/9.00	350.00	271.00	77.43
8505-00-00	Computer Services (Website, Backup	83	2333	38.38	100.00	433.15	300.00	-133.15	44.38
Total Rental, R&M of Equipment:	M of Equipment:		2000	90.00	80.01-	2,/35.5/	2,800.00	64.43	2.30
Printing & Publication	•	17:607	06.707	6/7/1	6.19	3,247.72	3,450.00	202.28	5.86
8601-00-00	Printing	0.00	62,50	62.50	10000	101			
Total Printing & Publication:	Publication:	000	8		20.00	11./0/.1	/20.00	-1,037.11	-138,28
Travel			02.30	62.50	100.00	1,787,11	750.00	-1,037.11	-138.28
8707-40-00	Mileage Reimbursement	0.00	62.50	62.50	100.00	504.24	750 00	270	
Total Travel:		0.00	A2 50	20.50	10000		77.00	240.70	32.77
Dues & Subscriptions			20.30	06.20	00.001	504.24	750.00	245.76	32.77
9001-00-00	Dues & Subscriptions	0.00	33.33	33.33	100.00	UV VAR	400,00		
Total Dues & Subscriptions:	scriptions:	00.0	33 33	22.22	000	00000	400.00	20.00	2.00
Interest Expense				99.99	100.00	380.00	400.00	20.00	5.00
9203-00-00	Interest - Short or Long Term Debt	159.82	141.67	100	1281	1 000 50	000	1	
Total Interest Expense:	pense:	159.82	141 67	107	700	00.0001	,,vou,uu	-183.50	-10.79
Insurance			O. I.	0 0 1	12.81	1,883.50	1,700.00	-183.50	-10,79
9310-00-00	Insurance - Building & Equipment	0.00	0.00	000	Ċ	d d d	į		
9310-05-00	Insurance - Building & Equipment	0.00		8 6	000	3/2.80	000	-372.80	0.00
9330-00-00	Insurance - General	000	00:00	00.0	0.00	1,491.20	0.00	-1,491.20	0.00
9330-05-00	Insurance - General	000	70.00	790.07	100.00	186.40	800.00	613,60	76.70
9350-00-00	Insurance - Directors & Officers	000	175.00	00,202	100.00	745.60	3,150.00	2,404.40	76.33
Total Insurance:			200011	00.671	100.00	2,101.00	2,100.00	-1.00	-0.05
Misc Expense			504.17	504.17	100.00	4,897.00	6,050.00	1,153.00	19.06

Run Date: 6/18/2018 2:50:00PM G/L Date: 6/18/2018

User Logon: CK Page: 4

			ORIGIN
		Period to Date	PTD Buc
MISC Expense			(Continued
9456-00-00	Licenses & Permits	10.00	
Total Misc Expense:	Expense:	10.00	
Total Expenses:	Jenses:	23,911.64	25,
Net Incom	Net Income from Operations:	-19,071.59	-15,
Earnings	Earnings before Income Tax:	-19,071.59	-15,
Net Incom	Net Income (Loss):	-19,071.59	-15,

Variance Var Year to Date Annual Budget Variance 58 4.58 31.41 138.00 175.00 37.00 59 1,554.35 6.10 272,029.33 305,592.00 33,562.67 98 -3,655.61 -23.71 -80,179.90 -43,818.00 -36,361.90 98 -3,655.61 -23.71 80,179.90 -43,818.00 -36,361.90		OKIGINAL				ORIGINAL		
(Continued) 14.58 4.58 31.41 138.00 175.00 37.00 14.58 4.58 31.41 138.00 175.00 37.00 25,465.99 1,554.35 6.10 272,029,33 305,592.00 33,562.67 -15,415,98 -3,655.61 -23,71 -80,179.90 -43,818.00 -36,361.90 -15,415,98 -3,655.61 -23,71 80,176.00 43,818.00 -36,361.90	to Date	PTD Budget	Variance	Var %	Year to Date	Annual Budget	Variance	Var %
14.58 4.58 31.41 138.00 175.00 14.58 4.58 31.41 138.00 175.00 25,465.99 1,554.35 6.10 272,029.33 305,692.00 -15,415.38 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 -80,179.90 43,818.00		(Continued)						2
14.58 4.58 31.41 138.00 175.00 25,465.39 1,554.35 6.10 272,029.33 305,592.00 -15,415.38 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.38 -3,655.61 -23.71 -80,179.90 -43,818.00	10,00	14.58	4,58	31.41	138.00	175.00	37.00	č
25,465.99 1,554.35 6.10 272,029,33 305,592.00 -15,415.98 -3,655.61 -23,71 -80,179,90 -43,818.00 -15,415.98 -3,655.61 -23,71 -80,179,90 -43,818.00 -15,415.98 -3,655.61 -23,71 -80,179,90 -43,818.00	5	CU TY	, .			2000	20.70	71.14
25,465.99 1,554.35 6.10 272,029.33 305,592.00 -15,415.38 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.38 -3,655.61 -23.71 -80,179.90 43,818.00	0.00	4.45¢	4.58 80.	31.41	138.00	175.00	37.00	21 14
-15,415.98 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 -80,179.90	3,911.64	25,465,99	1.554.35	6.10	25 000 076	200 500		r
-15,415.98 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 -80,179.90	22.0			2	4, 4,023 NO	302,382,00	33,562.67	10.98
-15,415.98 -3,655.61 -23.71 -80,179.90 -43,818.00 -15,415.98 -3,655.61 -23.71 80,170.00	9,071.39	-15,415,98	-3,655.61	-23.71	-80,179.90	-43.818.00	-36.381.00	80.00
-15,415,98 -3,655,61 -23.71 -80,179,90 -43,818,00	9,071,59	-15.415.98	12 BKS B1	77 00			Oct octob	92.30
-15,415.98 -3,655.61 -23.71 -00.470.00		00.01	0.000,0	1,53./	-80,179.90	43,818.00	-36,361,90	85.68
	9,071.59	-15,415.98	-3,655,61	-23.71	-80 179 on	42 010 01	20.000	

So. Louisville Community Ministries (SLC)

Event Income Statement For The 11 Periods Ended 5/31/2018 Yard Sale

					Š	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	Var %
Revenue Fundraising Efforts 3200-15-20 Fundraising income:Fund Developme		00.0	1.00	0.00	225.50		225.50	occ
Total Fundraising Efforts:	1.00	00:0	1.00	00.0	225.50	0000	225.50	00.0
Total Revenue:	1.00	0.00	1.00	0.00	225.50	0.00	225.50	00.0
Gross Profit: Expenses	1.00	0.00	1.00	0:00	225.50	00.00	225.50	0.00
Supplies 8150-15-20 Program Supplies:Yard Sale	0.00	0.00	0.00	000	100 00	ć	Ç	ć
Total Supplies:	00.00	00.00	0.00	00:0	100.00		100.00	0.00
Total Expenses:	00:00	00.00	00.00	00.00	100.00	0.00	-100,00	0.00
Net Income from Operations:	1.00	00.0	1.00	00:00	125.50	00.0	125.50	0.00
Earnings before Income Tax:	1.00	00.0	1.00	00:0	125.50	0.00	125.50	0.00
Net Income (Loss):	1.00	0.00	1.00	0.00	125.50	0.00	125.50	000

Event Income Statement For The 11 Periods Ended 5/31/2018 Kroger Cards

						S	So. Louisville Community Ministries (SLC)	mmunity Mini	stries (SLC)
		Period to Date	ORIGINAL PTD Budget	Variance	%ar %	Year to Date	ORIGINAL Annual Budget	//enjange	,
Revenue Fundraising Efforts	•							20 E	var %
3200-15-30 Fundraising Income - Kroger Cards	er Cards	40.57	0.00	40,57	0.00	125.66	0.00	125.66	000
Total Fundraising Efforts:	,	40.57	00.0	40.57	0.00	125.66	0.00	125.66	0.00
Total Revenue:		40.57	00.00	40.57	0.00	125.66	0.00	125.66	00.0
Gross Profit:	'	40.57	00.00	40.57	00.0	125.66	00.0	125.66	00:0
Net Income from Operations:	•	40.57	00.00	40.57	00.00	125,66	00:0	125.66	0.00
Earnings before Income Tax:	,	40.57	00:0	40.57	0.00	125.66	0.00	125.66	0.00
Net Income (Loss):	. [40.57	00:0	40.57	0.00	125.66	0.00	125,66	0.00

Event Income Statement For The 11 Periods Ended 5/31/2018 Golf Scramble

					တ္တ	So. Louisville Community Ministries (S) C)	mmunity Mini	stries (S) C)
0	Period to Date	ORIGINAL PTD Budget	Variance	Var %	Year to Date	ORIGINAL Annual Budget	Variance	/or 6/
neverue Fundraising Efforts								8
3205-15-55 Golf Scramble income 3208-15-56 Golf Scramble Expense	4,372.17	0.00	4,372.17	0.00	11,432,17	00.0	11,432.17	0.00
Total Fundraising Efforts:	1000 C					00-0	00.802/2-	800
	Z'08Z'2)	0.00	2,082,67	0.00	9,142.67	0.00	9.142.67	50
lotal Revenue:	2,082.67	0.00	2,082.67	00.00	9,142.67	00.0	0 140 67	000
Gross Profit:	2,082.67	00.0	2 080 67	8	2000	ON'S	5,142,07	000
Net Income from Operations:	0 000 61		Z.100£.07	0.00	9,142.67	0.00	9,142.67	0.00
	7,082.0/	0.00	2,082.67	0.00	9,142.67	0.00	9.142.87	000
carnings perore income Tax:	2,082.67	00'0	2,082.67	0.00	9.142.67	000	0 147 67	0.00
Net income (Loss):	2.082.67	8	2000 64			Ann	3,142,07	0.0
		2000	4,002.07	0000	9,142,67	0.00	9,142.67	0.00

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0.00				Anriual Budget	Variance	Var %
	00'0	0.00	30.00	0.00	30.00	000
0.00	00:00	0.00	30.00		30.00	0.00
0000	100 00	8	17 000 07		!	
	00.0	3 6	42,906.47	8.5	42,606.47 F 906.73	0.0
100.00	100.00	0.00	36.709.75	000	36 700 7E	00.0
	100.00	900	36 730 7E		C1,807,00	0000
	100.00		26 730 7E	000	30,739.73	0.00
	100.00	0.00	36.739.75	000	36 730 75	866
100.00	100.00	0.00	36,739.75	0.00	36.739.75	00.0
100.00 0.00	100.00	0.00	36.739.75	00.0	36 739 75	
	1 1 1 1	100.00 100.00 100.00		0.00	0.00	0.00 36,739.75 0.00 36,739.75 0.00 36,739.75 0.00 36,739.75

addendum B

South Louisville Community Ministries Budget Overview

Approved Budget 2018-2019

	2018-2019
Income	
3030-00-00 Individual Giving - Admin	40000
3030-25-99 Individual Giving - EA	10000
3030-40-00 Individual Giving - MOW	50
3030 Total Individual Giving	50050
	30030
3035-00-00 Business & Corps - Admin (NOT	
sponsorships for event)	5500
3035-25-99 Business & Corporations - EA	500
3035 Total Business/Corporation Giving	6000
3040-00-00 Memorials - Admin	100
3040-40-00 Memorials - MOW	25
3040 Total Memorial Giving	125
3112-00-00 Church Donations - Admin	
	4500
3110-25-99 through 3115-25-99 Churches - EA	32000
3100 Total Church Giving	36500
2305/6 15 6 15	
3205/6-15-xx Special Fundraising Events - FD 3210-00-00 Misc Income	70000
	500
3200 Fundraising and Misc Income	70500
3258-00-00 Grants Misc - Admin	5000
3258-25-99 Grants EA	5000
Grants Misc Total	5000 10000
·	10000
3310-05-00/99 Metro Louisville Formula - MF	172100
3320-00-00 NDF - Admin	15500
3320-25-99 NDF - EA	4500
2220 40 00 55	
3330-40-00 Metro MOW reimbursementMOW	9800
Metro Govt Grants Total	201900
3355-25-99 CHI Prescription Reimb - EA	•
3355-40-00 CHI Reimbursement - MOW	0
3618-25-99 Kosair - EA	0 F000
Annual EA Grants Total	5000 5000
	3000
3625-25-99 Winterhelp - EA	23000
3628-00-00 UM Admin	2500
3626-25-99 Utility Match Water - EA	14000
3627-25-99 Utility Match LGE - EA	30000
Utility Grants Tota	69500
2350 2020 All o	
3258-3628 All Grants Total	286400

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

xxxx-xx-99= EA Pass through

Total Income	449575
Total Income	4433/3

Expense	2018-19
7001-00 Exempt Salaries - Adm	38352
7001-05 Exempt Salaries - MF	69124
7001-25 Exempt Salaries - EA	03124
7002-00 Hourly Salaries - Adm	11692
7002-05 Hourly Salaries - MF	41816
7002-25 Hourly Salaries - EA	0
7002-40 Hourly Salaries - MOW	19500
Salary Total	180484
•	
7102 to 7108-00 Health/Life/Disability - Admin	9060
7102 to 7108-25 Health/Life/Disability - EA	11900
7102 to 7108-40 Health/Life/Disability - MOW	7148
7110-00 Retirement Admin	0
7110-25 Retirement EA	0
7110-40 Retirement MOW	0
Insurance Totals	28108
7201-00 Payrolls Taxes - Adm	4504
7201-25 Payroll Taxes - EA	4504 6908
7201-40 Payroll Taxes - MOW	
Payroll Taxes	2340 13752
ruyioli luxes	15/52
7203-00 Workers' Compensation - Adm	342
7203-05 Workers' Compensation - MF	1366
Workman's Comp Totals:	1708
7000 · Personnel Expenses	224052
8008-05 Audit Fees - MF	1560
8008-00 Audit Fees - Adm	6240
8009-05 Payroll Service Fee - MF	1305
8009-00 Payroll Services Fee - Adm	327
8011-00 Contractor Labor (Janitorial) - Admin	6000
8012-00 Contractor Labor-Accounting - Admin	1520
8012-05 Contractor Labor-Accounting - MF	6060
8013-00 Bank Service Fees - Admin	350
8000 · Professional Fees	23362
8104-00 Food & Beverages - Admin	200
8104-40 Food & Beverage - MOW	800
8106-00 Office Supplies - Admin	50 600
8106-05 Office Supplies - MF	1800
8106-40 Office Supplies - MOW	100
8107-00 Copier Expenses - Admin	650
8107-05 Copier Expense - MF	2400
8140-00 Janitorial Supplies - Admin	1700
8150-00 Program Supplies - Admin	100
8150-40 Program Supplies - MOW	100
8150-25 Program Supplies - EA	100
8151-00 Training Supplies - Admin	150
8152-00 Training Fees - Admin	500
8155-00 Volunteer/Partner Appreciation - Admin	800

8155-25 Volunteer/Partner Appreciation - EA	1000
8155-40 Volunteer/PartnerAppreciation - MOW	1200
8100 - Supplies/Services	12050
8201-00 Telephone - Adm	57 5
8201-05 Telephone - MF	2275
8201-40 Telephone - MOW	100
8200 · Telephone	2950
8301-00 Postage - ADM	1000
8301-05 Postage - MF	1100
8301-40 Postage - MOW	100
8300 · Postage & Shipping	2200
9404 00 Point Francis ADMINI	4070
8401-00 Rent Expense - ADMIN 8401-05 Rent Expense - MF	1272 5088
8405-00 Electricity - ADM	1800
8405-05 Electricity - MF	7100
8409 and 8416-00 Rep & Maint of Bldg - ADM	400
8409 and 8416-25 Rep & Maint of Bldg - EA	745
8400 · Occupancy Expenses	16405
GEOG 66 F	
8502-00 Equipment Maintenance & Repair	400
8504-00 Computer Hardware/Software-Admin	400
8505-00 Computer Services (Website, Backups)-	400
Admin	3300
8500 Rentals and Technology	4100
2504 00 T.L.I.	
8601-00 Printing - Admin	2700
8600 · Printing Expenses	2700
8707-40 Mileage Reimbrusement-staff MOW	700
8707-00 Mîleage reimbursement - Admin	100
8700 · Travel Expenses	800
Rent Assistance - EA RX Assistance - EA	22224
LG & E Assistance - EA	5000
Water Assistance EA	77182
Food - EA	30000 6000
Baby Supplies - EA	5000
8900 Client Services	145406
9001-00 Dues and Subscriptions-Admin	580
9000 · Dues & Subscriptions	580
Loan Payments	8820
9200 Loan	8820
2200 20dii	5525
9310-05 Insurance - Building & Equipment	
9310-00 Insurance - Building & Equipment	
9330-00 Gen Liability & Umbrella - Admin	750
9330-05 Gen Liability & Umbrella - MF	3000
9350-00 Directors & Officers Insurance	2200
9300 · Insurance	5950

9456-00 License and Permits	200
9400-Misc expenses	200
Total Expense	449575
Net Profit/Loss	0

In- Kind Activity

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South Louisville Community Ministries

South Louisville

Community Ministries, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2017 and 2016

Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	6
Notes to Financial Statements	7



Independent Auditors' Report

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

We have audited the accompanying financial statements of South Louisville Community Ministries, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the South Louisville Community Ministries, Inc. as of June 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky December 6, 2017

South Louisville Community Ministries, Inc. Statements of Financial Position June 30, 2017 and 2016

Assets Cash	_	2017		2016
Accounts receivable	\$	9,149	\$	17,871
Grants receivable		1,119	*	238
Prepaid expenses		10,763		16,097
Restricted cash		61		10,007
Leasehold improvements and equipment, net		538		128
and equipment, flet		41,334		45,684
Total assets				10,004
	\$	62,964	\$	80,018
Liabilities and Net Assets Liabilities				
Accounts payable				
Line of Credit	\$	5,626	\$	6,487
		43,468	*	34,521
Total liabilities				04,021
		49,094		41,008
Net Assets				11,000
Unrestricted				
Temporarily restricted		10,022		38,882
		3,848		128
Total net assets				120
		13,870		39,010
Total liabilities and net assets				
	\$	62,964	\$	80,018

South Louisville Community Ministries, Inc. Statements of Activities For the Years Ended June 30, 2017 and 2016

		2017				
Revenue and support: Contributions and grants	Unrestricted	Temporarily Restricted	Total	Unrestricted	2016 Temporarily Restricted	Total
Program revenue Special events Special events expense Gain (loss) on sale of equipment	\$ 703,337 59,438 (15,986)	\$ 3,720	\$ 707,057 - 59,438 (15,986)	\$ 673,720 66,251 60,997 (8,351) 5,396	\$ -	\$ 673,720 66,251 60,997 (8,351) 5,396
Net assets released from restrictions: Restrictions satisfied by payments	746,789	3,720	750,509	798,013	ŧ	798,013
Total revenue and support	 -	22		9,671	(9,671)	
xpenses;	746,789	3,720	750,509	807,684	(9,671)	798,013
Program services Management and general Fund raising Total expenses	626,753 82,697 66,199	#2 #3	626,753 82,697 66,199	695,533 104,599 43,490		695,533 104,599 43,490
Change in net assets	775,649	 -	775,649	843,622	<u> </u>	843,622
Net assets at beginning of year	(28,860) 38,882	3,720 128	(25,140) 39,010	(35,938) 74,820	(9,671)	(45,609)
Net assets at end of year	\$ 10,022 \$	3,848	\$ \$13,870	\$ 38,882 \$	9,799	84,619 39,010

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

South Louisville Community Ministries, Inc. Statement of Functional Expenses For the Year Ended June 30, 2017

				Program	2017					
Salaries and wages	Adult I Can		Food Pantry	Emergency Assistance		Volunteer Services	Total Program	Management and General	f Fund Raising	Total
Employee benefits and payroll taxes Assistance to individuals Other program expense Professional fees and contract services Supplies Telephone Utilities Postage Occupancy Repair and maintenance Travel, training and conferences Insurance Interest expense Miscellaneous	\$		25,420 6,412 6,150 67 1,065 2,303 435 1,297 240 1,034 1,535 151 1,262 311 484	+ (2,100	6,167 5,916	\$ 13,996 1,480 1,419 15 246 532 100 299 55 239 354 35 291 72	\$ 106,681 25,400 451,535 264 4,220	\$ 51,184 6,661 6,389 - 8,325 2,394 452 1,347 249 1,074 1,594 157 1,311 323 503	\$ 39,214 7,399 7,097 1,229 2,658 502 1,496 277 1,193 1,771 1,74 1,456 359 558	\$ 197,079 39,460 465,021 264 13,774 14,177 2,676 7,980 1,476 6,362 9,444 929 7,766 1,914
Total expenses before depreciation Depreciation			48,166	510,104	46,438	19,245	623,953	81,963	65,383	2,977
Total expenses		_	707	1,250	680	163	2,800	734	816	771,299 4,350
Percentage	-	-	\$ 48,873	\$ 511,354	\$ 47,118	\$ 19,408	\$ 626,753	\$ 82,697	\$ 66,199	\$ 775,649
							80.80%	10.66%	8.54%	100,00%

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

South Louisville Community Ministries, Inc. Statement of Functional Expenses For the Year Ended June 30, 2016

2016 Program Management Adult Day Food Emergency Meals on Volunteer Total and Fund Care Pantry Assistance Wheels Services Program General Raising Total Salaries and wages 57,699 Employee benefits and payroll taxes 29,407 6,534 \$ 93,640 \$ 91,423 22,856 16,576 3,125 22,487 207,919 3,377 716 Assistance to individuals 46,281 1,497 11,286 2,344 50,122 450,402 10,113 Other program expense 2,585 474,386 5,406 4,324 8,465 488,257 24 87 21 Professional fees and contract services 5 4,461 2,288 4,461 3,767 2,050 Supplies 524 8,629 1,096 395 1,716 11,441 1,972 3.890 1,768 452 Telephone 8,477 944 2,265 601 1,479 10,900 990 661 Utilities 138 4.655 288 451 1,516 3,038 5,394 1,359 347 Postage 6,260 726 32 353 1,137 8,123 600 317 Occupancy 81 1,383 169 265 6.175 1,206 1,985 1,817 1,081 276 Repair and maintenance 10,723 578 905 599 12,206 866 6,704 776 Travel, training and conferences 198 9,143 415 649 1,494 10,207 831 Insurance 2,325 7,672 1,955 2,325 3,387 1,752 Interest expense 448 15,214 936 1,466 17,616 346 570 310 79 Fund raising expense 1,305 166 260 356 1,731 586 319 81 Miscellaneous 1,342 170 268 267 293 1,126 1,779 479 67 2,233 140 220 2,593 Total expenses before depreciation 97,499 26,187 529,026 31,748 5,997 690,457 103,954 42,480 836,891 Depreciation 1,346 2,216 1,206 308 5,076 645 1,010 6,731 Total expenses 97,499 27,533 531,242 32,954 6,305 695,533 104,599 43,490 843,622 82.45% 12.40% 5.15% 100.00%

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

South Louisville Community Ministries, Inc. Statements of Cash Flows For the Years Ended June 30, 2017 and 2016

Cash Flow From Operating Activities:	2017	2016
Change in net assets	\$ (25,140)	\$ (45,609)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities: Depreciation	,	+ (10,000)
	4,350	6,731
(Gain)/loss on disposal of fixed assets	E2	(5,396)
(Increase) decrease in operating assets: Accounts receivable		(5,590)
Grants receivable	(881)	6,643
	5,334	12,573
Prepaid expenses Restricted cash	(61)	-
	(410)	0.074
Increase (decrease) in operating liabilities:	(410)	9,671
Accounts payable	(861)	(250)
Al-d	(001)	(350)
Net cash provided (used) by operating activities	(17,669)	(15,737)
Cash Flows From Investing Activities:		
Proceeds from disposal of fixed assets		
, addotto		6,900
Net cash provided (used) by investing activities		
t and the first transfer of transfer of	-	6,900
Cash Flows From Financing Activities:		
Proceeds from line of credit		
Payments on line of credit	25,567	27,801
	(16,620)	(28,279)
Net cash provided (used) by financing activities		7
(duce) by mainting activities	8,947	(478)
Net increase (decrease) in cash		
Cash at beginning of year	(8,722)	(9,315)
or year	17,871	27,186
Cash at end of year	\$ 9,149	
Supplemental Disc.		17,871
Supplemental Disclosures:		
Cash paid for interest	_\$1,913 \$	4 704
	<u>\$ 1,913 \$</u>	1,731

Note 1 - Nature of the Business and Summary of Significant Accounting Policies

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

SLCM's program services include:

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

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

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

Estimates

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

Basis of Accounting

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

Basis of Presentation

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

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

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

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

Cash

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

Accounts Receivable

Accounts receivable consists primarily of advanced health insurance premiums to an employee. All accounts are deemed to be fully collectible.

Grants Receivable

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

Leasehold Improvements and Equipment

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

Contributions

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

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

In-kind Materials, Equipment, Services and Space

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

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

Expense Allocation

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

Income Tax Status

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

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

Reclassifications

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

Note 2 - Leasehold Improvements and Equipment

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. At June 30, 2017 and 2016 the cost and accumulated depreciation of such assets were as follows:

	2017	2016
Equipment Furniture & fixtures Leasehold improvements	\$ 2,225 4,047 54,175	\$ 2,225 18,878 54,175
Less accumulated depreciation	60,447 (19,113)	75,278 (29,594)
Leasehold improvements and equipment, net	\$ 41,334	\$ 45,684
Depreciation expense	\$ 4,350	\$ 6,731

Note 3 - Line of Credit

SLCM has a \$50,000 bank line of credit available that expires in July 2017, secured by general business assets. The line of credit bears interest at prime plus 1.0% (the prime rate was 4.25% at June 30, 2017). At June 30, 2017 and 2016, SLCM had an outstanding balance of \$43,468 and \$34,521, respectively.

SLCM converted its line of credit to a note in July 2017. The face value of the note at the beginning of the term was \$50,000. The note payable consists of a loan to a bank, secured by general business assets, with an annual interest rate of 4.28%. SLCM is required to make monthly interest payments at the end of each month along with the monthly principle payments.

The annual maturities for each of the next five years are as follows:

6/20/2018		
6/20/2019	\$	6,249
6/20/2020		6,526
		6,813
6/20/2021		7,116
6/20/2022		7,432
Thereafter		15,864
		10,004
Total	\$	50.000
	<u>-Ψ</u>	50,000

Note 4 - Restrictions on Net Assets

Temporarily restricted net assets are available for the following purposes:

	2017	2016
Programs	\$ 3,848	\$ 128

Note 5 - Lease Commitments

SLCM leases office space and office equipment under operating leases. Monthly office space lease payments are \$530 and increase to a maximum of \$540. Monthly equipment lease payments are \$101. These leases expire at various times throughout 2022. Future minimum payments under the leases are sollows:

6/30/18 6/30/19 6/30/20 6/30/21 6/30/22	\$ 7,534 7,572 7,682 1,752
Thereafter	 1,212 202
Total	 25,954

Rent expense was \$6,360 and \$12,205, for the years ended June 30, 2017 and 2016, respectively.

Note 6 - In-kind Donations

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

Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind support are offset by like amounts included in expenses or assets. Food donations of \$286,550 and \$288,973 were recognized for the years ended June 30, 2017 and 2016, respectively.

Note 7 - Going Concern

SLCM has experienced significant decreases in unrestricted net assets for the last several years, and is having difficulty obtaining sufficient unrestricted funds to provide working capital. Also, SLCM is currently under audit by Medicaid, which is questioning \$42,000 of reimbursements for prior years (see Note 9). SLCM is appealing based on past history of compliance with Medicaid.

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

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

Note 8 - Accounting Standards Updates

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606), requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending lefect that the new standard will have on its combined financial statements.

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

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

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

In August 2016, the FASB issued ASU No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for SLCM for the year ending June 30, 2019. Early adoption is permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

Note 9 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through December 6, 2017, which was the date at which the financial statements were available to be issued.

SLCM is currently under audit by Medicaid, which is questioning \$42,000 of reimbursements for prior years. SLCM is defending itself, however, as of November 25, 2017, the outcome is unknown.

SLCM converted its line of credit to a note in July 2017. See Note 3.

Addandum

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

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or

faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements. Legal Name of Applicant Organization: South Louisville Community Ministries, Inc. As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government. The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit imming to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization. The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates. The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice. Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name. The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization. The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the crant SIGNATURE I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization Signature of Legal Signatory: Legal Signatory (please print) Extension: (502) 361-7763 Phone:

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

General Information

Organization Number

0066952

Name

SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status Standing

A - Active

G - Good

State

KY

File Date

3/30/1976

Organization Date Last Annual Report

3/30/1976

6/20/2018

Principal Office

415 1/2 WEST ASHLAND AVENUE

LOUISVILLE, KY 40214-2111

Registered Agent

YVETTE LIVERS

415 1/2 WEST ASHLAND AVENUE

LOUISVILLE, KY 40214-2111

Current Officers

President Secretary

Mike Chinigo

Treasurer

Terry Conway

Director

Theresa Batliner Mike Chinigo

Director

Terry Conway

Director

Theresa Batliner

Individuals / Entities listed at time of formation

Director

LOWELL LAWSON

Director

DONNA M MAIER

Director

MICHAEL T PRICE

Director

JOSEPHINE NOEL

Director

PEGGY ANNE KAREM

Incorporator

LOWELL LAWSON

Images available online

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

Annual Report	6/20/2018	1 page	PDF
Registered Agent name/address change	5/3/2017 1:10:10 PM	1 page	PDF
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Assumed Names

Activity History

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Microfilmed Images	7/18/1989 7/18/1989

Microfilmed Images

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

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